

2022 Benefits Guide



January 1, 2022 - December 31, 2022

HPB
Insurance
Group

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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 nine minutes in length. Employees are encouraged to watch each video.

- Medical Overview: <https://youtu.be/4jYMbAX5Qzs>
- EPLS/PharmAvail and Hostcare: <https://youtu.be/li29spyBD40>
- Concierge Nurse Navigator: <https://youtu.be/oSxmoorYBKE>
- Dental & Vision: <https://youtu.be/k8ul-uivWPA>
- Life & Disability: <https://youtu.be/EtcmuPrZvDA>
- Accident, Cancer, & Critical Illness: <https://youtu.be/5RFQTKpAp0Y>
- HSA: <https://pinnacle.webex.com/pinnacle/ldr.php?RCID=8a3b44c6c5171d3cc4b7857ff65b23af>
- FSA/DC: <https://pinnacle.webex.com/pinnacle/ldr.php?RCID=81bd3d582a6d31a60649e0ad43c304fa>

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).

Copays & 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.

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.

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.

Embedded vs. Non-Embedded Deductibles: What Is the Difference?

For the member who enrolls as “employee only,” the process for fulfilling your obligations toward your deductible and out-of-pocket max in embedded and non-embedded plans usually does not vary. Adding anyone else to the plan, spouse, or dependent(s), will make plans – embedded and non-embedded – act differently.

What is an Embedded Deductible?

An embedded deductible is where each family member has an individual deductible in addition to the overall family deductible. When a family member meets their deductible before the family deductible is reached, the insurance company will begin paying according to the plan’s coverage for that member. If only one family member meets an individual deductible, the rest of the family still has to pay their deductibles.

Out-of-pocket expenses used to meet an individual deductible are counted toward the family deductible, which is usually twice as large as an individual deductible. However, after an individual meets their deductible, coinsurance or copays typically will not count toward the family deductible. Once the family deductible is met, all family members will have medical expenses paid according to the plan’s coverage, even if they have not met their deductibles.

Embedded \$3000 Deductible Example

John, the employee, and Susan, his spouse, have a family health plan covering them and their three children. The individual deductible is \$3000, and the family deductible is \$6000. Susan meets her \$3000 deductible after giving birth to their youngest child in February. Afterward, the plan covers 80% of medical expenses, and Susan pays the remaining 20%. The out-of-pocket max for an individual is \$5000, so Susan only pays \$2000 more towards surgery on her knee from a skiing accident. The son, Tommy, twists his ankle playing AAU Spring soccer and medical bills total \$400 before he is cleared to return to play. The total family expenditure is \$5400.

What is a Non-embedded Deductible?

A non-embedded, or aggregate, deductible is more straightforward than an embedded deductible. With a non-embedded deductible, there is only a family deductible if an employee elects to cover one or more additional family members. All family members’ out-of-pocket expenses count toward the family deductible until it is met, and then they are all covered with the health plan’s usual copays or coinsurance. It doesn’t matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible.

Non-embedded Deductible Example

Antonio and his family have a health plan with a non-embedded deductible. The family deductible is \$4000. While bowling, daughter Isabella had strained her wrist, and medical care cost \$1500. Antonio sprained his ankle while bowling in the same event as his daughter, and medical care cost \$2500. The combined out-of-pocket expenses from Isabella’s and Antonio’s medical treatments met the family deductible. Medical care for anyone in the family will be covered by insurance at a rate of 80%. The family will pay 20% after the deductible until they reach the Out-of-Pocket Max of \$6,750.

