

Employee Benefits 2020



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TOP THINGS TO KNOW ABOUT YOUR 2020 BENEFITS

This *Employee Benefit booklet* includes information about the changes for the 2020 Plan Year and the enrollment period which is open from Nov. 11 to Nov. 27, 2019. Please read this carefully to understand your benefits, wellness resources and responsibility for 2020.

Here are the key benefit changes for 2020.

TRANSITION TO RELIANCE STANDARD provides new opportunities

Life/Disability/Critical Illness carrier has changed to Reliance Standard. Due to the transition, all benefit-eligible employees can elect to enroll in Short Term Disability, Critical Illness and Life Insurance up to the Guaranteed Issue (specific amount determined by Reliance). In other words, if you did not enroll in these benefits previously, this is your opportunity to enroll without additional underwriting requirements.

OUTPATIENT PHARMACY NETWORK CHANGE

CVS and Target prescriptions processed at Tier 3

EXPANSION OF SBL NETWORK (TIER 1) INCLUDES:

- Fayette County Hospital
- Effingham Ambulatory Surgery Center (facilities and professional charges)
- Bariatric surgeries performed at Memorial Medical Center, Springfield

HEALTHCARE REIMBURSEMENT ACCOUNT (HCRA)

It has not yet been announced whether the 2019 Healthcare Reimbursement Account (HCRA) contribution limit of \$2,750 will be increased in 2020. Human Resources will communicate through the Daily Charge if notified of a change in the limit. Remember to make your elections in the HCRA plan during annual enrollment in order to be eligible for the pre-tax savings. If not entered during the benefit enrollment, the HCRA election will default to zero.

2020 BENEFIT ENROLLMENT INFORMATION

BENEFIT ENROLLMENT

The online Benefit Enrollment period is **November 11 to November 27**.

If you do not complete your benefit enrollment by November 27, your 2019 elections will be moved into 2020, with the exception of your Healthcare Reimbursement election, which will be defaulted to zero.

PLAN ENROLLMENT RULES

Enrollment for 2020 is open to all full-time and part-time employees and eligible dependents.

All benefit elections remain in effect for the 2020 calendar year unless there is a change in family status or a HIPAA-qualifying event (must notify HR within 30 days of event.) Any employees adding a spouse or civil union partner will be required to provide appropriate documentation (certificate of marriage or civil union.) Anyone new to the plan must complete the wellness screening and personal health assessment by the 10th of their benefit eligibility month.

Open Lab Sessions – Enrollment Support

A Human Resources representative will be available to assist with online enrollment as needed and during the Open Lab sessions below.

Wednesday, Nov. 13 - 7 – 11 am - Kennedy Room

Thursday, Nov. 14 - 2 – 6 pm - Kennedy Room

Tuesday, Nov. 19 - 10 am - 2 pm - Cottonwood Room

Tuesday, Nov. 26 - 7 to 11 am - Kennedy Room

Introduction

One of the most important things we can do as your employer is to connect with you, professionally, and as importantly, personally. We know it is imperative to your wellbeing and that of your family's that you have access to meaningful benefits to help keep you healthy and financially secure. We have worked with our vendors to provide benefits that will give you a sense of peace.

Inside this booklet you'll find a flexible benefit plan that allows you to choose the plans that best fit your needs. It is only a brief overview. 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.

For health, dental and vision plans, 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, dental and vision benefits 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.

- **ACA-Eligible Employee** - an employee who is NOT in a SBL benefit eligible status but who has been employed for at least 12 months and worked an average of 30 hours a week during the eligible period. ACA-eligible employees have the opportunity to enroll in the health plan.

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
- healthcare reimbursement account
- 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.

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 SELECTIONS

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 *Connections* Benefits booklet.
- Complete the Health Care Reimbursement Account Worksheet.
- 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 Blue Cross/Blue Shield of IL 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.

