

Benevolent Corporation Cedar Community



Benefits and Enrollment Guide

2022 - Team Members Plan Year



the knowledge brokers™

Benefit Summary Guide Overview

We offer eligible employees a variety of benefits to provide you and your family with health care, accident coverage, financial protection and more.

A strong benefits program is an important part of your overall compensation, and we are regularly assessing the quality and cost of the benefits to ensure we offer the most competitive package possible. Changes and relevant information are addressed on the following pages; you are encouraged to review this guide in its entirety.

Annual Enrollment Information

Enrollment for coverage is only available during Open Enrollment. This is the only opportunity-- except for specific Qualifying Events-- that you will have during the year to make changes to your benefit elections.

Contents

Eligibility
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Employee Contributions

Employees are required to share the cost of some elected insurance benefits. Your contribution amounts are outlined in the enrollment form provided with these materials.

Your Available Benefits:

- Medical: UMR
- Dental: Delta Dental
- Voluntary Vision: Delta Vision
- Life/AD&D: Mutual of Omaha
- Disability: Mutual of Omaha
- Voluntary Life: Mutual of Omaha
- Flexible Spending Account: Diversified Benefit Services
- Employee Assistance Program: Mutual of Omaha
- Critical Illness, Accident & Hospital Indemnity: Sun Life

How to Enroll

- 1. Review last year's elections and expenditures and discuss with your dependents which election is best for you.**
- 2. Make your elections in Orbit.**
- 3. Submit documentation supporting the eligibility of newly elected coverage or any applicable health questionnaires.**

Administration Contact

For questions about enrolling or making changes to the benefits provided by Benevolent Corporation Cedar Community, please contact:

Benefits Team,

benefits@cedarcommunity.org

Customer Service

In order to help you with your benefit questions, claim issues, and general inquiries, you and your covered dependents may contact the insurance carriers directly (see last page of this booklet) or our broker, R&R Insurance Services, at (800) 566-7007.

Eligibility

Benevolent Corporation Cedar Community is pleased to offer our employees an excellent benefit program. These health and welfare benefits are designed to protect you and your family while you are an active employee.

Employee Eligibility: Health and welfare plans are available to all employees who work 30+ hours per week.

Dependent Eligibility: If you wish, dependents may be covered under some benefit plans. Eligible dependents include:

- Legal spouse, as defined by Federal Law; and
- Children under age 26

New Hire Coverage

As a new hire, your plan eligibility date is the 1st of the month following the required service period. Once the necessary enrollment form has been completed, benefits are effective on your plan eligibility date. Information on each plan's required service period appears on the following pages.

New hires have up to 30 days from their eligibility date to enroll. If you do not enroll by that deadline, you may not be eligible again for coverage until the next annual enrollment period.



Qualifying Events

It is important that you make your benefit selections carefully, since changes to those elections can generally only be made during the annual enrollment period. Exceptions will be made for changes in family status, allowing you to make a mid-year benefit change. A family status change can include:

- Marriage/ Divorce
- Birth or adoption
- Death of a dependent
- Change in your spouse's employment
- Loss of coverage by a spouse

If you have a family status change, you must change your benefit election within 30 days of the qualifying event, or else wait until the next annual enrollment period.

COBRA / Continuation Coverage

When you or any of your dependents no longer meet the eligibility requirements for health and welfare plans, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) and/or State Continuation law.

Section 125 Information

The Section 125 - Cafeteria Plan allows you to contribute "before-tax" dollars to pay for your coverage under a portion of the Company's Benefit Plans (e.g. medical, dental and vision coverage). By paying your premiums with "before-tax" dollars, you generally may reduce the amount of income and social security taxes that you otherwise would be required to pay.

The elections you make during the Cafeteria Plan enrollment period are effective for the entire 12-month Plan Year. You generally cannot change your elections during the year unless you experience a qualifying change in status event. The circumstances that permit a change of election vary from one benefit to another. If you believe you have experienced a change in status event and you wish to change your elections, notify HR within 30 days of the change.

Medical

Medical coverage is provided through UMR and includes coverage for services like preventive care, office visits, surgery, and prescription drugs. Our plan complies with federal and state mandates, including the Affordable Care Act's requirements for coverage of 'Essential Benefits'.

