

2024 Employee Benefits



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TOP THINGS TO KNOW ABOUT YOUR 2024 BENEFITS

This employee benefit booklet includes information about changes for the 2024 plan year and enrollment period which is open **October 30 to November 17**. Please read this carefully to understand your benefits, wellness resources, and responsibilities for 2024.

Key benefit changes for 2024

Health Plan Changes

High Deductible Health Plan (HDHP)

The deductible for the HDHP has been increased to align with the 2024 IRS limits. The SBL contributions toward the Health Savings Account is also increasing - a greater benefit for employees who select this option. The plan premiums for the HDHP plan remain the same as those in 2023.

Traditional PPO Plan

The deductible for the PPO plan has increased by the same amount as the HDHP. While healthcare costs and related plan premiums are predicted to increase by 6 to 8 percent across the U.S., the premium for this plan will only increase by approximately 2 percent.

Weight-Loss Medications

Over the past few years, there has been a soaring demand for costly weight-loss medications. In 2023, the cost of weight-loss medications alone represented more than 25 percent of our total prescription benefit cost. It's been reported that 78 percent of employer-sponsored health plans do not cover weight-loss medications, and given the increasing costs, more employers are removing this coverage altogether. SBL is taking a different approach.

- The drugs that are approved for a diabetic indication (Ozempic and Mounjaro) will continue to be covered under the health plan with prior authorization to verify a diagnosis of diabetes.

- Health plan members prescribed weight-loss medications without a diagnosis of diabetes may purchase the drugs directly through Prairie Medical Pharmacy at the SBL (discounted) cost. Participation in a Medication Therapy Management phone call is required. The cost will vary based on the medication and drug manufacturer coupons. Based on current costs/coupons, the cost of Wegovy is estimated to be approximately \$165 a month. This cost aligns with the member cost of other specialty medications under the plan. As these medications will not be processed through the health plan, there is no prior authorization requirement.

Our goal is to maintain member access to these medications without significantly increasing costs to the plan and to premium rates that affect all health plan enrollees.

Benefits of using Prairie Medical Pharmacy

Prairie Medical Pharmacy has made it more convenient to use its services. Prescriptions can be sent via courier to SBL Fayette County Hospital

- If an employee works in a different facility other than the main location, prescriptions can be sent through the Lab courier. The employee must physically work in the actual facility in which the prescriptions are sent. The suite number is required each time a prescription is sent via courier.

- To use the courier service for prescriptions, the employee should call Prairie Medical Pharmacy and request the service. For refilled prescriptions, a card can be left on file or payroll deduct can be used. Verbal request are required for each refill, no email requests are accepted.

Dental Plan

The 2024 Dental Plan is modified to better align with the market. While the plan deductible is increasing slightly, the maximum annual benefit per covered individual is increasing from \$1,200 to \$1,500. There is no increase in employee plan premium.

Flexible Spending Account (FSA) and Limited FSA

The FSA remains available as an option for employees who elect the Traditional PPO Health Plan or who are NOT participating in a Health Savings Account outside of SBL. A Limited FSA is now available for employees who are participating in the SBL Health Savings Account (HSA) or HSA outside of SBL. The only difference between the FSA and the Limited FSA is that the FSA may be used to pay eligible expenses related to health, dental or vision, while the Limited FSA may only be used to pay eligible expenses for dental or vision.

The 2024 FSA contribution limit is set at \$3,200. Remember to make your elections for the FSA plan during open enrollment to be eligible for the pre-tax savings. If not elected during the benefit enrollment, the FSA will default to zero.

Health Savings Account (HSA)

The HSA remains available as an option for employees who elect the High Deductible Health Plan (HDHP). The IRS maximum has increased in the 2024 plan year to \$4,150 for employee only, and \$8,300 for family. The SBL contribution to the HSA has also increased to \$780 for employee only, and \$1,300 for family coverage. Wellness rewards of either \$200, or \$300 are also added into this account for employee use.

Remember to make your elections for the HSA plan during open enrollment to be eligible for the pre-tax savings. If not elected during the benefit enrollment, the HSA will default to zero.

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	SBL Fayette County Hospital Human Resources 650 W. Taylor Vandalia, IL 62471
Phone 217-258-2502	Phone 618-283-1232
Toll Free 877-794-5627	Fax 618-283-0185
Fax 217-258-4117	

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 their needs.

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

- employer-sponsored group health, dental and vision benefits
- flexible spending account (FSA)
- health savings account (HSA)
- group term-life insurance
- group accident insurance
- long-term disability insurance
- short-term disability insurance
- critical illness insurance
- accident insurance
- hospital indemnity insurance
- life insurance with long-term care coverage
- employee discount program

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 to 40 percent on their share of benefit costs.