HIPAA QUALIFYING EVENTS

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

- Change in marital status
- Change in number of dependents
- Change in employment which results in a gain or loss of eligibility for coverage
- Change in dependent eligibility due to plan requirements (definition of dependents, age limits, etc.)
- Judgements, decrees or orders (legal documentation required)
- Entitlement to Medicare or Medicaid

SECTION 125, CHANGE IN FAMILY STATUS

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 Blue Cross Blue Shield of Illinois. The summary of benefits is provided on pages 8-9.

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 Personal Health Assessment. 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.

Employee Participation	SBL Contribution to Personal Benefit Account
Completed Employee Wellness Assessment and Personal Health Assessment within 30 days.	\$200
Spouse covered on plan completes Wellness Assessment and Personal Health Assessment within 30 days.	\$100 Additional (Employees enrolled in EE & Child coverage level will automatically earn the additional \$300 for employee participation.)

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 10 percent difference between the standard and non-tobacco premium.

To qualify for the discount, you must certify that:

- You and your dependents, if covered on the plan, do not use tobacco in any form including cigarettes, cigars, pipes, chewing tobacco, vapor smoking 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.

If you are electing the Non-Tobacco Premium for the first time, you and your spouse (if covered) must complete the Wellness screening by the 10th day of your benefit eligible month. Please call Employee Wellness at **217-258-2140** to schedule your appointment.

CURRENT TOBACCO USERS

Eligibility for the Non-Tobacco Premium is available to current tobacco users who participate in and complete the SBL Smoking Cessation program by June 30, 2020. 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.

CENTER FOR HEALTHY LIVING

The Center for Healthy Living (CFHL) 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 – Employees who visit the CFHL fitness center 12 times a month will receive \$10 reimbursement payments for each month. 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

sblhs.cernerwellness.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Sarah Bush Lincoln EAP staff of behavioral health professionals can help with a wide range of problems including:

- Family or marital conflict
- Divorce/stepfamily adjustments
- Grief recovery
- Stress management
- Workplace conflict
- Coping with health problems
- Depression and other emotional illness
- Adjustments in life
- Anger management
- Immediate or urgent issues
- Substance use problems
- ADHD counseling

How much will EAP services cost me?

Your employer has paid for EAP services and offers them as a benefit to its employees and their families.

Will my family be covered?

EAP services cover your family members who live in the same household as you. Please call the Sarah Bush Lincoln EAP office if you need clarification about coverage for family members.

How do I make an appointment?

To arrange an appointment, call the Sarah Bush Lincoln EAP office at **217-258-4040**.

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, Barnes Jewish Hospitals (St. Louis), Family Care Associates (Effingham), Fayette County Hospital, Effingham Surgical Center, Memorial Medical Hospital, Springfield (bariatric services only) and many other staff members listed on SBL intranet/Employee Benefits. The BCBSIL Network is a more comprehensive group of providers and facilities contracted through BCBSIL. You may access a list of the SBL Network providers through the SBL intranet/Employee Benefits. For a complete listing of BCBSIL providers, you may call BCBSIL at **1-855-691-8003**, or go to its website at www.bcbsil.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, including specialty medications. Prescription drug copays accumulate only toward the BCBSIL out-of-pocket max.