For a list of participating medical providers in our network, visit www.umar.com

Benefits Overview

Please review the following page for coverage information.

Note that the medical plan summary information in this booklet is intended as a high-level overview, and is **not a guarantee of coverage**.

Coverage and benefits availability should always be confirmed directly with the insurance carrier prior to receiving medical or prescription services.



Employee Contributions (Payroll Deductions)

	Employee	Employee + Spouse	Employee + Child(ren)	Family
Medical				
HDHP H.S.A. Plan	\$39.50	\$100.00	\$73.75	\$131.50
PPO Plan	\$96.00	\$209.50	\$157.75	\$287.75

Costs illustrated above are based on 26 pay periods per year (Bi-Weekly Pay Periods).

When do Medical Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (11/1/2021 - 11/15/2021), effective as of 01/01/2022. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Important Medicare Information for Our Medical Plan Participants

You or your spouse may be eligible for Medicare if you are age 65 or older. Medicare-eligible individuals may remain covered under the Benevolent Corporation Cedar Community medical plan, but need to understand some Medicare basics:



[video.](#)

- Once you become Medicare-eligible, you can continue to be enrolled in our group medical plan. You also have the option to stop participation in our medical plan altogether, enrolling instead under the various parts of Medicare. You are encouraged to speak with a licensed insurance advisor to determine which option is best for you.
- Individuals are typically enrolled in Medicare Part A automatically when they reach age 65. Part A generally does **not** have a premium cost, and covers inpatient hospital care, skilled nursing facilities, and hospice care.
- You *may* be able to initially delay Part B enrollment without penalties-- and other adverse effects-- while remaining covered under an employer-sponsored medical plan. However, in specific situations, Medicare-eligible individuals should enroll in Part B even if they are keeping their employer coverage. Generally, a person needs to enroll under Part B if they are:
 - 1) Age 65+ while covered under a group medical plan sponsored by an employer with fewer than 20 employees; or
 - 2) Under age 65 and Medicare-eligible due to disability while covered under a group medical plan sponsored by an employer with fewer than 100 employees.
- Once an individual is enrolled under **any** part of Medicare (including Part A), they are no longer able to make any new contributions to their Health Savings Accounts (HSA).^{*} Medicare-enrolled individuals can, however, spend down *existing* money in their HSA for eligible expenses.
- When an individual becomes Medicare-eligible, they should carefully examine their options for Medicare Part D (prescription drug plan coverage). If your medical plan coverage is not considered "creditable", and you fail to enroll in a Part D plan when first eligible, you may be subject to future enrollment penalties at a time when you do decide to enroll under a Part D plan.

Notification of plan creditable/ non-creditable status is provided annually to our medical plan participants. Please see HR with any questions about the current plan's creditable/ non-creditable status.

** When an individual qualifies for premium-free Medicare Part A, that coverage will go back (retroactively) up to 6 months from when they sign up, but no more than their original Medicare eligible date. To avoid tax penalties, Medicare eligible individuals should stop contributing to their Health Savings Account (HSA) 6 months before enrolling in Medicare Part A and Part B or if they plan on collecting their Social Security benefits.*

Preventive Care Benefits Under our Medical Plan

The Affordable Care Act requires medical plans to cover certain routine and preventive services at no cost to covered members. The specific types of free services available **vary based on a member's age, gender and other risk factors**, but can include:

- Routine vaccinations
- Routine annual physicals
- Cancer screening tests
- Regular well-baby and well-child office visits



To find out which specific services are eligible for you to receive at no cost, visit:

www.healthcare.gov/coverage/preventive-care-benefits/

Preventive care services must be submitted by your doctor's office with appropriate preventive billing codes in order to be covered at 100%. When claims are submitted to the insurance company with diagnostic billing codes, or for other services not specifically recommended by the U.S. Preventive Services Task Force (USPSTF), you may be subject to additional member cost-sharing. You are encouraged to speak candidly with your doctor during a routine visit to confirm that services performed, and any labwork ordered, is an eligible service to be covered at 100% under the Preventive Care benefit.