ELIGIBILITY

All full-time (regularly scheduled 70 hrs. per pay period) and part-time employees (regularly scheduled 40 hrs. per pay period) 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.

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

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 Benefits booklet.
- 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 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

Full-time and part-time employees are eligible for benefits the first of the month following 30 days of employment. Initial enrollment should 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, they 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 LIFE EVENTS

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

- Change in marital status/divorce
- Change in Civil Union/dissolution
- Change in number of dependents/birth/adoption
- 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.)
- Judgments, 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, add, or delete dependents until the next plan enrollment period.

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.

WELLNESS SCREENINGS

Wellness screenings are required when making additions to your health plan during a HIPAA-qualifying event or change in employment status. If enrolling in the health plan for the first time or adding your spouse to the plan, both you and your spouse (if covered) must complete the Wellness screening by the 10th day of your benefit eligible month in order to qualify for any Wellness Rewards.

Insurance Rates

PER PAY PERIOD CONTRIBUTIONS

- Full-time regularly schedule for 70 hrs. per pay period.
- Part-time regularly schedule for 40 hrs. per pay period.

	Health - PPO		Health - HDHP		Dental	Vision
	Standard Premium	Nicotine-Free Premium	Standard Premium	Nicotine-Free Premium		
FULL-TIME employees						
Individual	\$99.81	\$79.85	\$78.29	\$62.63	\$8.52	\$1.58
Employee & Child(ren)	\$201.05	\$160.84	\$157.69	\$126.15	\$12.78	\$2.36
Employee & Spouse	\$232.57	\$186.05	\$182.41	\$145.92	\$14.91	\$2.77
Employee & Family	\$325.63	\$260.51	\$255.40	\$204.32	\$22.91	\$4.27
PART-TIME employees						
Individual	\$190.12	\$152.10	\$149.12	\$119.29	\$10.41	\$1.93
Employee & Child(ren)	\$385.00	\$308.00	\$301.96	\$241.57	\$15.62	\$2.89
Employee & Spouse	\$439.18	\$351.35	\$344.46	\$275.57	\$18.22	\$3.38
Employee & Family	\$621.80	\$497.44	\$487.68	\$390.15	\$28.00	\$5.22

SUMMARY OF HEALTH BENEFITS - PPO & HDHP

General Limits

Payment for any of the expenses listed below is subject to all plan exclusions, limitations and provisions. All coverage figures, if applicable, are after the out-of-pocket deductible has been satisfied.

See the Utilization Management section for more information regarding Pre-Certification and/or Notification requirements.

Network and Non-Network Provider Arrangement

The Plan contracts with medical Provider Networks to access discounted fees for service for Participants. Hospitals, physicians and other providers who have contracted with the medical Provider Networks are called "Network Providers." Those who have not contracted with the Networks are referred to in this Plan as "Non-Network Providers." This arrangement results in the following benefits to participants:

1. The Plan provides different levels of benefits based on whether the Participants use a Network or Non-Network Provider. Unless one of the exceptions shown below applies, if a Participant elects to receive medical care from the Non-Network Provider, the benefits payable are generally lower than those payable when a Network Provider is used. The following exceptions apply:
 - a. In the event a Covered Person utilizes a Network Provider for inpatient/outpatient services procedures, but the Network Provider uses a Non Network Provider for services including, but not limited to, anesthesia, interpretation of laboratory tests, or X-rays, then charges of the Non-Network Provider will be paid as though the services were provided by a Network Provider and will fall under the applicable plan Tier.
 - b. The Tier 2 Network Provider level of benefits is payable for any participant who cannot access Tier SBL because they reside outside the Network service area. The Network service area is defined as 50 miles from the Sarah Bush Lincoln Health Center in Mattoon, IL and/or Sarah Bush Lincoln Fayette County Hospital, Vandalia, IL and is measured from zip code to zip code.
 - c. In the event services are not available from a Network Provider (Tier SBL, Tier 1 or Tier 2), then charges of a Non-Network Provider may be paid as though the services were provided by a Tier 2 Provider.
2. If the charge billed by a Non-Network Provider for any covered service is higher than the maximum allowable charge determined by the Plan, participants

are responsible for the excess unless the provider accepts assignment of benefits as consideration in full for services rendered. Since Network Providers have agreed to accept a negotiated discounted fee as full payment for their services, participants are not responsible for any billed amount that exceeds that fee. The Plan Administrator reserves the right to revoke any previously given assignment of benefits or to proactively prohibit assignment of benefits to anyone, including any provider, at its discretion.