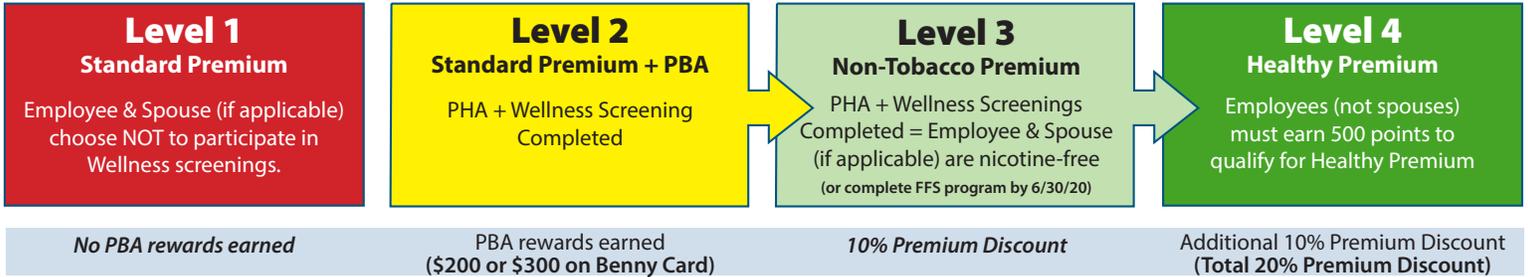
For a complete listing of the prescription drugs covered under the health plan, and whether there is a generic available, check the BCBSIL Formulary list. You may also access the formulary by calling BCBSIL at **1-855-691-8003** or at its website at www.bcbsil.com.

2020 Health & Wellness Plan

For Health Plan Enrollees

Participation - Based Incentives

Result Based Incentives



Healthy Premium Metrics

Employees (not spouses) are awarded points if results are within healthy metric ranges.



Options to Earn Extra Points (Reasonable Alternative Standards)

Employees (not spouses) with biometric results outside the healthy ranges can earn points by participating in the Reasonable Alternative Standards below.

Health Coaching 25 Points each <ul style="list-style-type: none"> one-time health coaching session with Wellness staff one-time exercise consult with CHFL staff one-time nutrition session with CFHL dietitian 50 Points each <ul style="list-style-type: none"> one-time medical nutrition therapy session with dietitian six sessions of health coaching with Wellness staff or exercise staff 	Support Programs 50 Points each <ul style="list-style-type: none"> Healthy Living Nutrition Weight Watchers at Work Races for All Paces (25 points) Paint the Town (25 points) Fitness Center membership YMCA pre-Diabetes Program 	Challenges 50 Points each <ul style="list-style-type: none"> Biggest Loser Challenge - January Step Challenge - April & October Stress Management Challenge - November Sleep Challenge - March 	Online Workshops Maximum of 150 Points ONLINE 50 Points each <ul style="list-style-type: none"> My Wellness Portal workshops Choose from an expanded library of workshops. 	Well Being 100 Points <ul style="list-style-type: none"> Wellness Statement 50 Points <ul style="list-style-type: none"> Annual dental exam
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- January 1, 2020 Premium enrollment will be based on points earned by 12/10/2019.
- Additional points earned through 06/30/2020 will be used to determine premium enrollment for July – December 2020.
- Employees earning higher levels will receive a credit for January – June premiums. Must be employed at time of credit processing to be eligible. Must be employed at time of credit processing to be eligible.
- For more detailed information, check the MyWellness portal or the employee benefit information tab on the SBL intranet or contact Karyn Cole, Health & Wellness Plan Integrator at 217-258-4059.

Key:

- PBA - Personal Benefits Account
- FFS – Freedom From Smoking
- PCP - Primary Care Provider
- CFHL – Center for Healthy Living
- PHA – Personal Health Assessment

2020 INSURANCE RATES

Health • Vision • Dental

HEALTH

PER PAY PERIOD CONTRIBUTIONS

	2019 LEVELS			2020 LEVELS		
	1 and 2 Standard	3 Non-Tobacco	4 Healthy	1 and 2 Standard	3 Non-Tobacco	4 Healthy
FULL-TIME employees						
Individual	\$ 84.41	\$ 75.96	\$ 67.52	\$ 89.63	\$ 80.67	\$ 71.70
Employee & Child(ren)	\$171.14	\$154.02	\$136.91	\$181.56	\$163.41	\$145.25
Employee & Spouse	\$193.51	\$174.16	\$154.81	\$209.73	\$188.75	\$167.78
Employee & Family	\$276.04	\$248.44	\$220.84	\$293.10	\$263.79	\$234.48
PART-TIME employees						
Individual	\$160.96	\$144.86	\$128.77	\$170.92	\$153.83	\$136.74
Employee & Child(ren)	\$334.99	\$301.49	\$267.99	\$355.40	\$319.86	\$284.32
Employee & Spouse	\$364.25	\$327.83	\$291.40	\$394.78	\$355.30	\$315.83
Employee & Family	\$529.55	\$476.60	\$423.64	\$562.26	\$506.04	\$449.81