Eligible preventive care services are covered at 100% only when received from an in-network doctor/ provider.

Medical Plan Benefits Summary

Carrier	UMR		UMR	
Plan Name	HDHP H.S.A. Plan		PPO Plan	
Plan Type	Bronze Plan		Silver Plan	
Network	Choice Plus		Choice Plus	
Coverage Level	In Network	Out of Network	In Network	Out of Network
Deductible (Single/ Family)	\$4,000/ \$8,000	\$8,000/ \$16,000	\$4,000/ \$8,000	\$8,000/ \$16,000
Coinsurance	80%	60%	80%	60%
Out of Pocket (OoP) Max (Single/ Family)	\$6,650/ \$13,300	\$13,300/ \$26,600	\$6,500/ \$13,300	\$13,300/ \$26,600
Family Ded & OoP Max Accumulation	<i>Embedded</i>	<i>Embedded</i>	<i>Embedded</i>	<i>Embedded</i>
Office Visits				
Primary Care Physician	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Specialist	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Teladoc	Deductible/ Coinsurance	Deductible/ Coinsurance	\$45 copay	Deductible/ Coinsurance
Preventive Care	100%, no deductible	Deductible/ Coinsurance	100%, no deductible	Deductible/ Coinsurance
Hospital, Surgical, and Maternity Services <i>(Require Pre-authorization)</i>				
Inpatient/ Outpatient Hospital	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Surgical/ Maternity/ Delivery	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Urgent Care & Emergency Room Visits				
Urgent Care Visit	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Emergency Room	Deductible/ Coinsurance	Same as In-Network	Deductible/ Coinsurance	Same as In-Network
Imaging and Labwork				
X-Ray, Imaging, & Labwork	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Prescription Drugs (Retail Pharmacy)				
Benefits Apply After:	<i>Deductible</i>		<i>N/A</i>	
Tier 1 Prescriptions	Deductible/ Coinsurance		40% of cost (\$15 min; \$95 max)	
Tier 2 Prescriptions	Deductible/ Coinsurance		40% of cost (\$15 min; \$95 max)	
Tier 3 Prescriptions	Deductible, then 30% coinsurance		40% of cost (\$45 min; \$125 max)	
Tier 4 Prescriptions	Refer to PaydHealth guidelines		Refer to PaydHealth guidelines	

This Benefit Summary is for illustration purposes only. Refer to the insurance carrier's Certificate of Coverage for a full description of plan coverage and exclusions.


Health Savings Account (HSA)

If you are enrolled in an HSA-qualified health plan-- either sponsored by Benevolent Corporation Cedar Community or through another plan-- you may be eligible to contribute tax-free dollars into a savings account and spend those funds on eligible medical, dental and vision expenses.

Why Consider Opening Up an HSA?

- HSA deposits made through employer deductions are exempt from payroll and income taxes.
- Unused funds roll over from year to year (no "use-it-or-lose it" rule!)
- **Please keep in mind that it is ultimately an employee's responsibility to establish and manage their own Health Savings Account. Benevolent Corporation Cedar Community does not have control or oversight of employees' Health Savings Accounts except to facilitate payroll deduction deposits into those accounts upon request.**

Click below to watch a video about HSAs:




Save money with HSA deposits run through payroll deductions:

Tax	Potential Tax Savings On HSA Deposits *
Typical Federal Income Tax	21.0%
Typical State Income Tax (WI)	6.3%
Payroll Taxes	7.7%
Typical Tax Savings	35.0%

← ← ←

In this example, a deposit of **\$500.00** into your HSA would save you **\$175.00** (35%) in taxes!



** Illustrative example only; consult a tax advisor to determine applicability for your specific tax bracket.*

How HSAs Work

A Health Savings Account has two parts, an insurance piece and a financial piece:

Insurance	Financial
High Deductible Health Plan	Savings Account
Meets specific IRS guidelines	Tax-free deposits
Provides catastrophic coverage from large medical bills	Tax-free reimbursements for eligible medical*, dental and vision expenses

** If an individual participates in a 'limited purpose' flexible spending account (FSA) **and** is making deposits to their HSA, only dental and vision expenses may be reimbursed from their FSA.*

What are HSA-Eligible Expenses?

