

# Benefit Options

for Sarah Bush Lincoln employees  
2016



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## Introduction

### *Sarah Bush Lincoln Health System*

Finding an employer that can meet your needs can be difficult. Sarah Bush Lincoln is a great place to be. It is committed to meeting the needs of employees and their families with a comprehensive benefit package.

Not all employees have the same benefit needs. The flexible benefit plan offered by Sarah Bush Lincoln allows employees to choose the benefits that best meet their needs.

This information is intended to give you a brief overview of the benefits options that are available to you and your family. If you have any questions or need additional information, you may contact:

Sarah Bush Lincoln  
Human Resources  
1004 Health Center Drive  
Mattoon, IL 61938  
Phone: 217-258-2502  
Toll Free: 877-794-5627  
Fax: 217-258-4117

### *Helpful Terms*

- Flexible Benefit Plan - This type of plan is sometimes called a cafeteria plan or section 125 plan. It provides you with valuable benefits by offering a menu of benefit choices and allowing you to select the options that are best for you and your family.

- Pre-tax Dollars - Dollars that you use to buy optional benefits that are exempt from payroll taxes. They are deducted from your paycheck before taxes are calculated and are not included on your annual W-2 Form as taxable wages.

- Plan Year - January 1 through December 31. **You must enroll within the first 14 days of your hire date and the benefits selected can only be altered mid-year if you have a “change in family status,” or experience a “HIPAA-qualified event.”**

- Termination of Coverage – Coverage under the plan terminates at the end of the month in which you terminate employment or as otherwise noted in the benefit plan documents.

- Covered Dependent - An individual, as described below, who has met the eligibility requirements of the Plan and for whom coverage is in effect.

Qualified dependents include your legally married spouse or civil union partner and children under age 26 regardless of student status, as long as the dependent is not eligible for health insurance through his/her employer. “Children” include: your natural children; stepchildren; children for whom you are the legal guardian; foster children; legally adopted children; and children for whom you are the proposed adoptive parent and who are dependent upon you during the waiting period prior to the adoption becoming final. Dependent coverage may be continued following legal separation or divorce of the parent should the court so decree. The Plan may require proof of dependency for any person claiming to be your dependent.

All employees adding a spouse or civil union partner after initial enrollment will be required to provide appropriate documentation (certificate of marriage or civil union).

An individual is not a qualified dependent if on active duty in the armed forces of any country or if covered under the Plan as an eligible employee. If both parents are eligible as employees, dependent children will be considered eligible dependents of only one employee.

A dependent who is incapable of self-sustaining employment and is dependent upon his or her parents or other care providers for lifetime care and supervision because of a handicapped condition which occurred before attainment of the age of 19 will continue to be covered under the Plan beyond the age limits above, provided the eligible employee remains covered and such dependent remains continuously incapacitated and dependent.

- Full-time Employee – an employee who is regularly scheduled to work at least 70 hours in a normal (two-week) pay period.

- Part-time Employee – an employee who is regularly scheduled to work at least 40 hours or more, but less than 70 hours in a normal (two-week) pay period.

## Flexible Benefit Plan

A flexible benefit plan is designed to give participants the opportunity to select among various taxable and nontaxable benefits in order to receive tax savings. It allows the employee to select benefit options that best meet his/her needs.

The Sarah Bush Lincoln flexible benefit plan contains the following qualified benefit options:

- employer-sponsored group health, dental and vision benefits
- flexible spending accounts (health and dependent care)
- group term-life insurance
- group accident insurance
- long-term disability insurance
- short-term disability insurance
- critical illness insurance

Benefit coverage ceases at the end of the month in which the employee terminates employment or changes to a non-benefit eligible status.

### Tax Advantages

The flexible benefit plan takes advantage of Section 125 of the Internal Revenue Code to allow you to pay for many of your optional benefits with pre-tax dollars. Pre-tax dollars are exempt from federal and state income taxes and Social Security taxes. Paying for optional benefits with pre-tax dollars saves most employees between 25 percent and 40 percent on their share of benefit costs.

The following example shows how a married couple who earns a combined income of \$35,000 a year can reduce taxes and increase spendable income by using pre-tax dollars.

Employee with a combined income of \$35,000

	Using Pre-tax \$	Using After-tax \$
Annual Income	\$35,000	\$35,000
Pre-tax Contributions	2,500	0
Taxable Income	32,500	35,000
Federal Income Tax	-2,678	-3,908
State Income Tax	-975	-1,050
FICA	-2,486	-4,283
After-tax Medical Expense	0	-2,500
Take-home Pay	\$25,131	\$ 23,489

Additional Annual Take-home Pay \$1,642

### Eligibility

All full-time and part-time employees of Sarah Bush Lincoln are eligible to participate in the flexible benefit plan. Spouses and other dependents of the employee may also benefit from the plan.

### Making Your Benefit Elections

The Plan enables you to customize your benefits to your individual and family needs. We recommend you do the following to best take advantage of the Plan:

- Carefully review the Benefits Options booklet.
- Complete the Health Care and Dependent Care Reimbursement Account Worksheets.
- Review the benefits available through your working spouse's employer (if applicable).
- Review your family needs and make your benefit decisions.
- Complete, online benefit enrollment by the due date.

### Roles and Responsibilities

We all have a responsibility to help control costs and maintain the competitive benefits we enjoy. It requires everyone taking a more active role in their healthcare by being wise consumers.

### Are you a wise healthcare consumer?

Do you:

- take care of yourself by exercising and eating right?
- live a tobacco-free lifestyle?
- access Sarah Bush Lincoln or Aetna website to assess minor illnesses and injuries?
- ask yourself if you would purchase the care if it were 100 percent your money?
- participate in wellness programs at Sarah Bush Lincoln?

Your specific rights to benefits under each Plan are governed solely by the official Plan Documents and not the information in this manual. If there is any discrepancy between the Plans as described in this material and the Plans as described in the official Plan Documents, the language of the Plan Documents shall govern. Sarah Bush Lincoln reserves the right to revise, modify or terminate the Plans at any time.

### Enrollment Guidelines

Employees are eligible for benefits the first of the month following 30 days of employment. Initial enrollment must be completed within 14 days of hire or status-change date and those benefit elections will remain in effect for the remainder of the plan year. If a new employee does not elect coverage as a new hire, he or she must wait until the next plan enrollment date – unless he or she experiences a HIPAA-qualifying event or a change in employment status. Documentation of qualifying event is required.

Employees and dependents may only exit the plan when they experience a “change in family status” or at the plan year enrollment period.

Employees/dependents may make new elections for Flexible Spending Accounts and voluntary benefits at the beginning of each plan year or if they have a HIPAA-qualifying event or change in employment status.

Mid-year changes only can be made in the case of the following:

### HIPAA-Qualifying Events

- Birth, Adoption, Marriage, Civil Union, Legal Separation or Dissolution of Marriage or Civil Union

- Termination of Employment
- Death, Expiration of COBRA, Employer Contributions Cease

### \* Section 125: Change in Family Status

- Divorce, dissolution of civil union, death of a spouse or dependent, or other decreases in number of dependents.
- Marriage, civil union, birth or adoption of a child or other increase in the number of dependents
- Change in employment status of you, your spouse or your dependents. (Termination or commencement of employment; strike/lockout; commencement or return from unpaid LOA)
- Significant change in cost of health coverage of you, your spouse or your dependents
- Change in Medicare or Medicaid entitlement of you, your spouse or your dependents.