Medical

Summary of Coverage



Plan Features	1000 Deductible	1500 Deductible	2000 HSA Non-Embedded	3000 HSA Embedded
IN NETWORK				
Deductible (Individual / Family)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Out-of-Pocket Max (Individual / 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
In patient 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				
Deductible (Individual / Family)	\$2,500 / \$5,000	\$3,500 / \$7,000	\$4,000 / \$8,000	\$6,000 / \$12,000
Out-of-Pocket Max (Individual / 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

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 individual 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 preventative 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 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



New Benefits Administrator



- ✓ JPF is your new third party administrator
- ✓ Cigna PPO will still be the medical network
- ✓ Administers Medical & Prescription
- ✓ JPF processes your health claims, helps ensure you receive the appropriate health care and assist you in utilizing your benefits effectively.
- ✓ **New ID Cards** will be distributed to you with your plan information.

800.634.0173
www.jpfarley.com



Enhancements & Cost Saving Tools

The PharmAvail logo, which consists of the word 'PharmAvail' in white text inside a blue rounded rectangle, all set against a light yellow background.

PharmAvail

New Pharmacy
Benefit Manager

EPLS

Pharmacy Clinical
Advocacy Program

EPLS is a proactive, clinically based pharmacy advocacy program. While international pharmacy and Rx Help Centers may still be utilized, EPLS will be managing these programs for a more favorable member experience. If you are contacted by EPLS, please engage with them...they are on your side!

Concierge Nurse Navigator Program

"Concierge Nurse Navigators are here to guide, support, and educate your employees. We strive to build relationships with your members, so they turn to us for advice. By seeking our nurses first, we can help decrease the number of misdiagnosed cases and wasteful medical spending by avoiding fragmented inappropriate care. Our nurses utilize state of the art data analytic software that combines commercial and Medicare claims data for individual providers, in addition to hospital-level quality data to make informed high-quality medical decisions."

Any employee and family member participating in medical insurance from DePaul is automatically enrolled in Concierge Nurse Navigator.

When DePaul Community Resources employees (and their enrolled spouses and/or dependents) engage with Concierge Nurse Navigator (CNN), they can unlock savings on their medical claims! For members on the non-HSA plans (\$1000 and \$1500 deductible plans), **this could result in a full waiver of deductible expenses!**

For members on the HSA plans (\$2000 and \$3000 deductible plans), employees enrolled as Employee-only must cover the first \$1,400 of their deductibles in order to remain HSA compliant per IRS regulations. Those enrolled as "Employee plus" (spouse, child(ren), family) must cover the first \$2,800 per IRS regulations.

After those minimums have been satisfied, **members who engage CNN can see deductible expenses over those limits waived!**

We encourage you to utilize Concierge Nurse Navigator services at the first indication of medical need. Call your Concierge Nurse Navigator at 440-992-7000.





Concierge Nurse Navigators are here to guide, support, and educate your employees. We strive to build relationships with your members, so they turn to us for advice. By seeking our nurses first, we can help to decrease the number of misdiagnosed cases and wasteful medical spending by avoiding fragmented inappropriate care. Our nurses utilize state of the art data analytic software that combines commercial and Medicare claims data for individual providers, in addition to hospital level quality data to make informed high-quality medical decisions.

**EDUCATE & ENGAGE
MEMBERS**

**DATA DRIVEN
HEALTHCARE
SOLUTIONS**

**PERSONAL
RELATIONSHIPS**

DEDICATED NURSE

**ASSISTANCE
SOURCING SPECIALTY
MEDICATIONS**



**CONCIERGE
NURSE NAVIGATOR**

Hostcare

Medical procedure costs vary. Talk to Hostcare before you schedule!

Hostcare is a benefit offered through your employer's health plan.

We connect you with exceptional care at reduced costs from premier medical providers across the U.S.



Real Savings Example: TOTAL KNEE REPLACEMENT COSTS

\$51,000 without Hostcare
\$24,750 with Hostcare
\$19,000 Health Plan Savings
\$7,250 Patient Savings

- IMAGING (X-rays, MRI, CT)
- Specialty Rx Treatments
- Surgical Options Include:
- Spine
- Ear/Nose/Throat
- General Surgery
- Cardiology
- Orthopedic (Knee, Hip, Shoulders, etc.)
- Gynecology (Hysterectomy, etc.)
- Organ Transplant
- Bariatric Procedure

Call Now

219-987-4532 800-933-4148

HostcareResources.com

Savings & Services that are truly amazing!