Eligible expenses are established by IRS Section 213. Examples include out-of-pocket costs like medical plan deductibles, copays, coinsurance, eyeglasses and dental work.

See IRS Publication 502 (www.irs.gov/pub/irs-pdf/p502.pdf) for additional information.

Remember that you can only use your HSA to reimburse eligible expenses. **HSA funds that are used for non-eligible expenses (for example, a new television) are subject to regular income/FICA tax plus an additional 20% excise tax.** Be sure to keep all receipts for any expenses reimbursed from your Health Savings Account. You will need this documentation to validate your HSA expenses in the unlikely event of an IRS audit!

Annual HSA Contribution Maximums

Maximum annual HSA deposit amounts are indexed annually by the Internal Revenue Service (IRS). Your medical plan coverage level and age affect the maximum amount you can deposit:

Health Savings Account (HSA) Maximum Contribution Levels

Medical Plan Coverage	2021	2022
Single Coverage	\$3,600	\$3,650
Family Coverage	\$7,200	\$7,300
"Catch-Up" Contribution (Age 55+ only)	Additional \$1,000	Additional \$1,000

When Are You Eligible for an HSA?



To establish an HSA, or deposit money into an HSA, you must meet **three** criteria:

- 1) Be covered under an HSA-qualified High Deductible Health Plan; **AND**
- 2) Not be enrolled under any part of Medicare, including Part A; **AND**
- 3) Not be enrolled under a general-purpose Medical Flexible Spending Account (FSA)

New to HSAs? Most banks and credit unions now offer these special tax-favored accounts to customers. Fees and features will vary based on your financial institution. Once you open an HSA with the bank or credit union of your choice, you will receive a checkbook or debit card with which you will access HSA funds.

Please keep in mind that it is ultimately an employee's responsibility to establish and manage their own Health Savings Account. Benevolent Corporation Cedar Community does not have control or oversight of employees' Health Savings Accounts except to facilitate payroll deduction deposits into those accounts upon request.

Dental

Dental coverage is provided through Delta Dental and includes coverage for exams, cleanings, and restorative services. For a list of participating providers, visit www.deltadentalwi.com

Benefits Overview

Service Category	Category Includes	In-Network Coverage (What the Carrier Pays)
Preventive Services	Cleanings, Fluoride Treatments, Sealants, Space Maintainers *	100%
Basic Services	Restorations, Simple Extractions, Oral Surgery, Periodontics, Endodontics	90%
Major Services	Inlays, Onlays, Crowns, Bridges, Dentures, Implants	70%
Orthodontia	Corrections & alignments \$1,500 Lifetime Maximum To age 26	50%

**Fluoride treatments, Sealants and Space Maintainers are available benefits for children only.*

Calendar Year Deductible (Single/Family)	\$25/\$75
Maximum Annual Benefit	\$1,000



[Click Here for Benefit Summary](#)

Employee Contributions (Payroll Deductions)

	Employee	Employee + Spouse	Employee + Child(ren)	Family
Dental				
Plan Cost	\$8.28	\$18.63	\$16.55	\$29.06

Costs illustrated above are based on 26 pay periods per year (Bi-Weekly Pay Periods).

When do Dental Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (11/1/2021 - 11/15/2021), effective as of 01/01/2022. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Additional Resources from Delta Dental

If you participate in our group dental plan through Delta Dental, you'll have access to some great tools and resources:

Delta Dental's Provider Networks

A Dental Plan with Two Networks-- What's the Deal?

[Watch the Video](#)

Delta Premier Network	Delta PPO Network
More dentists	Fewer dentists
Lower discounts on services	Higher discounts on services



Delta Dental PPO dentists agree to the deepest discounts for patients. Premier dentists agree to a maximum fee ceiling-- but not the additional discounts available from PPO dentists.

A Smarter Dental Plan

A Healthy Body Begins with a Healthy Mouth

- Preventive cleanings and other services covered at 100%
- Additional cleanings for pregnant women
- Additional cleanings for specific diseases including periodontal disease, cancer, and diabetes

[Watch the Video](#)



Voluntary Vision

Vision coverage is provided through Delta Vision. The vision care network consists of privately practicing optometrists, ophthalmologists, opticians and optical retailers.