You must contact Human Resources within 30 days of the HIPAA qualifying event or a “change in family status” in order to make a change in your benefit elections. Employees who experience a qualifying event during the course of the plan year must provide documentation of the event in order to revise benefit elections. If you do not request a change in your benefit elections within 30 days of the status change event, you will not be eligible to make a change or add or delete dependents until the next plan enrollment.

Any change in benefit elections must be consistent with the change in status. If you have questions relating to status change elections, please contact Human Resources.

### Health Benefits

The provider for the health benefit is Aetna. The summary of benefits is provided on pages 7-9.

### Personal Benefit Account

The Personal Benefit Account (Health Reimbursement Account) is a consumer-directed health plan that encourages employees to take an active role in improving their health and managing their healthcare expenses. All employees enrolled in the SBL Health Plan are eligible for participation in the Personal Benefit Account. SBL will contribute to the employee’s account based on participation in the Employee Wellness Screening and completion of a Health Risk Assessment.

Employee Participation	SBL Contribution to Personal Benefit Account
Completed Employee Wellness Assessment and Health Risk Assessment within 60 days.	\$400
Spouse covered on plan completes Wellness Assessment and Health Risk Assessment within 60 days.	Additional \$200 (Employees enrolled in EE & Child coverage level will automatically earn the additional \$200 for employee participation.)

Contributions to the Personal Benefit Account are based solely on participation, not on health status (tobacco use, BMI, etc.).

Funds contributed to the Personal Benefit Account will be loaded to the Benny Card (a debit card) and may be used to pay for plan deductible and other out-of-pocket expenses related to health, dental, or vision care. Eligible expenses mirror those for the Flexible Spending Account (HCRA).

The Benny Card will hold the balance for the Personal Benefit Account in addition to any Flexible Spending Account (HCRA) contributions the employee may elect. When using the Benny Card for covered expenses, deductions will be made from the Flexible Spending Account (HCRA) before the Personal Benefit Account.

The Personal Benefit Account (Health Reimbursement Account) only allows employer contributions. The account does not permit additional employee contributions.

Any remaining balance in the Personal Benefit Account may be carried over to the next plan year.

Any remaining balance at the time an employee ceases to be a Health Plan participant is forfeited.

#### *Health Plan Premium Discount for Non-Tobacco Users*

Living a tobacco-free lifestyle is not only good for your health; it also saves money on benefits costs, both for you and for SBL. In a continuing effort to encourage overall good health, a non-tobacco user discount is available for our plan. There is a 20 percent difference between the standard and non-tobacco user premium. To qualify for the discount, you must certify that:

- You and your dependents, if covered on plan, do not use tobacco in any form including cigarettes, cigars, pipes, chewing tobacco, or nicotine-replacement therapy.
- You and your spouse, if applicable, will be a full participant in the SBL Employee Wellness program and comply with the health screening requirements of the program. To maintain the integrity of the plan, there will be random nicotine screenings of those who enroll in the discounted premium.

If you are electing the Non-Tobacco User Discount for the first time, you and your spouse (if covered) must complete the Wellness screening within 60 days of your hire date. Please call Employee Wellness at 217-258-2140 to schedule your appointment.

#### *Current Tobacco Users*

Eligibility for the Non-Tobacco User Discount is available to current tobacco users who participate in and complete the SBL Smoking Cessation program by June 30, 2016. Upon receipt of documentation that the employee (and/or spouse) has completed the program, the employee will be enrolled in the discounted premium level, retroactive to the beginning of the plan year.

#### *Networks*

The Plan offers two networks from which to choose as your needs change. The SBL Network includes all Sarah Bush Lincoln facilities, all employed providers and many other staff members listed on SBL intranet/Employee Benefits. The Aetna Network is a more comprehensive group of providers and facilities contracted through Aetna. You may access the SBL Network through the SBL intranet/Employee Benefits. For a complete listing of Aetna providers, you may call Aetna at 1-800-238-6716, or go to its website at [www.aetna.com](http://www.aetna.com).

#### *Prescription Program*

The health plan includes a prescription program that covers a portion of the cost associated with prescription medications. The program has three tiers of coverage, with reduced costs for prescriptions filled at the SBL Prairie Medical Pharmacy. The summary of benefits is provided on page 7.

For a complete listing of the prescription drugs covered under the health plan, and whether there is a generic

available, check the Aetna Formulary list. You may also access the formulary by calling Aetna at 1-800-238-6716 or at its website at [www.aetna.com](http://www.aetna.com).

## Terms to Understand

### *Premium*

The premium is a set amount that is deducted from your paycheck per pay to retain healthcare coverage. The price is the same, regardless of the service you use, and is deducted each pay period on a pre-tax basis.

### *Deductible*

The deductible is what you pay each year for covered expenses before the plan begins to make payments. Deductible amount varies according to where you receive your care.

### *Co-Insurance*

After meeting your deductible, co-insurance takes effect. Co-insurance is the percentage of cost you pay for services, and applies to all covered expenses.

### *Co-Payments*

After meeting your deductible, a co-payment is a set dollar amount you are required to pay each time you receive certain Covered Health Services.

### *Payment Limits*

The Payment Limit provision protects you financially by limiting the amount you pay for covered medical expenses in a calendar year. Once your expenses (including the deductible, co-pays and co-insurance you pay) reach the payment limit, the plan picks up 100% of eligible expenses for the rest of the year. **This provision does not apply to charges above the usual and customary amounts.**

Personal Benefit Account	SBL Contribution
Employee Wellness Screening and Health Risk Assessment Completed	\$400 if employee completes \$200 additional if spouse completes, or if enrolled in EE & Child Coverage \$600 total possible contribution
Employee Wellness Screening and Health Risk Assessment Not Completed	None

Plan Features	SBL Network	Aetna Preferred Care	Non-Preferred Care
<b>Deductible</b> (per calendar year)	\$800 Individual \$1,600 Family	\$1,200 Individual \$2,400 Family	\$3,500 Individual \$7,000 Family

All covered expenses, excluding prescription drugs, accumulate toward both the preferred and non-preferred Deductible.

Unless otherwise indicated, the Deductible must be met prior to benefits being payable.

The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Deductible amount.

<b>Member Coinsurance</b> Applies to all expenses unless otherwise stated.	Covered 100%	25%	50%
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<b>Payment Limits</b> (per calendar year)	\$2,500 Individual \$5,000 Family	\$6,000 Individual \$12,000 Family	\$10,000 Individual \$20,000 Family
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All covered expenses, including Deductible and prescription drugs accumulate toward both the preferred and non-preferred Payment Limit.

Certain member cost sharing elements may not apply toward the Payment Limit.

Only those out-of-pocket expenses resulting from the application of coinsurance percentage, deductibles, copays (except any penalty amounts) may be used to satisfy the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Payment Limit amount.