3. To receive benefit consideration, participants must submit claims for services provided by Non-Network Providers to the Third Party Administrator. Network Providers have agreed to bill the Plan directly, so that participants do not have to submit claims themselves.
4. Benefits available to Network Providers are limited such that if a Network Provider advances or submits charges which exceed amounts that are eligible for payment in accordance with the terms of the Plan or are for services or supplies for which Plan coverage is not available, or are otherwise limited or excluded by the Plan, benefits will be paid in accordance with the terms of the Plan.

Please note affirmation that a treatment, service, or supply is of a type compensable by the Plan is not a guarantee that the particular treatment, service, or supply in question, upon receipt of a Clean Claim and review by the Plan Administrator, will be eligible for payment.

Balance Billing

In the event that a claim submitted by a Network or Non-Network Provider is subject to a medical bill review or medical chart audit and that some or all of the charges in connection with such claim are repriced because of billing errors and/or overcharges, it is the Plan's position that the Participant should not be responsible for payment of any charges denied as a result of the medical bill review or medical chart audit, and should not be balance billed for the difference between the billed charges and the amount determined to be payable by the Plan Administrator, although the Plan has no control over any provider's actions, including balance billing.

In addition, with respect to services rendered by a Network Provider being paid in accordance with a discounted rate, it is the Plan's position that the participant should not be responsible for the difference between the amount charged by the Network Provider and the amount determined to be payable by the Plan Administrator, and should not be

SUMMARY OF HEALTH BENEFITS - PPO & HDHP

balance billed for such difference. Again, the Plan has no control over any Network Provider that engages in balance billing practices, except to the extent that such practices are contrary to the contract governing the relationship between the Plan and the Network Provider.

The participant is responsible for any applicable payment of coinsurances, deductibles, and out-of-pocket maximums and may be billed for any or all of these.

Choice of Providers

The Plan is not intended to disturb the physician-patient relationship. Each participant has a free choice of any physician or surgeon, and the physician-patient relationship shall be maintained. Physicians and other healthcare providers are not agents or delegates of the Plan sponsor, company, Plan Administrator, employer or third-party administrator. The delivery of medical and other health care services on behalf of any participant remains the sole prerogative and responsibility of the attending physician or other health care provider. The participant, together with his or her physician, is ultimately responsible for determining the appropriate course of medical treatment, regardless of whether the Plan will pay for all or a portion of the cost of such care.

Claims Audit

In addition to the Plan's Medical Record Review process, the Plan Administrator may use its discretionary authority to use an independent bill review and/or claim audit program or service for a complete claim. While every claim may not be subject to a bill review or audit, the Plan Administrator has the sole discretionary authority for selection of claims subject to review or audit.

Precertification Requirements

- All Services with the ability to be performed at Sarah Bush Lincoln will be required to be performed at SBL, SBLFCH (including Dr. Michael Darmadi, Dr. Brian Dossett, Senior Renewal), Effingham Surgical Partners, LLC., or Family Care Associates.

The analysis will be employed to identify charges billed in error and/or charges exceed the maximum allowable charge or services that are not medically necessary, and may include a patient medical billing records review and/or audit of the patient's medical charts and records. Upon completion of an analysis, a report will be submitted to the Plan Administrator or its agent to identify the charges deemed in excess of the maximum allowable charge or other applicable provisions, as outlined in this Plan Document.

Despite the existence of any agreement to the contrary, the Plan Administrator has the discretionary authority to reduce any charge to the maximum allowable charge, in accord with the terms of this Plan Document.

Transition of Care. If a participant is under the care of a Non-Network Provider at the time of joining the Plan, there are a limited number of medical conditions that may qualify for transition of care. If transitional care is appropriate, specific treatment by a Non-Network Provider may be covered at the Network level of benefits for a limited period of time. The third-party administrator will review and approve or deny such requests.

- For members who reside within a 50-mile radius of either SBL or SBLFCH, if available services are performed at a different provider, then the claim will be treated as out-of-network.

EMERGENCY SERVICES ARE EXEMPT FROM THIS PROVISION.