DENTAL

PER PAY PERIOD CONTRIBUTIONS

	2019	2020
FULL-TIME employees		
Individual	\$ 8.52	\$ 8.52
Employee & Child(ren)	\$12.78	\$12.78
Employee & Spouse	\$14.91	\$14.91
Employee & Family	\$22.91	\$22.91
PART-TIME employees		
Individual	\$10.41	\$10.41
Employee & Child(ren)	\$15.62	\$15.62
Employee & Spouse	\$18.22	\$18.22
Employee & Family	\$28.00	\$28.00

VISION

PER PAY PERIOD CONTRIBUTIONS

	2019	2020
FULL-TIME employees		
Individual	\$1.50	\$1.58
Employee & Child(ren)	\$2.25	\$2.36
Employee & Spouse	\$2.63	\$2.77
Employee & Family	\$4.07	\$4.27
PART-TIME employees		
Individual	\$1.84	\$1.93
Employee & Child(ren)	\$2.75	\$2.89
Employee & Spouse	\$3.22	\$3.38
Employee & Family	\$4.97	\$5.22

SCHEDULE OF HEALTH BENEFITS



BlueCross BlueShield of Illinois

Sarah Bush Lincoln Health System

BENEFIT HIGHLIGHTS

Only highlights of this benefit plan are provided. After enrollment, members will receive a Benefit Booklet that more fully describes the terms of coverage.

Tier 1

PPO Network

Tier 2 (PPO) /
Tier 3 (Non-PPO)

Program Basics	Tier 1 (SBL Network)	Tier 2: PPO (BC/BS Network)	Tier 3: Non-PPO (Out-of-Network)
Individual Coverage Deductible	\$1,200	\$2,500	\$4,000
Family Coverage Deductible	\$2,400	\$5,000	\$8,000
Individual Coverage Out-of-Pocket Expense (OPX) Limit The OPX limit is the amount of money that any individual will have to pay toward covered health care expenses during any one calendar year. The following items will not be applied to the out-of-pocket expense limit: <ul style="list-style-type: none"> Charges that exceed the eligible charge or the Schedule of Maximum Allowances (SMA) 	\$2,500	\$7,500	\$15,000
Family Coverage Out-of-Pocket Expense (OPX) Limit	\$5,000	\$15,000	\$30,000
Outpatient Prescription Drugs (CVS/Target pays at Tier 3 Non-PPO)	\$10/\$35/\$60	\$15/\$40/\$70	50% after deductible
Outpatient Specialty Prescription Drugs (CVS/Target pays at Tier 3 Non-PPO)	50%, \$200 maximum per script	50%, \$300 maximum per script	50% after deductible
Physician Services	Tier 1 (SBL Network)	Tier 2: PPO (BC/BS Network)	Tier 3: Non-PPO (Out-of-Network)
Physician Office Visits	\$25 copay, then 100% (after deductible)	25% after deductible	50% after deductible
Specialist Office Visits	\$40 copay, then 100% (after deductible)	25% after deductible	50% after deductible
Preventive Care Services that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force ("USPSTF"). Includes benefits for routine physical examinations, well child care and routine diagnostic tests including, but not limited to: Mammograms, PSA, Pap Smear, Bone Density, and Colonoscopy. Health Education and Counseling services including, but not limited to: Smoking Cessation and Obesity.	100% Coverage	100% Coverage	50% after deductible
Medical / Surgical Services Coverage for surgical procedures, inpatient visits, therapies and certain diagnostic procedures as well as other physician services.	100% after applicable copays (after deductible)	25% after applicable copays (after deductible)	50% after applicable copays (after deductible)
Hospital Services	Tier 1 (SBL Network)	Tier 2: PPO (BC/BS Network)	Tier 3: Non-PPO (Out-of-Network)
Hospital Admission Copay Per admission, per individual	\$250 copay 100% after deductible	\$0	\$0
Inpatient Hospital Services Coverage includes services received in a hospital, skilled nursing facility, coordinated home care and hospice, including mental health and substance abuse services. Room allowances based on the hospital's most common semi-private room rates.	100% after deductible	25% after deductible	50% after deductible