Once Family Payment Limit is met, all family members will be considered as having met their Payment Limit for the remainder of the calendar year.

<b>Lifeline Maximum</b>	Unlimited	Unlimited	Unlimited
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**Certification Requirements** - Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$400 per occurrence.

<b>Referral Requirements</b>	None	None	None
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Preventive Care	SBL Network	Aetna Preferred Care	Non-Preferred Care
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<b>Routine Adult Physical Exams/ Immunizations</b> 1 exam per 12 months for members ages 22 and older.	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 50%; after deductible
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<b>Routine Well Child Exams/ Immunizations</b> 7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per year thereafter to age 22.	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 50%; after deductible
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<b>Routine Gynecological Care Exams</b> Includes Pap smear and related lab fees.	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 50%; after deductible
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<b>Routine Mammograms</b>	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 50%; after deductible
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<b>Mammograms - Medically Necessary</b>	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 50%; after deductible
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<b>Women's Health</b>	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 50%; after deductible
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Includes: Pre-natal maternity, screening for gestational diabetes, HPV (Human Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.

<b>Routine Digital Rectal Exams/ Prostate Specific Antigen Test</b>	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 50%; after deductible
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<b>Colorectal Cancer Screens</b>	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 50%; after deductible
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<b>Outpatient Gastric Scopes</b> (Colonoscopy, Sigmoidoscopy, Endoscopy, etc, includes scopes with polyp removal)	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 50%; after deductible
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<b>Routine Eye Exam</b> 1 routine medical exam per year 24 months	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 50%; after deductible
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<b>Routine Hearing Exam</b> 1 routine exam per 24 months	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 50%; after deductible
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Physician Services	SBL Network	Aetna Preferred Care	Non-Preferred Care
<b>Office Visit to PCP</b> Includes services of an internist, general physician, family practitioner or pediatrician.	\$25 copay; after deductible	25%; after deductible	50%; after deductible
<b>Specialist Office Visit</b>	\$35 copay; after deductible	25%; after deductible	50%; after deductible
<b>Pre-Natal Maternity</b>	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
<b>Audiometric Hearing Exams</b>	Covered 100%; deductible waived	Covered 100%; deductible waived	50%; after deductible
<b>Allergy Testing</b>	Covered as either PCP or specialist office visit	25%; after deductible	50%; after deductible
<b>Allergy Injections</b>	100%; after deductible	100%; after deductible	50%; after deductible
Diagnostic Procedures	SBL Network	Aetna Preferred Care	Non-Preferred Care
<b>Diagnostic Laboratory &amp; X-ray</b>	Covered 100%; after deductible	25%; after deductible	50%; after deductible
If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing. For lowest cost options, use SBL Main Campus Diagnostic, Lab and X-ray services. For further clarification, call Human Resources, 217 258-2501.			
<b>Diagnostic X-ray for Complex Imaging Services</b>	Covered 100%; after deductible	25%; after deductible	50%; after deductible
Emergency Medical Care	SBL Network	Aetna Preferred Care	Non-Preferred Care
<b>Urgent Care Provider</b> (Benefit availability may vary by location.)	Not applicable	25%; after deductible	50%; after deductible
<b>Non-Urgent Use of Urgent Care Provider</b>	Not Applicable	25%; after deductible	50%; after deductible
<b>Emergency Room</b>	\$300 per admission copay; deductible waived; copay waived if admitted	\$300 per admission copay; deductible waived; copay waived if admitted	Same as preferred care
<b>Ambulance</b>	Not applicable	Covered 100%; deductible waived	50%; after deductible
Hospital Care	SBL Network	Aetna Preferred Care	Non-Preferred Care
<b>Inpatient Coverage</b>	\$200 per admission copay; after deductible	25%; after deductible	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.			
<b>Inpatient Maternity Care</b> (includes delivery and postpartum)	\$200 per admission for facility services; after deductible	25%; after deductible	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.			
<b>Outpatient Hospital Expenses</b> (including surgery)	\$200 per admission copay; after deductible	25%; after deductible	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient stay.			
Mental Health Services	SBL Network	Aetna Preferred Care	Non-Preferred Care
<b>Inpatient</b>	\$200 per admission copay; after deductible	25%; after deductible	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.			
<b>Outpatient</b>	\$35 copay; after deductible	25%; after deductible	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.			
Alcohol/Drug Abuse Services	SBL Network	Aetna Preferred Care	Non-Preferred Care
<b>Inpatient</b>	\$200 per admission copay; after deductible	25%; after deductible	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.			
<b>Residential Treatment Facility</b>	Not Applicable	25%; after deductible	50%; after deductible
<b>Outpatient</b>	\$35 copay; after deductible	25%; after deductible	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.			
Other Services	SBL Network	Aetna Preferred Care	Non-Preferred care
<b>Convalescent Facility</b>	Not applicable	25%; after deductible	50%; after deductible
Limited to 180 days per calendar year. The member cost sharing applies to all covered benefits incurring during a member's inpatient stay.			
<b>Home Health Care</b>	100% after deductible	25%; after deductible	50%; after deductible
Limited to 60 visits per calendar year. Includes Private Duty Nursing limited to 70 eight-hour shifts per calendar year. Each visit by a nurse or therapist is one visit. Each visit up to four hours by a home health care aide is one visit.			

<b>Hospice Care - Inpatient</b>	\$200 per admission copay; after deductible	25%; after deductible	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.			
<b>Hospice Care - Outpatient</b>	100%; after deductible	25%; after deductible	50%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.			
<b>Outpatient Short-term Rehab</b>	\$25 copay; after deductible	25%; after deductible	50%; after deductible
Include Speech, Physical, and Occupational Therapy, limited to 60 visits per calendar year.			
<b>Spinal Manipulation Therapy</b> (Limited to 20 visits per calendar year)	Non applicable	25%; after deductible	50%; after deductible
<b>Durable Medical Equipment</b>	Covered 100%; after deductible	25%; after deductible	50%; after deductible
<b>Diabetic Supplies</b>	Covered same as any other medical expenses	Covered same as any other medical expenses	Covered same as any other medical expenses
<b>Contraceptive Drugs and Devices Not Obtainable at a Pharmacy</b> (includes coverage for contraceptive visits)	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered same as any other medical expenses
<b>Generic FDA-approved Women's Contraceptives</b>	Covered 100%; deductible waived	Covered 100%; deductible waived	Non Covered
<b>Transplants</b>	Not applicable	25%; after deductible Preferred coverage is provided at an IOE contracted facility only	50%; after deductible Non-Preferred coverage is provided at a non-IOE facility
<b>Bariatric</b> (prior approval required)	Not applicable	25%; after deductible	50%; after deductible
<b>Mouth, Jaws and Teeth</b> (medical oral surgery procedures, dental oral surgery excluded)	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.