You have the option of visiting any provider, however, by choosing a network provider you'll receive the highest level of benefit and save on out-of-pocket costs. To see a list of participating providers go to www.deltadentalwi.com

Benefits Overview

Service Category	Frequency Maximum	In-Network Coverage (What the Carrier Pays)
Routine Exam	12 months	100% after \$10 copay
Eyeglass Lenses	12 months	100% after \$10 copay
Eyeglass Frames	24 months	\$150 allowance plus 20% off balance
Contact Lenses - Conventional	12 months	\$150 allowance, then 15% off balance
Contact Lenses - Disposable	12 months	\$150 allowance
Contact Lenses (Medically Necessary)	12 months	Paid in full



[Click Here for Benefit Summary](#)

Employee Contributions (Payroll Deductions)

	Employee	Employee + Spouse	Employee + Child(ren)	Family
Voluntary Vision				
Plan Cost	\$3.47	\$7.08	\$6.93	\$10.54

Costs illustrated above are based on 26 pay periods per year (Bi-Weekly Pay Periods).

When do Voluntary Vision Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (11/1/2021 - 11/15/2021), effective as of 01/01/2022. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Life/AD&D

Our company sponsors group life coverage through Mutual of Omaha. This basic coverage is provided to you at no cost.

Benefits Overview (Company-Paid)

Coverage Name	Coverage Benefit	Benefit Description
Company-Paid Life	\$25,000	Pays a benefit if you die.
Company-Paid AD&D	\$25,000	Pays an additional benefit if you die in an accident, or receive specific types of dismemberment injuries.



[Click Here for Plan Summary](#)

When do Life/AD&D Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	As a 100% company-paid benefit, you are enrolled when first eligible as a new-hire. No Open Enrollment opportunity exists.

Life Insurance Conversion Option

If you lose eligibility for our company-paid life benefits due to reduction of hours, retirement or termination, you have 31 days to 'convert' your group life coverage into an individually-owned whole life policy.

Conversion of your life insurance policy can be expensive, but the coverage is guaranteed (not subject to any medical underwriting). If you wish to exercise your conversion option, you must return a completed conversion election form directly to Mutual of Omaha within 31 days from when you lost coverage under our group life plan.

Remember to update your beneficiary! In the event of a life claim on yourself or a dependent, Mutual of Omaha will use the most recent designation from our benefit enrollment files.

Voluntary Life

You have the option to purchase additional life insurance (above the amount we provide) with Mutual of Omaha on yourself, spouse, and child(ren). If you buy this coverage when first eligible, you are not required to answer any medical underwriting questions for amounts up to the carrier's 'Guarantee Issue' level.

Benefits Overview

	Employee Voluntary Life	Spouse Voluntary Life	Child(ren) Voluntary Life**
Guarantee Issue Amount *	\$180,000	\$50,000	\$10,000
Maximum Election Amount	Up to 5 x basic annual earnings to a maximum of \$500,000	The lesser of 100% of employee coverage amount or \$100,000	The lesser of 100% of the employee coverage amount or \$10,000
Election Increments	\$10,000	\$5,000	\$1,000

* No underwriting is required up to this amount if you elect coverage when first eligible.

** Dependent children covered to age 19; to age 23 if full time student

Employee Contributions (Payroll Deductions)

[Click Here for Plan Summary](#)

	Employee Coverage	Spouse Coverage	Dependent Coverage
Voluntary Life			
Plan Cost	Age based rates	Age based rates. Spouse's rate is based on the employee's age	Rates are based on coverage amounts

Costs are based on 26 pay periods per year (Bi-Weekly Pay Periods).

When do Voluntary Life Benefits Begin?

For New hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Voluntary Life programs do not have an Open Enrollment opportunity for individuals who previously waived coverage to later elect Guarantee Issue benefits. You may, however, be able to apply for coverage at the annual renewal date for a benefit amount subject to underwriting. Please see HR for additional information.