BENEFIT HIGHLIGHTS

PPO Network

Tier 1

Tier 2 (PPO) /
Tier 3 (Non-PPO)

Hospital Services (continued)	Tier 1 (SBL Network)	Tier 2: PPO (BC/BS Network)	Tier 3: Non-PPO (Out-of-Network)
<p>Outpatient Hospital Services Coverage for services includes, but is not limited to, outpatient or ambulatory surgical procedures, X-rays, lab tests, chemotherapy, radiation therapy, renal dialysis, and mammograms performed in a hospital or ambulatory surgical center, including mental health and substance abuse services. Routine mammograms performed in an in-network outpatient hospital setting are payable at 100%, no deductible will apply.</p>	<p>Outpatient Surgery \$250 copay, then 100% (after deductible)</p>	<p>25% after deductible</p>	<p>50% after deductible</p>
<p>Outpatient Emergency Care (Accident or Illness) The copayment applies to both in- and out-of-network emergency room visits. The copayment is waived if the member is admitted to the hospital.</p>	<p>\$300 copay, then 100% (after deductible)</p>		<p>\$300 copay, then 100% (after deductible)</p>
Additional Services	Tier 1 (SBL Network)	Tier 2: PPO (BC/BS Network)	Tier 3: Non-PPO (Out-of-Network)
<p>Muscle Manipulation Services* Coverage for spinal and muscle manipulation services provided by a physician or chiropractor. Related office visits are paid the same as other Physician Office Visits. • 20 visits maximum per calendar year</p>	<p>N/A</p>	<p>25% after deductible</p>	<p>50% after deductible</p>
<p>Therapy Services – Speech, Occupational and Physical Coverage for services provided by a physician or therapist. • 60 visits per therapy maximum per calendar year</p>	<p>\$25 copay, then 100% (after deductible)</p>	<p>25% after deductible</p>	<p>50% after deductible</p>
<p>Other Covered Services • Private duty nursing (Refer to Certificate for details) • Blood and blood components • Ambulance services • Medical supplies <i>See paragraph below regarding Schedule of Maximum Allowances (SMA).</i></p>		<p>100% after applicable Tier deductible; deductible does not apply to Ambulance Services</p>	

Durable Medical Equipment (DME) is a covered benefit. Please refer to the SBL Summary Plan Description (SBL Intranet/SBL Website) for details.

Optometrists, Orthotics, Prosthetic, Pedorthists, Registered Surgical Assistants, Registered Nurse First Assistants and Registered Surgical Technologists are covered providers. Please refer to the SBL Summary Plan Description (SBL Intranet/SBL Website) for details on these and other provider types.

Residential Treatment Centers (RTC) Update

Under the Mental Health Parity and Equity Addiction Act (MHPAEA), residential treatment facilities are now included for the treatment of Mental Health and Substance Abuse conditions. They will be covered at the inpatient hospital facility benefit payment level, per Medical Necessity Criteria, which provides guidelines for level of service, appropriate setting, preauthorization and concurrent review process.