<b>Family Planning</b>	<b>SBL Network</b>	<b>Aetna Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Infertility Treatment</b> Diagnosis and treatment of the underlying medical condition.	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.
<b>Comprehensive Infertility Services</b>	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.
Coverage includes Artificial Insemination (limited to six courses of treatment per member's lifetime) and Ovulation Induction (limited to six courses of treatment per member's lifetime). Lifetime maximum applies to all procedures covered by any Aetna plan except where prohibited by law.			
<b>Advanced Reproductive Technology (ART)</b>	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.
ART coverage includes: In vitro fertilization (IVF), zygote intra-fallopian transfer (ZIFT), gamete intra fallopian transfer (GIFT) cryopreserved embryo transfers, intracytoplasmic sperm injections (ICSI) or ovum microsurgery.			
<b>Vasectomy</b>	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.
<b>Tubal Ligation</b>	Covered 100%; deductible waived	Covered 100%; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered, after deductible.

<b>Pharmacy</b>	<b>SBL Network</b>	<b>Aetna Preferred Care</b>	<b>Non-Preferred Care</b>
<b>Retail</b>	\$10 copay for generic drugs, \$35 copay for formulary brand-name drugs, and \$60 copay for non-formulary brand-name drugs up to a 30 day supply at Prairie Medical Pharmacy.	\$15 copay for generic drugs, \$40 copay for formulary brand-name drugs, and \$70 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.	50% for generic drugs, formulary brand-name drugs, and non-formulary brand name drugs up to a 30-day supply.
<b>Mail Order</b>	Not Covered	Not Covered	Not Applicable
<b>Aetna Premier Specialty Drugs</b>	50% copay up to \$250 maximum per prescription for formulary and non formulary drugs.	50% copay up to \$250 maximum per prescription for formulary and non formulary drugs.	Not Applicable

**Premier Specialty Drug List** - First prescription fill at any retail drug facility. Subsequent fills must be through our preferred Aetna Specialty Pharmacy network.

**No Mandatory Generic (NO MG)** - Member is responsible to pay the applicable copay only.

**Plan Includes:** Contraceptive drugs and devices obtainable from a pharmacy, Oral fertility drugs, Injectable fertility drugs (physician charges for injections are not covered under RX, medical coverage is limited), Diabetic supplies.

Precert for growth hormones included; Precert included. Step Therapy included.

Formulary generic FDA-approved Women's Contraceptives and certain over-the-counter preventive medications covered 100% in network.

#### **General Provisions**

**Dependents Eligibility** Spouse, civil partner, children from birth to age 26

**Vision Benefits**

The following summary explains the SBL Vision Plan coverage. Claim forms can be found on the SBL intranet.

As a participant you and your dependent (if you elect family coverage) may receive the following vision benefits from any vision provider:

Examination	Every 12 months
Glasses or Contact Lenses	1 pair every 24 months

Contact lenses are in lieu of prescription lenses. You can select either, but not both prescription lenses and contact lenses.

The benefit amount paid by the Vision Plan includes:

Examination	\$40
Glasses/ Contact Lenses	\$200

**Critical Illness Insurance**

Full time and part time employees who have medical coverage (either through SBL or elsewhere) may choose to purchase voluntary Critical Illness Insurance. The insurance is provided by MetLife and allows for employees to enroll in a category benefit amount of \$15,000 of Critical Illness coverage for the employee and spouse and \$10,000 for dependent children.

**Dental Benefits**

The following is a summary of the Sarah Bush Lincoln Dental Plan outlining the services covered. Claim forms can be found on the Sarah Bush Lincoln intranet.

**Dental Schedule of Benefits**

**Annual Dental Maximum \$1,200**

**Dental Care Description**

**Applicable Coverage**

<b>1st year</b>	<b>2nd year</b>	<b>3rd year +</b>
of employment	of employment	of employment

**Preventive Services**

<b>80%</b>	<b>90%</b>	<b>100%</b>
<b>(no deductible)</b>		
Routine exams & cleanings semi-annually		
Topical fluoride treatments for children up to 16 annually		
Diagnostic X-rays semi-annually		
Full-mouth X-rays once in any three years		

**Basic Services**

<b>60%</b>	<b>70%</b>	<b>80%</b>
<b>(\$50 deductible)</b>		
Space maintainers		
Silver alloy or composite resin fillings		
Nonsurgical periodontics		
Root canal fillings & pulpal therapy		
Simple & surgical extractions		
Fissure sealant to age 19		
Oral surgery		
Surgical periodontics		

**Major Services**

<b>30%</b>	<b>40%</b>	<b>50%</b>
<b>(\$50 deductible)</b>		
Prosthetics (bridges & dentures)		
Inlays, onlays & crowns		

There is a \$50 annual deductible for an individual per calendar year and a maximum of \$150 per family per calendar year. All preventive, basic & major services apply to annual dental maximum of \$1,200.

**Orthodontic Services**  
**\$1,200 Lifetime Maximum**

<b>30%</b>	<b>40%</b>	<b>50%</b>
<b>(no deductible)</b>		
Orthodontic care for employees & dependents		

### *Long-term Disability*

Statistics show that the possibility of a serious disabling illness or injury is many times greater than the possibility for premature death. Many financial planners say that being adequately protected for long-term disability is one of the most important, and frequently overlooked, financial decisions you can make. If you become disabled, the financial consequences could be serious.

In addition to ourselves, many of us have others in our lives depending on us for support. If we become unable to work because of disability, it is reassuring to know our dependents can be provided for. Single people still need protection from a sudden disability or may want to take care of others who are close to them, long-term disability coverage is important for them, too.

Sarah Bush Lincoln will provide full-time employees with basic LTD coverage at no cost. If you become totally disabled, the basic LTD Plan will pay 60 percent of your base earnings up to a maximum benefit of \$6,000 per month. Payments will begin after you have been totally disabled for 90 days.

### *Short-term Disability (STD)*

As a full-time or part-time employee, you have the opportunity to purchase STD coverage to protect your income.

With the STD plan, you are eligible for a weekly payment up to 60 percent of your base earnings. You also have the flexibility to choose between two coverage options.

- Coverage beginning after 14 days of disability
- Coverage beginning after 30 days of disability

Coverage for employees who enroll within 30 days of their eligibility date will be guaranteed coverage without having to provide evidence of insurability.

**Employees who enroll after that time will be required to submit evidence of insurability and be approved for coverage by Cigna or insurance carrier.**

This insurance covers employees who become disabled as a result of an injury or sickness that is not work related. It replaces a part of the income the employee would have earned had they been able to continue working.

### *Employee Life Insurance*

Full-time employees are provided life insurance coverage. You will receive a standard life insurance benefit of two times your annual salary. The benefit is provided at no cost to you and will be paid to your designated beneficiary in the event of your death. The amount of basic life and voluntary life insurance is reduced to 65 percent of the face value at the age of 65, 40 percent at age 70 and 20 percent at age 75.

### *Voluntary Term Life Insurance*

Full-time and part-time employees may choose up to \$250,000 of Voluntary Term Life Insurance. The rates are based upon your age at the end of the Plan Year (December 31) and will be displayed on the online enrollment site. Coverage up to \$150,000 is guaranteed without Evidence of Insurability for new employees who enroll within 30 days of their eligibility date. However, if you decline coverage, Evidence of Insurability, will be required to enroll in subsequent plan years.

