

# Benefits Enrollment Guide 2021



DEPAUL  
COMMUNITY RESOURCES



**LD & B**  
Insurance and Financial Services

*Benefits for 2021*

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## Benefits for 2021

# Overview of Benefits Programs

### CHANGES AND QUALIFYING EVENTS

#### When Coverage Begins and Ends

- › The benefits summarized in this enrollment guide are available for eligible full-time employees as defined in the employee handbook. 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

### HELPFUL YOUTUBE VIDEOS

The videos below provide an overview of some of the benefits offered by DePaul Community Resources. The videos average eighth minutes in length. Employees are encouraged to watch each video.

- Enhancements & Cost Savings: <https://youtu.be/8xIKXYwnnyg>
- Medical: <https://youtu.be/acHdLikE1jE>
- Dental & Vision: <https://youtu.be/k8ul-uivWPA>
- Life & Disability: <https://youtu.be/EtcmuPrZvDA>
- Accident, Cancer, & Critical Illness: <https://youtu.be/5RFQtkPp0Y>

# Benefits for 2021

## Medical



### SUMMARY OF COVERAGE

Plan Features	1000 Deductible	1500 Deductible	2000 HSA Non Embedded**	3000 HSA
<b>IN NETWORK</b>				
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
<b>OUT OF NETWORK</b>				
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 2021

## 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 2021

## 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

## Benefits for 2021

# Enhancements & Cost Saving Tools



New Pharmacy  
Benefit Manager



Specialty Pharmacy  
Advocacy Program



Imaging Services (MRI, CT,  
PET, etc.)



- ❖ Free Second Opinion
- ❖ Surgery and High Cost Medical Alternative
- ❖ "Domestic Medical Tourism" (when appropriate)

# Benefits for 2021

## Dental Coverage



### SUMMARY OF COVERAGE

#### Type of Service – Low Plan

NETWORK & 90 <sup>th</sup> UCR	
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

NETWORK & 90 <sup>th</sup> UCR	
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

Now Offered With





# Benefits for 2021

## Vision Coverage



### SUMMARY OF COVERAGE

Plan Features	
<b>IN NETWORK</b>	
Vision Exam	\$10 Copay
Lenses	
Single	\$25 Copay
Bifocal	\$25 Copay
Trifocal	\$25 Copay
Frames	\$130 Allowance & 20% Discount on Remaining Balance (\$70 Allowance at WalMart, Costco, Sam's Club)
Elective Contact Lenses	\$130 Allowance
Medically Necessary Contact Lenses	\$0
<b>Frequency (Months)</b>	
Exam	Once per Calendar Year
Lenses	Once per Calendar Year
Frames	Once every two Calendar Years
Contacts	Once per Calendar Year
<b>OUT OF NETWORK</b>	
Vision Exam	Up to \$39 Reimbursement
Lenses	
Single	Up to \$23 Reimbursement
Bifocal	Up to \$37 Reimbursement
Trifocal	Up to \$49 Reimbursement
Frames	Up to \$46 Reimbursement
Elective Contact Lenses	Up to \$100 Reimbursement
Medically Necessary Contact Lenses	Up to \$210 Reimbursement

Now Offered With



# Benefits for 2021

## Life and AD&D Insurance



### SUMMARY OF COVERAGE

Basic Life	
Eligible Employees	All Full-Time Employees
Employee Life Benefit	2 times basic annual earnings to \$200,000
Employee AD&D Benefit	2 times basic annual earnings to \$200,000

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 – 20 years (to age 26) = \$10,000. Not to exceed 100% of employee coverage.
Guaranteed Issue	Employee - \$150,000 Spouse - \$50,000 Child - \$10,000 Higher Amounts will be Grandfathered

Now Offered With



## Benefits for 2021

# Disability Insurance Short Term



### SUMMARY OF COVERAGE

Short Term Disability Benefits	
Benefit Begins	After 7 days of disability and approval from <u>Guardian</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 2021

# Disability Insurance Long Term



### SUMMARY OF COVERAGE

Long Term Disability Benefits	
Benefit Begins	After 90 days of disability and approval from <u>Guardian</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 2021

# Guardian Accident

- Benefits for off-the-job injuries requiring medical attention within 90 days.
- Plan includes \$100.00 benefit for initial office visit and \$200.00 for Emergency Room.
- Additional benefits for further treatment, fractures, dislocations, hospitalization and more.
- Outpatient doctor visit benefits for illness or wellness with no waiting period.
- Claims may be submitted through The Cason Group by calling 1-800-951-3033.

### Cost Example

Accident Plan	Employee Only
Semi-Monthly Cost	\$8.49
Annual outpatient doctor's visit/wellness reimbursement	\$100
Total NET annual cost with no accident claims	\$103.76 (\$4.33/pay period)

## Benefits for 2021

# Guardian Cancer & Critical Illness

### Cancer

- \$2,500 Benefit for the diagnosis of internal cancer.
- Up to \$10,000 per 12 months for radiation/chemo.
- Many treatment and travel benefits including airfare reimbursement and lodging
- Hospice/Hospital Confinement Benefits
- Intensive Care Coverage, which pays benefits for any Intensive Care Unit (ICU) stay.
- Reconstructive Surgery Benefits

### Critical Illness

- Lump sum payments for catastrophic health events, including heart attack, stroke and more.
- \$100 Annual Wellness Benefit
- Rates do not increase based on claims.
- Coverage for dependent children (to age 26) at no additional cost.
- Benefit Reduction (50%) at age 70.

# Benefits for 2021

## Health Savings Account (HSA)

### FOR 2021: THIS IS HOW AN HAS 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>
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› 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. These are subject to change.*