Schedule of Maximum Allowances (SMA)

The Schedule of Maximum Allowances (SMA) is not the same as a Usual and Customary fee (U&C). The Blue Cross and Blue Shield of Illinois SMA is the maximum allowable charge for professional services, including but not limited to, those listed under Medical/Surgical and Other Covered Services above. The SMA is the amount that professional PPO providers have agreed to accept as payment in full. When members use PPO providers, they avoid any balance billing other than applicable deductible, coinsurance and/or copayment. Please refer to your certificate booklet for the definition of Eligible Charge and Maximum Allowance regarding Providers who do not participate in the PPO Network.

To Locate a Participating Provider: Visit our Web site at bcbsil.com/providers and use our Provider Finder® tool.

Benefits for covered individuals who live outside of Illinois need to meet all extraterritorial requirements of the state they are in, according to the group's funding arrangements.

Benefits for covered individuals who live outside of Illinois need to meet all extraterritorial requirements of the state they are in, according to the group's funding arrangements.

** This is a general summary of your benefits. Please refer to your Summary of Benefits and Coverage (SBC), or you may request a copy of the Benefit booklet/Plan document by contacting your Employer. You may also log onto Blue Access for Members at bcbsil.com and/or contact Customer Service at the number on the back of your ID card for additional information. This plan does not cover all health care expenses. Please carefully review the plan's limitations and exclusions.

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.***

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 other calendar year

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

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.

Annual Dental Maximum \$1,200 according to the following schedule of benefits. You have full dental coverage following your first month of employment.

Annual Deductible for Basic and Major Services

Individual – \$50
Family – \$150

Preventive Services

Covered up to 100% based on reasonable and customary changes – no deductible

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

Covered 80% – after deductible

- Space maintainers
- Silver alloy or composite resin fillings
- Surgical and non-surgical periodontics
- Root canal fillings and pulpal therapy
- Simple and surgical extractions
- Fissure sealment (children up to age 19)
- Oral surgery

Major Services

Covered 50% – after deductible

- Prosthetics (bridges and dentures)
- Inlays, onlays and crowns

Orthodontic Services

**Covered 50% – no deductible
\$1,200 Lifetime Maximum**

CRITICAL ILLNESS INSURANCE

Full time and part time employees who have medical coverage (either through SBL or elsewhere) may choose to purchase voluntary Reliance Standard Critical Illness Insurance. This coverage will provide a lump sum payment up to \$15,000 in the event that you (or a covered dependent) experience one of the following covered medical condition:

Adults

Heart Attack
Major Organ Failure
Stroke
Alzheimer's Disease
Additional Partial Benefit Conditions
Cancer

Children

Down Syndrome
Cerebral Palsy
Cleft Lip
Cystic Fibrosis
Type 1 Diabetes

LONG-TERM DISABILITY

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 provides 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

A pre-existing clause applies to new plan enrollees.

During the first six months of coverage, benefits will not be paid if the absence is related to any condition for which there was treatment during the three months immediately prior to the coverage effective date. After six months in the plan, all eligible conditions are covered.

Please take your current TOP and RS balance into consideration when electing this benefit.

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.

LIFE INSURANCE

Full-time employees are provided life insurance coverage. You will receive a standard life insurance benefit of two times your annual salary with a maximum benefit of \$250,000. 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 \$250,000 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 30 days of termination of insurance.

SPOUSE LIFE INSURANCE

Spouse (civil union partner) 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 first day of the Plan Year (January 1). 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 30 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 26 years for a single premium. This coverage offered is \$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 with a maximum benefit of \$250,000. The Plan also allows you to purchase Voluntary Accidental Death and Dismemberment (AD&D) Insurance for yourself, your spouse, civil union partner and your unmarried dependent children birth to 26 years.

For those who elect voluntary life or disability coverage, there is automatic access to other values added services offered by Reliance Standard most notably: EAP and Life-Work Services, Bereavement Support Services, Identity Theft Remediation and Travel Emergency Companion.

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.

How It Works

The HCRA allows you to deposit up to \$2,750 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.

1. 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.