**Quick
Appointments**



**Cost Savings to Patient
& Health Plan**



**High Quality
Medical Providers**



**Travel Costs
Coordinated &
Covered**

Dental Coverage

Summary of Coverage



Type of Service – Low Plan

NETWORK & 90 th 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 th 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



Vision Coverage

Summary of Coverage



IN NETWORK	
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
FREQUENCY (MONTHS)	
Exam	Once per Calendar Year
Lenses	Once per Calendar Year
Frames	Once every two Calendar Years
Contacts	Once per Calendar Year
OUT OF NETWORK	
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



Voluntary Life and AD&D Insurance



Summary of Coverage

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



Basic Life and Disability Insurance

Summary of Coverage



DePaul provides group term life insurance for all full-time and 30-hour per week employees for a benefit equaling two times annualized compensation, but not exceeding two hundred thousand dollars.

All full-time employees will also receive short-term disability coverage paid for by DePaul. If you experience a short-term disability due to accident or sickness, benefits begin after a seven consecutive day waiting (elimination) period. After that period, the short-term benefit pays 60% of the employee's weekly salary if the claim is approved. All employees are automatically enrolled in this benefit. Employees are taxed only on the value of the STD premium, so that the benefit will not be taxable income to the disabled employee. Employees should contact HR for more detailed information about STD insurance if needed.

Long-term disability (LTD) is an employer paid benefit for full-time employees as well. Employees are taxed only on the value of the LTD premium, so that the benefit will not be taxable income to the disabled employee. Employees should contact HR regarding the duration and level of coverage under LTD insurance.

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)

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.

Health Saving Account

What is a Health Savings Account?

A health savings account (HSA) is a tax-advantaged savings account available to people enrolled in a qualified high-deductible Health plan (HDHP). It allows you, your family, or your employer to put money in savings for your qualified health expenses on a pre-tax basis.

An HSA is used to cover qualified out-of-pocket medical expenses, including those applied to the deductible on your HDHP, copayments, coinsurance, and prescriptions. You can use the money when you need it and, unlike other healthcare-related spending plans, excess contributions roll over year after year for future healthcare related expenses.

Some other great account features:

A health savings account (HSA) is a tax-advantaged savings account available to people enrolled in a qualified high-deductible health plan (HDHP). It allows you, your family, or your employer to put money in savings for your qualified health expenses on a pre-tax basis.

- No per-transaction charges
- Competitive interest rate on the entire balance
- Debit card access
- Complimentary online account statements (\$1/month for paper statements)
- Funds held in your Pinnacle HSA are subject to FDIC insurance
- Online portal to track spending and saving goals
- Pinnacle | Health & Benefits mobile app with eligible expense scanner and electronic shoebox for receipts

The Pinnacle | Health & Benefits debit card is "stacked." When you have more than one type of account (HSA, FSA, dependent), the card "knows" which account to pull from for each transaction.

What are the 2022 HDHP requirements and HSA contribution limits?		
Minimum HDHP Deductible	2021	2022
Individual Coverage	\$1,400	\$1,400
Family Coverage	\$2,800	\$2,800
Maximum HDHP Out-of-Pocket	2021	2022
Individual Coverage	\$7,000	\$7,050
Family Coverage	\$14,000	\$14,100
Maximum HSA Contribution	2021	2022
Individual Coverage	\$3,600	\$3,650
Family Coverage	\$7,200	\$7,300

Catch-up HSA contributions for individuals 55 or older (not yet enrolled in Medicare)

2021	2022
\$1,000 per person	\$1,000 per

HSA Eligibility Checklist



This checklist is for participants in a Qualified High Deductible Health Plan coupled with a Health Savings Account (HSA).