The additional life insurance you purchase through the Plan can be ported or converted, which means that even after your employment with Sarah Bush Lincoln, you may keep the group rate or convert your current policy to a non-term permanent life insurance policy without evidence of insurability as long as application is made within 31 days of termination of insurance.

### *Spouse Life Insurance*

Spouse Life Insurance may be purchased as an option in units of \$10,000 not to exceed a maximum of \$150,000. Coverage of up to \$30,000 is guaranteed without Evidence of Insurability for spouses of new employees who enroll within 30 days of their eligibility date. However, if you decline coverage, Evidence of Insurability will be required to enroll in subsequent plan years. The rates are based upon the employee's age as of the last day of the Plan Year (December 31). Like Voluntary Term Life, Spouse Life Insurance may also be ported or converted to a non-term permanent life insurance policy without evidence of insurability as long as application is made within 31 days of termination of insurance. Spouse Life Insurance benefit decreases at age 65 and is not available for those age 70 and above.

### *Child(ren) Life Insurance*

Child(ren) Life Insurance is available as an optional benefit. You may purchase coverage on all your unmarried dependent children birth to 19 years, or 26 years if full-time students, for a single premium. This coverage is offered in units of \$2,000 up to a maximum of \$10,000 and does not require evidence of insurability for children of new employees who enroll within 30 days of eligibility date. Coverage for disabled dependents may be restricted. Please contact Human Resources for details.

**Employees must purchase Voluntary Term Life for themselves in order to purchase Spouse Life or Child(ren) Life Insurance. Spouse and child election cannot be greater than the employee's election.**

### *Accidental Death & Dismemberment Insurance*

Full-time employees, are provided with an Accidental Death and Dismemberment benefit of two times their base salary. The Plan also allows you to purchase Voluntary Accidental Death and Dismemberment (AD&D) Insurance for yourself, your spouse and your children. For those who elect voluntary AD&D coverage, there is automatic access to other benefit programs offered by CIGNA most notably: Will Preparation Services and Identity Theft Program.

Those in Civil Unions are eligible for coverage under the voluntary plans which include Life, AD&D and Critical Illness.

### **Health Care Reimbursement Account (HCRA)**

The flexible benefit plan offers you a choice to participate in comprehensive health, dental and vision plans. However, as with any plan, there are some items that are not covered or are only partially covered. The HCRA is designed to let you take advantage of current tax laws and pay for these out of pocket expenses with pre-tax dollars. New elections must be made each calendar year. **Please note that in 2016, the limit for Healthcare Reimbursement Accounts is \$2,550.**

#### *How It Works*

The HCRA allows you to deposit up to \$2,550 annually into an account, on a pre-tax basis, to pay for medical expenses not covered by another plan. Your HCRA can be used to reimburse you for expenses incurred by you or your dependents regardless of whether you

participate in any of Sarah Bush Lincoln's health, dental or vision plans.

There are two ways to access funds in your HCRA account.

#### *Flexible Spending Cards*

Employees participating in the Health Care Reimbursement accounts will receive a Benny card. This spending card automates the process of paying for eligible pre-tax account expenses. The card can be used at eligible locations where MasterCard and Visa are accepted, from physician and dental offices to pharmacies and vision service locations. Approved expenses are automatically deducted from the participant's pre-tax account. This reduces the need to submit paper receipts for reimbursements from the Flexible Spending Account. Participants must retain a copy of their receipts as periodic audits may be performed.

#### *Submitted Requests*

Requests for reimbursement may be submitted along with a bill showing the date of service, type of service, provider name and the amount to:

#### **Consociate**

2828 N. Monroe  
Decatur, IL 62526  
1-800-798-2422  
217-233-2281 (fax)

Healthcare reimbursement forms can be found on SBL intranet/employee benefits or at [www.consociate.com](http://www.consociate.com). A direct deposit option is also available for reimbursement checks.

#### *Internal Revenue Service Plan Requirements*

Because this account gives you a unique opportunity to reduce your taxes, certain Internal Revenue Service requirements apply:

- Expenses claimed for your account must be incurred during the Plan Year (January 1 - December 31).
- Money in excess of \$500 not claimed for the Plan Year will be forfeited – sometimes called the “Use It or Lose It” Provision. You will have up to three months after the end of the Plan Year (March 31) to file claims for services incurred during that year.

- The amount you contribute to the account must remain the same all year unless you experience a “change in family status” and make an election change.
- You may not claim any expense reimbursed from this account as an itemized deduction on your tax return.

Other Expenses Specifically Prescribed by a Physician for Treatment of a Specific Diagnosis \$\_\_\_\_\_

Over-the-Counter drugs or items (with a letter of medical necessity) used to treat or alleviate illness or injury \$\_\_\_\_\_

Total Estimated Expense \$\_\_\_\_\_

### Health Care Reimbursement Account Worksheet

The following is a partial list of eligible expenses to help you estimate your annual out-of-pocket healthcare costs and to determine the appropriate amount for you to deposit into your HCRA account:

Expenses Eligible for Reimbursement	
Insurance Deductible	\$_____
Insurance Co-payment	\$_____
Prescription Drug Co-payments	\$_____
Unreimbursed Dental Expenses	\$_____
Unreimbursed Orthodontia Expenses	\$_____
Unreimbursed Vision Expenses	\$_____
Hearing Exams and Hearing Aids	\$_____
Unreimbursed Chiropractic Exams and Treatment	\$_____
Unreimbursed Occupational Therapy	\$_____
Unreimbursed Psychiatric Care	\$_____
Special Care for Handicapped	\$_____
Unreimbursed Therapy for Drug and Alcohol Addiction	\$_____
Transportation to Receive Health Care (including mileage; see IRS website for allowable amount.)	\$_____
Special Durable Medical Equipment Prescribed by a Physician	\$_____

### Expenses NOT Eligible for Reimbursement

- Vitamins or weight loss supplements
- Cosmetic surgery
- Insurance premiums
- Health club expenses to keep physically fit
- Expenses reimbursed under another health plan

**Plan Participants are allowed to carry over a maximum of \$500 into the next year.** You can check your HCRA/DCRA account balance along with claim information by going to [www.consociatefsa.com](http://www.consociatefsa.com)

### Dependent Care Reimbursement Account (DCRA)

The flexible benefit plan also offers you the opportunity to pay for dependent care expenses on a pre-tax basis.

#### How It Works

Expenses that are eligible for reimbursement through the DCRA include expenses you incur for the care of your dependents while you work. These types of expenses include payments to day care centers, elder care, after school care, or babysitting in your home or someone else’s home as long as the care provider is not another child of yours under age 19, or anyone else for whom you claim a tax exemption on your federal income tax return. Dependents are defined for this purpose as children under age 13 or anyone age 13 or older who is mentally or physically handicapped and relies on you for financial support.

The DCRA is also subject to specific Internal Revenue Service Regulations and works very much like the Health Care Reimbursement Account. You may deposit pre-tax dollars into your account each pay period to pay for eligible expenses and be reimbursed from your tax free account. For your convenience a dependent care worksheet is available on SBL intranet/Employee Benefits.