2. SUBMITTED REQUEST

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)

www.consociate.com

Healthcare reimbursement forms can be found on the SBL intranet at human resources/employee benefits or at www.consociatefsa.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.

HEALTH CARE REIMBURSEMENT 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	\$ _____
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	\$ _____

A complete list of eligible or ineligible expenses can be found under the Human Resources Tab on the SBL intranet.

Plan Participants are allowed to carry over a maximum of \$500 into the next year. You can check your HCRA account balance along with claim information by going to www.consociatefsa.com or by calling **1-800-798-2422**.

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.

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 30 days 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 target date 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 in-service distribution at age 59 and 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) or by calling Fidelity Retirement Service Center at **1-800-343-0860**.

Retirement Contributions Graph

YOUR CONTRIBUTION	SARAH BUSH LINCOLN CONTRIBUTION	TOTAL CONTRIBUTION
<i>If you contribute the following amount of pay:</i>	<i>Then SBL will contribute the following amount:</i>	
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%

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 accrue benefit (TOP) time based on length of continuous eligible service from last date of hire.

Example

For a new full-time employee, TOP time consists of:

Vacation	10 days
Holidays	6 days
Sick	5 days
Personal	2 days
Total	23 Days

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. 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 400 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. A physician note is required to access Reserve Sick.

A limited amount of time may apply for family illness. See policy FMI.

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 online found under the Human Resources tab on the SBL intranet and submit it to your

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

Length of Eligible Services	Per Hour Paid	Per Hour Paid 80 Hours	Per Average Year of Employment – 2,080 Hours Paid
1 – 5 years	.08846	7.0768	184 hours (23 days)
5 – 9 years	.10769	8.6152	224 hours (28 days)
9 + years	.12692	10.1536	264 hours (33 days)

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 healthcare 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.

METLIFE Home & Auto Insurance

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
1-800-GET-MET1
www.metlife.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.

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

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).

WageWork is the administrator of COBRA for SBL. COBRA notification, enrollment, payments, changes in coverage and terminations will be processed by WageWork COBRA services.

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. You may 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 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.

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. Sarah Bush Lincoln 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 Sarah Bush Lincoln commences a bankruptcy proceeding and these individuals lose coverage.

When the Human Resource Department is notified that one of these events has happened, the COBRA Administrator 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, Sarah Bush Lincoln 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 up to 36 months 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 the 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 WageWork 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. Sarah Bush Lincoln 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 SBL Benefits Specialist. If you have any questions, please contact:

SBL Human Resources Department,
1004 Health Center Drive,
Mattoon, IL 61938.
217-258-2502

Benefit Resources

BENEFIT / VENDOR	CONTACT INFORMATION	WEBSITE
General Benefits Information Sarah Bush Lincoln Human Resources	217-258-2501 M – F, 7:30 am to 4:30 pm humanresources@sblhs.org	intranet.sblhs.net Human Resources/Employee Benefits
Medical, Pharmacy & Dental Benefits Blue Cross Blue Shield of Illinois	Health RX – 1-855-691-8003 Dental – 1-800-367-6401	www.bcbsil.com
Vision Benefits Consociate – Group Number C100102	1-800-798-2422 Fax 217-233-7252	www.consociate.com
Flexible Spending Accounts Consociate – Health Care Reimbursements – Benny Card Balances	1-800-798-2422 Fax 217-233-2281	www.consociatefsa.com
Critical Illness Insurance Reliance Standard	1-800-351-7500	www.rsli.com
Disability Insurance Reliance Standard <i>To report a claim for Short Term Disability or Long Term Disability</i>	1-877-351-7500	www.rsli.com
Home and Auto Insurance Metlife	1-800-GET-METS8 (1-800-438-6388)	www.metlife.com
Credit Union Health Care Associates Credit Union	1-800-942-0158 1-800-213-6445 (Telephone Teller)	www.hacu.org
Retirement Plan Fidelity – Customer Service Call Center First Mid-Illinois Bank & Trust – Investment Information	1-800-343-0860 1-888-518-7878 or 217-258-0642 retirement@firstmid.com	www.netbenefits.com/sbl
SBL Wellness	217-258-2140	My Wellness Website sblhs.cernerwellness.com
SBL Employee Assistance Program (EAP)	217-258-4040 1-866-567-2400 (24-hour crisis line)	
Pharmacy Refill Prairie Medical Pharmacy	217-258-2411	intranet.sblhs.net <i>Prescription Refills</i>