The below are common-asked questions which may help you determine if you are HSA eligible or if you may be disqualified due to other coverage or your personal tax situation.

Please answer each question "Yes" or "No"	
If you answer "Yes" to any of the following questions, you are likely ineligible to contribute to an HSA. You should contact your HR administrator or your personal tax advisor for clarifying questions about your personal situation.	
Does another person claim you as a tax dependent on their tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you covered under Medicare Part A or B?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you covered under Tri-Care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a veteran who has seen a Veteran's Affairs (VA) doctor or hospital for treatment for anything other than a service-related disability? If Yes , you will be ineligible to contribute for three (3) months following the date of service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you covered under another health plan (such as your spouse's plan) that is not a qualified High Deductible Health Plan (HDHP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you covered under another healthcare benefit account, such as Health Flexible Spending Account (Health FSA) or Health Reimbursement Arrangement (HRA) that covers any benefit besides dental or vision or pays before you meet the HSA deductible?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your spouse covered under a healthcare benefit account, such as Health Flexible Spending Account (Health FSA) or Health Reimbursement Arrangement (HRA) that covers any benefit besides dental or vision or pays before you meet the HSA deductible??	<input type="checkbox"/> YES <input type="checkbox"/> NO

Guidance and interpretation s relating to these matters are being released on a regular basis. Pinnacle Financial Partners is not providing legal or tax advice, and nothing in this communication should be interpreted as legal, tax, financial, or medical advice. To ensure compliance with requirements imposed by the IRS, the DOL and EBSA, any discussion of matters contained in this communication (including any attachments) is not intended and cannot be used by anyone to avoid IRS penalties. This material is for informational purposes only, current as of August 2021.

**Member
FDIC**

Flexible Spending Account (FSA)

What is a Flexible Spending Account?

A flexible spending account (FSA) allows employees to put aside pre-tax dollars for qualified healthcare expenses. Unlike an HSA, account holders do not have to be covered by a high deductible health plan (HDHP). It is important to note that enrollment in an HSA does not impact the ability to have a dependent care FSA and provides an excellent tax-advantaged way to pay for child and dependent care. You may have both an HSA and dependent care FSA simultaneously with no issues.

Funds do not roll over year to year, with the exception of an annual carryover of \$550 or a 2.5-month grace period to incur eligible expenses if your employer offers one of these options.

Types of FSA include:

- A health FSA for qualifying out-of-pocket medical expenses
- A limited purpose FSA (LPFSA) works with a qualified high deductible health plan (HDHP) and health savings account (HSA) and only allows reimbursement for vision and dental expenses.
- A dependent care FSA allows pre-tax reimbursement of dependent care expenses, such as daycare, incurred by eligible dependents.

What is included with Pinnacle's FSA?

- Debit card access
- Secure online consumer portal
- Pinnacle | Health & Benefits mobile app with eligible expense scanner and electronic shoebox for receipts

The Pinnacle | Health & Benefits debit card is "stacked." When you have more than one type of account (HSA, FSA, dependent), the card "knows" which account to pull from for each transaction.

FSA account holders may be prompted to provide a copy of the receipt for certain transactions in accordance with IRS regulations.

What are the 2022 FSA contribution limits?

Healthcare FSA and Limited Purpose FSA	2021	2022
Maximum Annual Contribution Limit	\$2,750	\$2,850
Dependent Care FSA Limits	2021	2022
Maximum Annual Contribution Limit; married and filing jointly or single parent	\$5,000	\$5,000
Maximum Annual Contribution Limit; married and filing separate	\$2,500	\$2,500

Flexible Spending Account Substantiation

Why do I need to provide a receipt for my Health Flexible Spending Account (FSA) card when it's my money?

The IRS categorizes a Health FSA as a "tax-advantaged account." Like any tax advantages you may claim on your Federal or State taxes (e.g., mortgage interest or student loan interest), the IRS requires documentation to confirm that you are eligible to receive those tax exemptions.