### *Internal Revenue Service Plan Requirements*

- When you submit a bill for reimbursement from your account, you must furnish the social security number or tax ID number of the care provider.
- You must also report the name, address and tax ID or social security number of the care provider on Schedule 2441 of your federal tax return.
- If you are single, or married and filing a joint tax return, you may deposit up to \$5,000 from your pay in any year into your account. If you are married and filing a separate tax return, you may deposit a maximum of \$2,500 into your account.
- Both spouses must be employed and contributions are limited to the income of the lower-paid spouse.
- You may not claim the Dependent Care Tax Credit on your tax return for expenses reimbursed by the account.
- Expenses claimed from your account must be incurred during the Plan Year (January 1- December 31).
- Money not claimed for the Plan Year (January 1 to December 31) must be forfeited – sometimes called the “Use It or Lose It” Provision. You will have up to three months after the end of the Plan Year (March 31) to file claims for services incurred during that year.
- The amount you contribute to the account must remain the same all year unless you experience a change in family status and make a consistent election change.

### *Expenses Eligible for Reimbursement*

- Expenses for a dependent day care center
- Certain expenses up to, but not including, first grade
- Elder care
- After-school care
- Summer day camp

Reimbursement from your DCRA is limited to the balance in your account on the date checks are issued.

Remember: You must provide the name, social security number or the tax identification number of your care provider, and dates of service when you request reimbursement from your DCRA. This will place tax-reporting responsibility with the day care provider.

Requests for reimbursement should be submitted along with a receipt to:

### **Consociate**

2828 N. Monroe  
Decatur, IL 62526  
1-800-798-2422  
217-233-2281 (fax)

Dependent care reimbursement forms can be found on the SBL intranet/employee benefits. A direct deposit of reimbursement checks is also available.

### *Expenses NOT eligible for Reimbursement*

- Child care services provided by your spouse, someone you claim as an exemption on your federal income tax return, or by one of your children under the age of 19
- Housekeeping expenses not related to dependent care
- Dependent care expenses you claim on your federal tax return
- Health care expenses for a dependent
- Food or clothing for dependent
- Transportation costs between your home and the dependent care center
- Schooling costs for children in first grade or older

### **Additional Sarah Bush Lincoln Benefits (not included in the Flexible Benefit Plan)**

#### **Retirement Plan 403(b)**

Sarah Bush Lincoln provides a qualified defined contribution retirement plan for you.

#### *Eligibility*

Employee Contribution - All employees (FT, PT, per diem, PRN) may begin making contributions to the retirement plan from their date of hire. You may invest up to the 402(g) limits on either a pre-tax or post-tax (Roth) basis.

Employer Contribution - Participating employees become eligible for the employer match on January 1 or July 1 following completion of one year of service and attainment of age 21. In order to retain the match, you must work at least 1,000 hours during the plan year. The match is equal to 50 percent of your

contribution, not to exceed 4 percent. For example, see the chart below.

**Auto-Enrollment Feature**

New employees will be subject to the auto-enrollment feature of the 403(b) retirement plan. Employees will be enrolled in the plan at 4 percent deferral rate effective the first of the month following employment. Employees may enroll online to indicate a different contribution amount and/or fund election or may elect not to participate in the plan.

**Investments**

You may choose to invest contributions into the retirement plan by selecting individual investment funds from the plan offerings. You may also choose from one of five managed portfolios which are actively managed by investment professionals who choose the investment proportions and adjust them over time for you.

**Vesting**

The vesting schedule defines your level of ownership of Sarah Bush Lincoln’s contribution made on your behalf. You will always be 100 percent vested in the value of your contributions to the plan. You will be vested in the value of Sarah Bush Lincoln’s contribution according to the following vesting schedule:

**Vesting Schedule**

Years of Service	%Vested
1	0
2	20
3	40
4	60
5	80
6	100

**Retirement Benefits**

You may receive retirement benefits from the plan when you reach the normal retirement age of 65. You are also eligible to take an inservice distribution at age 59 1/2. Full details of the retirement plan may be found in the summary plan description.

Participants can enroll in the plan, monitor plan activity, make changes to their contributions/ investments, update beneficiaries, and much more by logging in to the Fidelity website ([www.netbenefits.com/sbl](http://www.netbenefits.com/sbl)) or by calling Fidelity Retirement Service Center at **800-343-0860**.

**Time Off Paid (TOP) Program**

The purpose of the TOP program is to provide a flexible and equitable means for you to use paid time off from work for vacations, holidays, illnesses and unforeseen contingencies (i.e. injury, personal emergency, bad weather, etc.) All full-time and part-time employees

**Retirement Contributions**

Your Contribution	Sarah Bush Lincoln Contribution	Total Contribution
If you contribute the following amount of pay:	Then Sarah Bush Lincoln will contribute the following amount:	
1%	1/2%	1 1/2%
2%	1%	3%
3%	1 1/2%	4 1/2%
4%	2%	6%
8%	4%	12%
10%	4%	14%



*TOP Hours Earned by Eligible Full-time and Part-time Employees*

Length of Eligible Services	Per Hour Paid	Per Pay Period (80 hrs)	Per Avg. Year of Employment (2080 hrs paid)
1-5 years	.08846	7.0768	184 (23 days)
5-9 years	.10769	8.6152	224 (28 days)
9+ years	.12692	10.1536	264 (33 days)

accrue benefit (TOP) time based on length of continuous eligible service from last date of hire. For a new full-time employee, TOP time consists of:

Vacation	10 days
Holidays	6 days
Sick	5 days
Personal	2 days
<b>Total Days</b>	<b>23 DAYS</b>

The TOP program, in which all of your earned credit for vacation, holidays and short-term “sick” time allowance accumulates, adds to your benefits package. You have the opportunity to use your TOP hours in the manner that best suits your personal needs with the approval of your manager/director.

Accrual of TOP hours for eligible employees begins immediately upon employment; however, these hours may not be used until the beginning of the pay period following successful completion of the 90-day trial period, with the exception of recognized holidays. Upon hire, eligible employees may use TOP hours for holidays, not to exceed accrued hours currently in their TOP account. You may accrue up to a maximum of 480 TOP hours. TOP accrual rates vary based on length of continuous eligible service from the last date of hire as shown in the chart above.

The following holidays are recognized by Sarah Bush Lincoln:

New Year’s Day	Labor Day
Memorial Day	Thanksgiving Day
July 4th	Christmas Day

**Reserve Sick**

The Reserve Sick time account provides protection from pay losses due to an employee’s own hospitalization, long-term serious medical problems, outpatient surgery, oral surgery, invasive procedures, procedures requiring sedation and open or closed reduction of fractures.

All full-time and part-time employees accrue .02692 Reserve Sick hours per hour paid (to a maximum of 80 hours per pay period). The Reserve Sick account may accrue to a maximum of 600 hours. The 600-hour maximum will enable long-term employees to receive full pay during the 90-day waiting period that precedes eligibility for long-term disability payments.