IMPORTANT YEAR-END REMINDERS FOR 2019

HEALTHCARE REIMBURSEMENT ACCOUNT (HCRA)

	BENNY CARD	PAPER CLAIM FORM	BALANCE
2019 Dates of Service <i>(Related deductible, copays and other eligible expenses)</i>	Eligible for use through December 31, 2019	Submit to Consociate January 1, 2020 through March 31, 2020	Remaining balance of up to \$500 will be moved to 2020 plan on April 1, 2020
2020 Dates of Service <i>(Related deductible, copays and other eligible expenses)</i>	Use beginning January 1, 2020		

RETIREMENT PLAN INFORMATION

- Please refer to the www.IRS.gov for amount contribution limits.
- If you would like to enroll in the plan, increase your contribution amount, or change your investment election, please go to the Fidelity website. Changes submitted by January 4, 2020 will be reflected on the first paycheck in January.
- If you haven't already done so, please also access the Fidelity website to enter or update your beneficiaries.
- You may access the Fidelity website from the SBL intranet (Human Resources/Retirement Plan website) or at www.netbenefits.com/SBL. Fidelity Customer Service is available at 1-800-343-0860.
- Retirement Plan representatives are available for one-on-one appointments. Please call Human Resources at **217-258-2501** to schedule an appointment.

TOP SELL BACK DECLARATIONS FOR 2020

To sell back TOP hours at full value in 2020, employees must complete a sell back declaration form and submit it to payroll no later than December 31, 2019.

The "SBL Request for TOP Sellback – Prior Year Election" form is included in policy "SC011 Time Off Paid (TOP)." NOTE: By declaring in 2019 that you intend to sell back TOP hours in 2020, you can avoid the 15 percent IRS mandated penalty that is assessed for sell backs requested in the same year (sell backs requested in 2020 and paid in 2020). There are limitations on TOP sell back, which are outlined in the policy and on the declaration form. All requests submitted to Payroll before December 31, 2019 will be processed on the first regular payroll in June 2020.

W2 DISTRIBUTION

W2s will be printed and mailed to employee homes before January 31, 2020. Your W2 will be sent to the address in your Employee Space. Please access Employee Space/Edit Profile/Personal Information to review or update your address.

HOW TO ENROLL

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

3 EASY STEPS

1

GO TO

- the **SBL intranet** – click on the Benefit Enrollment link at the top of the page
OR
- <https://www.benxpress.com/sblhs>

2

LOGIN

If you are logging on for the first time, your sign-in information will be:

- **User ID** – the first initial of your first name + last name (*This is NOT case sensitive*)
- **Password** – the last 6 digits of your Social Security Number

Here's an example:

Joe Sample, Social Security number 123-45-6789

User ID – jsample

Password – 456789

If you have changed your password in the past year and do not remember it, please use the "Trouble Logging In" button to reset your password.

3

GET STARTED

- 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 and information.

Important

*You **MUST** click "SAVE" at the END of the enrollment or you will not be enrolled.*

Enrollment Reminders

- Verify accuracy of dependent information.
(Is the Social Security number correct? Is the dependent less than 26 years old? etc.)
- Verify beneficiaries.
- New enrollees – schedule wellness screen and complete PHA, if applicable, by December 10, 2019.
- Set 2020 Health Care Reimbursement Account (HCRA).
- Complete and submit evidence of insurability, if applicable.

Questions? Give Human Resources a call at **217-258-2501**.