Life Insurance Conversion & Porting Options

If you lose eligibility for our company-paid life benefits due to reduction of hours, retirement or termination, you have 31 days to 'convert' your group life coverage into an individually-owned whole life policy.

You may also have the ability to 'port' your group coverage to a term life individual policy (when specific criteria are met). For either option, you must return a completed election form directly to Mutual of Omaha within 31 days from when you lost coverage under our group voluntary life plan.

Remember to update your beneficiary! In the event of a life claim on yourself or a dependent, Mutual of Omaha will use the most recent designation from our benefit enrollment files.

Disability

Disability Protection is provided through Mutual of Omaha. This type of insurance provides income protection in the event you become disabled and are unable to work for an extended period of time.

Short Term Disability (STD) Benefits Overview

Coverage Name	Coverage Benefit
Benefit Amount	60%
Benefit Maximum	Up to \$550 weekly maximum
Benefit Duration	12 weeks
Elimination Period	7 days of illness; 7 days of injury
Pre-Existing Condition Limitation	None



[Click Here for STD Plan Summary](#)

Long Term Disability (LTD) Benefits Overview

Coverage Name	Coverage Benefit
Benefit Amount	60%
Benefit Maximum	Up to \$5,000 monthly maximum
Benefit Duration	Up to 3 years
Elimination Period	90 days
Pre-Existing Condition Limitation	3 months prior to enrollment for 12 months after enrollment



[Click Here for LTD Plan Summary](#)

In the event you become disabled and receive disability benefit payments, those payments may be considered taxable income. If applicable, you will receive a W-2 reflecting any additional tax liability for your disability benefits.

Employee Contributions (Payroll Deductions)

	Employee STD Coverage	Employee LTD Coverage
Benefit Amount		
Plan Cost	Paid 100% by Benevolent Corporation Cedar Community	

When do Disability Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	As a 100% company-paid benefit, you are enrolled when first eligible as a new-hire. No Open Enrollment opportunity exists.

Employee Assistance Program

Benevolent Corporation Cedar Community offers employees Employee Assistance Program coverage through Mutual of Omaha. Please refer to the insurance carrier's benefit summary for specific details on these coverages.

An Employee Assistance Program (EAP) offers confidential support to you and your family members when you need help with life's challenges.

Where to Call for Help

	Mutual of Omaha
Phone Number	800-316-2796
Website	www.mutualofomaha.com/eap

[Click Here for
Wallet ID Card](#)

What Kind of Questions Can Mutual of Omaha Help With?

- Emotional well-being
- Financial Concerns
- Legal Questions
- Mental Health
- Substance Abuse
- Family Problems
- Work & Life transitions



[Click Here for EAP Brochure](#)

Online Resources are available

www.mutualofomaha.com/eap

Bilingual article library

Current events & resources

Click on the icons for additional information:



Travel Assistance



Hearing Discount



Last Will & Testament Prep

When do Employee Assistance Program Benefits Begin?

For New Hires and Current Employees:	Coverage begins immediately upon employment.
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Flexible Spending Accounts

Flexible Spending Account benefits are administered by Diversified Benefit Services and offer reimbursement of specific expense types from money deducted from your earnings on a pre-tax basis. An annual election is required to participate in this program.

Visit www.diversifiedbenefitservices.com/us for online tools and resources.

Benefits Overview

Account Type	Description	Maximum Annual Election
Health FSA*	Reimbursement for out-of-pocket expenses incurred from health, dental or vision care, as described by IRS Code Section 213 (summarized annually in IRS Publication 502).	\$2,750
Limited Benefit FSA*	Reimbursement for out-of-pocket expenses incurred from dental or vision care, as described by IRS Code Section 213 (summarized annually in IRS Publication 502).	\$2,750
Dependent Care FSA	Reimbursement for expenses related to daycare for eligible dependents as described by IRS Code Section 129 (summarized annually in IRS Publication 503).	\$5,000

* You are allowed to roll over up to a \$550 balance into the following year. Any amount over \$550 will be forfeited.

Employee Contributions (Payroll Deductions)

	Employee
Flexible Spending Accounts	
Plan Cost	Varies based on your election amount

Costs illustrated above are based on 26 pay periods per year (Bi-Weekly Pay Periods).