**Tuition Assistance**

As a full-time or part-time employee who has successfully completed your trial period, you are eligible to receive tuition reimbursement for approved courses. Determination of course eligibility is the responsibility of your supervisor and the director of Employee and Organizational Development (EOD). Courses must be taken through an accredited school or recognized accredited program. The subject matter must be directly related to your current position or a position to which you may be logically promoted, or part of a related degree program. If you are planning on earning a degree, the degree plan must be approved by your supervisor before taking classes.

You should complete the tuition reimbursement request form available in the EOD Department or on SBL intranet/employee benefits and submit it to your supervisor for approval prior to registering for a course. If approved, your supervisor will forward the request to EOD for approval. Receipt of tuition assistance is also subject to yearly budget limitations. Employees may be eligible for tuition assistance loans from their health

care association credit union. Full time employees are eligible for up to \$3,000 in tuition reimbursement a year, while part-time employees are eligible for up to \$1,500 a year. Reimbursement will be contingent upon your continued employment for a minimum of 12 months beyond the successful completion of the course. If you terminate employment within the 12-month period, you will be required to pay back a prorated amount of the tuition assistance and any amount not paid will be deducted from your final paycheck.

Financial assistance from other sources will be taken into consideration when determining the reimbursement amount. The intent of Sarah Bush Lincoln is to reimburse you for qualified tuition costs, but not to have the total reimbursement received by you from all sources exceed the cost of tuition.

You must achieve a grade of “C” or better for undergraduate work and a “B” or better for graduate work to qualify for reimbursement. Courses taken “pass/fail” must receive a “pass” grade to qualify for reimbursement.

### Additional Insurance Coverage

Auto, Homeowners and Renters Insurance  
 METPAY offers employees a convenient, cost-effective way to insure their auto, home and personal property. With the payroll deduction option, employees are able to spread their premiums out over the policy term. If you would like additional information about these services, please call:  
 MetLife Auto & Home  
 Toll Free 1-800-GET-MET1  
[www.metpay.com](http://www.metpay.com)

### Credit Union

Sarah Bush Lincoln offers membership in the Healthcare Associates Credit Union, which allows you to save money conveniently and enables you to apply for loans through the credit union. Deposits to checking and savings accounts and payments on loans can be made through payroll deduction.

## SBL Wellness

Health Risks	SBL Resources
Health Coaching can provide the support employees need in making improvements toward a healthy lifestyles.	Wellness Department - 217-258-2140
Tobacco/Nicotine Use	Freedom from Smoking (or Tobacco) Program Wellness Department - 217-258-2140
Body Weight Body Fat Percentage Body mass Index (BMI)	Wellness Department - 217-258-2140 Center for Healthy Living - 217-238-3488 Medical Weight Management - 217-238-4774 Healthy Directions - 217-258-2199 Weight Watchers at Work - 217-258-2140
Cholesterol Blood Pressure	Wellness Department - 217-258-2140 Center for Healthy Living - 217-238-3488
Blood Sugar	Wellness Department - 217-258-2140 Step in the Right Direction - 217-238-4808/258-2199 Living with Diabetes -217-238-4808/217-258-2199
Emotional/Mental Health	Employee Assistance Program - 217-258-4040

You may contact Human Resources or the credit union for more information at the number listed.

Healthcare Associates Credit Union  
1151 East Warrenville Road  
P.O. Box 3053  
Naperville, IL 60566  
1-800-942-0158  
[www.hacu.org](http://www.hacu.org)

### ***Center for Healthy Living***

The Center for Healthy Living is available to all employees and spouses/partners and family members in the household ages 18 and older. It features a complete fitness facility with treadmills, stationary bicycles, hand weights, resistance weight machines and a variety of fitness classes. Personal trainers are available to help members set and reach fitness goals.

Membership rates:

Individual fee: \$20/month

Family fee: \$35/month

Utilization incentive: \$10 reimbursement payments of \$10 for each month in which employees meet the minimum of 12 visits to the fitness center.

Reimbursement is done on a quarterly basis and the fitness member must be an employee of SBL at the time of pay out.

### ***My Wellness Website***

This interactive website will help you stay on track with exercise, and nutrition while monitoring your health measures. You can learn more about all our Wellness programs and health challenges, as well as access new recipes and get help planning your meals. The large health library is a great resource for you to learn more about your health and provides health-related quizzes.

Access the site at:

<https://sblhs.cernerwellness.com>

### **Employee's Rights to Continue Group Health Coverage (COBRA)**

YOU [AND YOUR SPOUSE and Dependents] SHOULD READ THIS INFORMATION, REGARDLESS OF YOUR CURRENT EMPLOYMENT STATUS WITH SARAH BUSH LINCOLN.

If you are an employee of SBL, covered by a Group Health Plan offered by SBL, you have the right to choose continuation coverage at group rates if you become ineligible for group health coverage because of a voluntary resignation, reduction in hours or termination of employment (for reasons other than gross misconduct on your part).

If you are a spouse of an employee of SBL covered by a Group Health Plan offered by SBL, you have the right to choose continuation coverage for yourself if you become ineligible for group health coverage, under the plan for the following reasons:

1. The death of your spouse;
2. A voluntary resignation or termination of your spouses' employment (for reasons other than gross misconduct) or for reduction in your spouse's hours of employment;
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to Medicare.

In case of a dependent child of an employee covered by the plan, he or she has the right to continuation coverage if group health coverage under SBL is lost for any of the following reasons:

1. The death of a parent;
2. A voluntary resignation or termination of parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment with SBL;
3. Parent's divorce or legal separation;
4. The dependent child ceases to be a "dependent child" under the plan.

There may be other coverage options for you and your family. When key parts of the healthcare law take effect, you'll be able to buy coverage through Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for

coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, visit the US Department of Labor's Employee Benefits Security Administration (EBSA) website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or call its toll-free number at 1-866-444-3272. For more information about health insurance options available through a Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### **Your responsibilities**

Under the law, you and your family member(s) have the responsibility to inform the benefits specialist of a divorce, legal separation, or child losing dependent status under the plan within 60 days of the date of the event or the date in which coverage would end under the Plan because of the event, whichever is later. SBL has the responsibility of notifying the Plan Administrator of the employee's death, termination, reduction in hours in employment or Medicare entitlement. Similar rights may apply to certain retirees, your spouse, and dependent children if SBL commences a bankruptcy proceeding and these individuals lose coverage.

When the Human Resource Department is notified that one of these events has happened, the Benefits Specialist will, in turn, notify you generally within 14 days after notice of a qualifying event has occurred that you have the right to choose continuation coverage. You have at least 60 days from the date you would lose coverage because of one of the events described above, or the date of notice of your election notice is sent to you, whichever is later, to inform the Benefits Specialist that you want continuation coverage. If you do not choose continuation coverage, your group health will end.

If you choose continuation coverage, SBL will give you coverage which, as of the time coverage is being

provided, is identical to the coverage provided under the plan to similarly situated non-COBRA beneficiaries or family members. You will be afforded the opportunity to maintain continuation coverage for three years unless you lost group health coverage because of termination of employment or a reduction in hours. In that case, the required continuation coverage period is 18 months. This 18 months may be extended to 36 months if other events (such as death, divorce, legal separation, or Medicare entitlement) occur during that 18-month period. Additional information on notification requirements can be found on SBL intranet/employee benefits.