What information does the IRS require on a receipt?

- Patient's name
- Provider's information (doctor name, hospital, pharmacy, etc.)
- Date of service
- Description of service or item purchased
- Your out-of-pocket cost

Health insurance carrier Explanation of Benefits (EOBs) are excellent receipts! You can download these from your carrier's website.

What happens if I cannot provide a receipt?

We understand that sometimes it might be difficult to get a receipt from a provider or pharmacy. We provide 60 days for you to submit your required documentation. We will send written reminders to you via email.

If we do not receive the required documentation after 60 days, or your claim is denied, we follow the IRS' rules. We may:

- Put a temporary hold on your debit card
- Request repayment

Your employer may report unsubstantiated amounts as taxable income on your form W-2.

How can I submit my receipts?

With your Pinnacle| Health & Benefits FSA, you can:

- Scan and upload receipts via our mobile app (download at the Apple App Store or Google Play Store, search Pinnacle Health and Benefits)
- Upload receipts via our online consumer portal at pnfp.com/hblogin
- Mailing or faxing a receipt? Please contact us for assistance!

Pinnacle | Health & Benefits Client Service Center:

(888) 282-2605 (M-F, 7 a.m.-7 p.m. CT)

Fax: 855-810-8224

P.O. Box 2863, Fargo, ND 58108-2863

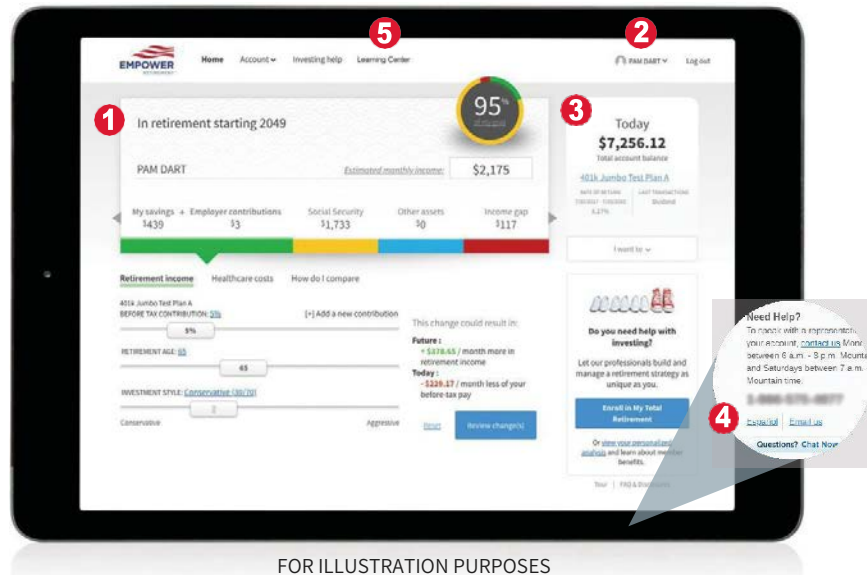
Pinnacle Financial Partners does not offer tax or legal advice. Please consult your personal tax or legal advisor regarding your individual situation.

Empower Retirement 403b



See where you stand. View how you compare. Get next steps.

Visit your plan website and log in to your account to easily see how much you've saved and more.



1. Know your estimated monthly income in retirement. See what your retirement might look like and what percent of your goal you're on track to reach.

- Adjust the sliders to see how changes affect your savings in real time.
- Put your savings in context.
- Make changes with just one click.

2. Receive plan messaging. Stay up to date on plan events and changes.

3. Get your account details. Access account information like total account balance and year-to-date contributions. The I want to dropdown helps you quickly find where you need to go to:

- View/manage investments.
- Update username and/or password.
- View/edit beneficiary information.
- View statements.
- Upload documents.