When do Flexible Spending Accounts Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (11/1/2021 - 11/15/2021), effective as of 01/01/2022. You may also be eligible to enroll or change elections mid-year based on specific Qualifying Event as determined by the Internal Revenue Service. See HR for additional information.

Voluntary Critical Illness, Accident & Hospital Indemnity

Benevolent Corporation Cedar Community offers employees Voluntary Critical Illness, Accident & Hospital Indemnity coverage through Sun Life. Please refer to the insurance carrier's benefit summary for specific details on these coverages.

Critical Illness Benefits Overview

Critical Illness insurance pays a cash benefit if you, your spouse, or your child are diagnosed with specific diseases. You can use the cash benefit however you see fit—to help pay for out-of-pocket medical expenses (e.g., co-pays or deductibles) or everyday expenses (e.g., childcare or groceries).

	Employee Critical Illness	Spouse Critical Illness	Child(ren) Critical Illness
Max. Election Amount	\$20,000	\$10,000	\$5,000

Accident Benefits Overview

Accident insurance pays a cash benefit when you, your spouse, or your child receive an injury as the result of an accident (e.g., emergency room visits, follow-up doctor appointments, or ambulance rides), and loss due to a covered accident.

You can use the cash benefit however you see fit—to help pay for out-of-pocket medical expenses (e.g., co-pays or deductibles) or everyday expenses (e.g., childcare or groceries).

Hospital Indemnity Benefits Overview

The hospital plan pays a lump sum cash benefit to you if you or a family member is hospitalized as an inpatient due to accident, sickness or pregnancy.

The hospital plan also pays a benefit for Wellness Screenings.

Employee Contributions (Payroll Deductions)

	Employee	Spouse	Child
Critical Illness, Accident & Hospital Indemnity	<i>Varies based on Age & election amount</i>	<i>Varies based on Age & election amount</i>	<i>Varies based on Age & election amount</i>

Costs are based on 26 pay periods per year (Bi-Weekly Pay Periods).

When do Voluntary Critical Illness, Accident & Hospital Indemnity Benefits Begin?

For New hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Voluntary Critical Illness, Accident and Hospital Indemnity programs do not have an Open Enrollment opportunity for individuals who previously waived coverage to later elect Guarantee Issue benefits. You may, however, be able to apply for coverage at the annual renewal date for a benefit amount subject to underwriting. Please see HR for additional information.

Contact Information

Insurance Carriers & Administrators

Coverage	Carrier Name	Member Services Phone #	Group Policy #
Medical	UMR	866-881-0800	76410423
Dental	Delta Dental	800-236-3712	93897
Vision	Delta Vision	844-848-7090	41686
Life/AD&D	Mutual of Omaha	800-247-6875	TBD
Disability	Mutual of Omaha	800-247-6875	TBD
Voluntary Life	Mutual of Omaha	800-247-6875	TBD
Flexible Spending Accounts	Diversified Benefit Services	800-234-1229	
Critical Illness, Accident & Hospital Indemnity	Sun Life	800-247-6875	921805
Employee Assistance Program	Mutual of Omaha	800-316-2796	

Benefits Consultant/ Broker

R&R Insurance Services, Inc.
www.myknowledgebroker.com



Contact Name	Role	Phone #	Email
Stephanie Riesch-Knapp	Benefits Consultant	262-953-7169	stephanie.riesch-knapp@rrins.com
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If you have questions or concerns about your benefits please feel free to contact a team member listed above. The office hours for R&R Insurance are 8:00 to 4:30 PM, Monday through Friday.

About This Guide

This Benefits & Enrollment Guide was prepared by R&R Insurance Services, Inc. specifically for Benevolent Corporation Cedar Community.

This document cannot, and should not, be construed as being exhaustive or as being applicable to any other group health plan or employer. This document is not intended to be, and should not be construed, as legal advice, nor should any discussion with, or opinions expressed by R&R Insurance Services, Inc. or its authorized representatives be construed as legal advice. Readers should contact legal counsel for legal advice.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits & Enrollment Guide and the actual plan documents the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Benefits & Enrollment Guide, or any materials contained therein, contact Human Resources.