### *Disability Extension*

If an individual is entitled to COBRA continuation coverage because of a termination of employment or reduction in hours of employment, the plan is generally required to make COBRA continuation coverage available to that individual for 18 months. However, if the individual entitled to the COBRA continuation coverage is disabled (as determined under the Social Security Act) and satisfies the applicable notice requirements, the plan must provide COBRA continuation coverage for 29 months, rather than 18 months. The individual must be disabled at the time of termination of employment or reduction in hours of employment. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) makes changes to current law to provide that, beginning January 1, 1997, the disability extension will also apply if the individual becomes disabled at any time during the first 60 days of COBRA continuation coverage. HIPAA also makes it clear that, if the individual entitled to the disability extension has non-disabled family members who are entitled to COBRA continuation coverage, those non-disabled family members are also entitled to the 29 month disability extension.

The affected individual must notify SBL Benefits Specialist within 30 days of any final determination that the individual is no longer disabled. In no event will continuation coverage last beyond three years from the date of the event that originally made a qualifying beneficiary eligible to elect coverage.

### *Definition of Qualified Beneficiary*

Individuals entitled to COBRA continuation coverage are called qualified beneficiaries. Individuals who may be qualified beneficiaries are the spouse, and dependent children of a covered employee and, in certain circumstances, the covered employee. In order to be a qualified beneficiary, an individual must generally be covered under a group health plan on the day before the event that causes a loss of coverage (such as termination of employment, or a divorce from, or the death of, the covered employee). HIPAA changes this requirement so that a child born to the covered employee, or who is placed for adoption with the covered employee, during the period of COBRA continuation coverage, is also a qualified beneficiary.

### *Termination of Continuation Coverage*

Your continuation coverage may be terminated for any of the following five reasons;

1. SBL no longer provides group health coverage to any of its employees;
2. The premium for your continuation coverage is not paid on time;
3. You become covered by another group plan, unless the plan contains any exclusions or limitations with respect to any preexisting condition you or your covered dependents may have.
4. You become entitled to Medicare;
5. You extend coverage for up to 29 months due to your disability and there has been a final determination that you are no longer disabled.

### *Duration of COBRA Continuation*

Under the COBRA rules there are situations in which a group health plan may stop making COBRA continuation coverage available earlier than usually permitted. One of those situations is where the qualified beneficiary obtains coverage under another group health plan. If the other group health plan limits or excludes coverage for any pre-existing condition of the qualified beneficiary, the plan providing the COBRA continuation coverage cannot stop making the COBRA continuation coverage available merely because of the coverage under the other group health plan. HIPAA limits the circumstances in which plans can apply exclusions for the pre-existing condition.

HIPAA makes a coordinating change to the COBRA rules so that if a group health plan limits or excludes benefits for preexisting conditions, but because of the new HIPAA rules those limits or exclusions would not apply to (or would be satisfied by) an individual receiving COBRA continuation coverage, then the plan providing COBRA continuation coverage can stop making the COBRA continuation coverage available. The HIPAA rules limiting the applicability of exclusions for pre-existing conditions become effective in plan years beginning on or after July 1, 1997 (or later for certain plans maintained pursuant to one or more collective bargaining agreements.)

You do not have to show that you are insurable to choose continuation coverage. However, you may have to pay all or part of the premium for your continuation coverage. There is a grace period of at least 30 days for payment of the regularly scheduled premium.

If you have changed marital status, or you or your spouse have changed addresses, please notify the Benefits Specialist. If you have any questions, please contact SBL, HR Department, 1004 Health Center Drive, Mattoon, IL 61938. Phone **217-258-2502**.

# Benefit Resources

BENEFIT / VENDOR	PHONE / HOURS E-MAIL / FAX	WEBSITE
<b>General Benefits Information</b> Sarah Bush Lincoln Human Resources	(217) 258-2501 Monday - Friday, 7:30 am to 4:30 pm humanresources@sblhs.org	intranet – Human Resources - Employee Benefits
<b>Medical and Pharmacy Benefits</b> Aetna Network – Choice POS II Open Access Group Number - 835799	800-238-6716	www.aetna.com
<b>Dental and Vision Benefits</b> Consociate Group Number - C100102	800-798-2422 Fax (217) 233-7252	www.myconsociate.com
<b>Flexible Spending Accounts</b> Consociate Health Care Reimbursements Dependent Care Reimbursements Benny Card Balances	800-798-2422 Fax (217) 233-2281	www.myconsociatefsa.com
<b>Critical Illness Insurance</b> Metlife	800-GET-MET8 (800-438-6388) Monday – Friday, 8 am - 6 pm EST	
<b>Disability Insurance</b> CIGNA To report a claim for Short Term Disability or Long Term Disability	800-362-4462	www.cigna.com
<b>Home and Auto Insurance</b> Metlife	800-GET-MET8 (800-438-6388) Monday – Friday, 8 am - 6 pm EST	www.metpay.com
<b>Credit Union</b> Health Care Associates Credit Union	800-942-0158 800-213-6445 (Telephone Teller)	www.hacu.org
<b>Retirement Plan</b> First Mid-Illinois Bank & Trust Investment Information	888-518-7878 (217) 258-3344 retirement@firstmid.com	
Fidelity Customer Service Call Center	800-343-0860	www.netbenefits.com/sbl
<b>SBL Wellness</b>	(217) 258-2140	My Wellness Website <a href="https://sblhs.cernerwellness.com">https://sblhs.cernerwellness.com</a>
<b>Employee Assistance Program</b> SBL Employee Assistance	(217) 258-4040 866-567-2400 (24-hour line)	
<b>Pharmacy Refill</b> Prairie Medical Pharmacy	(217) 258-2411	SBL intranet – Prescription Refills Button

# How to Enroll Online - 3 easy steps!

New Employee Benefit Enrollment must be completed within two weeks (14 days) of hire date.

## Step 1: Go to

Go to SBL Intranet: click on Human Resources, then Online Benefits link at top of page; or  
Go to <https://www.benxpress.com/sblhs>

## Step 2: Login screen

Your sign-in information will be:  
User ID: First initial of first name + last name  
(This is NOT case sensitive)  
Password: Last 6 digits of Social Security Number

Example:

If name is: Joe Sample & Social Security is: 123-45-6789  
Then User ID is: jsample  
Then Password is: 456789

## Step 3: Getting Started: Tips

- Follow and read all Important Notices and Instructional information
- Click on "Hints" when you need guidance.
- Click the "Next" button to advance.
- Click on "Previous" to go back.
- Click on "Your Resources" for detailed summaries & information.

## IMPORTANT

You MUST click "SAVE" at the END of the enrollment or you will not be enrolled.  
Please contact the Human Resources department at 258-2501 if you have questions.

### Mandatory Online Enrollment through BenXpress

You must go online to enroll  
within two weeks (14 days) of  
hire date, or you will not have  
benefits for the current plan  
year.







1000 Health Center Drive • Mattoon, Illinois 61938 • [www.sarahbush.org](http://www.sarahbush.org)