4. Choose Spanish translation. Click on Español to have future statements and the website delivered to you in Spanish.

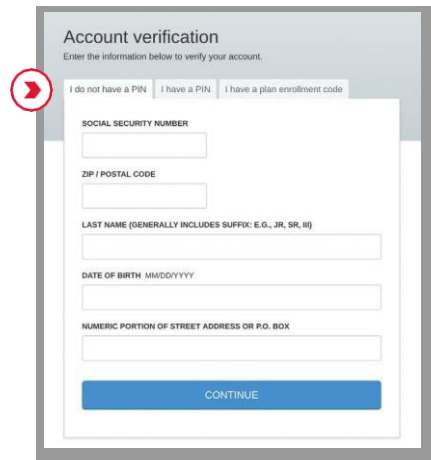
5. Quickly link to the Learning Center. Get the help you need when you need it with access to financial education resources, including on-demand videos, finance tools, calculators and more.

Start by registering your account

1. Log on and select Register.
2. Choose the I do not have a PIN tab.
3. Follow the prompts to create your username and password.

For more help, call 800-338-4015

**Representatives are available weekdays 8 a.m.-10 p.m.
Eastern time and Saturdays 9 a.m.-5:30 p.m. Eastern time**



Your 403b is housed with EMPOWER and PENSIONMARK provides retirement and investment consultation.

Get the Empower Retirement mobile app and connect to your plan whenever, wherever

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IMPORTANT: The projections, or other information generated on the website by the investment analysis tool regarding the likelihood of various investment outcomes, are hypothetical in nature, do not reflect actual investment results and are not guarantees of future results. The results may vary with each use and overtime.

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DePaul Community Resources 403(b) Plan

Retirement Plan Highlights



GENERAL INFORMATION

Plan Provider:	Empower Retirement Plan 503262-01
Advisor:	David Camper 540.520.2608 david.camper@pensionmark.com
Account Access:	(800) 338-4015 www.empower-retirement.com/participant

Employer Contact: David Brahmstadt

PLAN DESIGN

Eligibility:	Immediate for 403(b), 1 year of service for Profit Sharing Plan.
Automatic Enrollment:	Yes
Entry Dates:	Monthly
Contribution Change Dates:	Per Pay Period

DEFAULT INVESTMENT

If you do not make an investment selection, your account will automatically be invested in the age-based **Putnam Dynamic Asset Allocation Balanced**.

HAVE OTHER RETIREMENT ACCOUNTS?

The Internal Revenue Service, and this plan, may allow you to roll prior "qualified" money into your new retirement plan account. You may call 1-866-360-1192 option 3. Empower will help you with your rollover

******The first of the month following date of hire, all employees will be auto enrolled for a 3% payroll deduction into the DePaul Community Resources 403(b) retirement plan. The employee can opt out of the auto enroll at any time.

CONTRIBUTIONS/VESTING

You may contribute a **percentage** of your includable compensation, not to exceed **\$20,500** for the 2022 calendar year. If you are age 50 or older during the plan year, you may contribute an additional **\$6,500 catch-up** amount for the 2021 calendar year.

Roth Contributions:	<i>Roth contributions are post-tax contributions</i>
Employer Contribution:	\$1 for \$1 match on the first 4% of compensation, DePaul may make an additional contribution for any employees who have satisfied 1 year of service, if there is increased profitability.
Vesting, Employer Contributions:	Match: 100% vested; Profit Sharing: Year 1: 0%; Year 2: 33%; Year 3: 66%; Year 4: 100%

LOANS

Permitted with up 50% of vested balance. \$1000 minimum and \$50,000 maximum

WITHDRAWALS

You may withdraw the vested portion of your retirement funds in the event of retirement, disability, termination of employment, death or in-service at age 59.5. Under the tax-deferred plan, you will be required to pay normal income taxes on any funds withdrawn from your account. You may also be assessed a 10% federal excise tax and a state penalty tax.

Hardship Distributions: Yes

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 Benefit Guide, contact Human Resources.