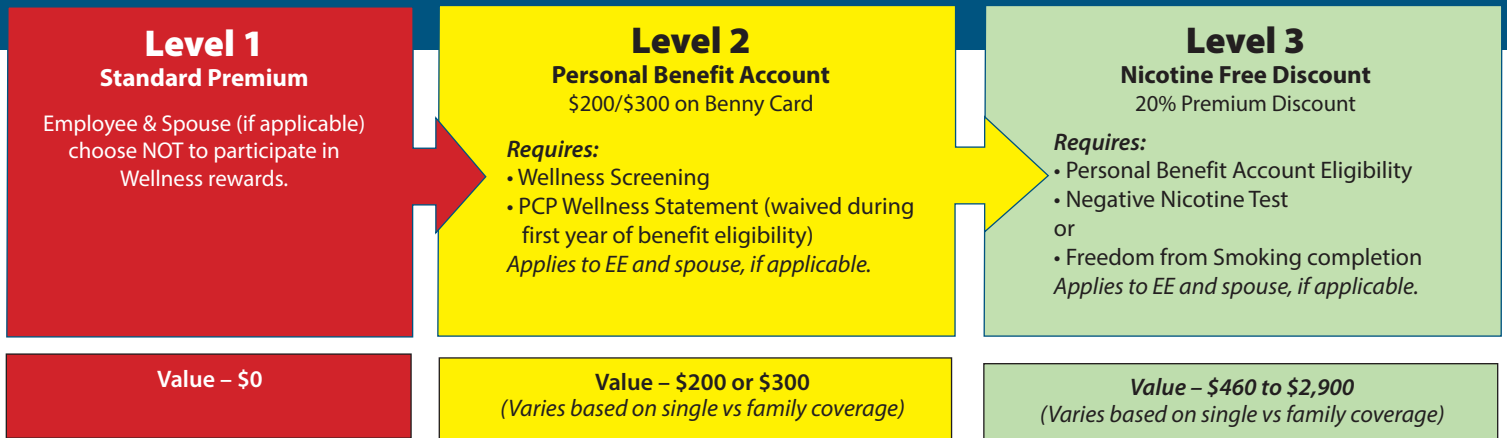
SUMMARY OF HEALTH BENEFITS - Traditional PPO

Traditional PPO Health Plan				
	<u>SBL Tier</u>	<u>Tier 1 (Partners)</u>	<u>Tier 2 (Aetna)</u>	<u>Tier 3 (OON)</u>
Deductible - Indiv	\$800	\$1,500	\$3,000	\$5,000
Deductible - Family	\$1,600	\$3,000	\$6,000	\$10,000
Out of Pocket Max (OPM)- Indiv	\$2,000	\$3,000	\$8,000	\$15,000
Out of Pocket Max (OPM)- Family	\$4,000	\$6,000	\$16,000	\$30,000
Copay / Coinsurance (Member pays after deductible and until reaching OPM)				
POV - PCP & Rehab	\$25	\$25	25%	50%
POV- Specialist	\$40	\$40	25%	50%
Inpatient/OPSC/Spec Proc	\$250	\$250	25%	50%
Prescription Copay	Applies WITHOUT meeting deductible and until reaching OPM			
	<u>SBL Prairie Med RX</u>		<u>All Others RX</u>	
Generic	\$10		\$20	
Formulary Name Brand	\$35		\$50	
Non-Formulary Name Brand	\$60		\$75	
Specialty Drugs	50%; Max of \$200		N/A	
Flexible Spending Account (FSA)				
FSA contributions are made on pre-tax basis and may be used to pay eligible expenses.				
EE contribution amount pledged for year is available for use January 1.				
A limited amount of unused funds may be rolled over to next year.				
		<u>EE Deferral Limit</u>		
FSA (Health/Dental/Vision Exp)		\$3,200	Rollover Limit	\$640
Limited FSA (Dental/Vision Exp Only)		\$3,200	Rollover Limit	\$640
Healthcare Savings Acct	Not Applicable			
Health Reimbursement Account				
HRA contributions may be used to pay eligible expenses.				
HRA funds roll over, but not are not available if EE leaves employment with SBL.				
		<u>EE Coverage</u>	<u>Family Coverage</u>	
SBL Contributions for Wellness Rewards (EE & Spouse)		\$200	\$300	

SUMMARY OF HEALTH BENEFITS - HDHP

High Deductible Health Plan				
	<u>SBL Tier</u>	<u>Tier 1 (Partners)</u>	<u>Tier 2 (Aetna)</u>	<u>Tier 3 (OON)</u>
Deductible - Indiv	\$3,200	\$3,500	\$4,000	\$6,000
Deductible - Family	\$6,400	\$7,000	\$8,000	\$12,000
Out of Pocket Max (OPM)- Indiv	\$3,200	\$4,500	\$8,000	\$15,000
Out of Pocket Max (OPM)- Family	\$6,400	\$9,000	\$16,000	\$30,000
Copay / Coinsurance (Member pays after deductible and until reaching OPM)				
POV - PCP & Rehab	N/A	10%	25%	50%
POV - Specialist	N/A	10%	25%	50%
Inpatient/OPSC/Spec Proc	N/A	10%	25%	50%
Prescription Copay				
	Applies AFTER meeting deductible and until reaching OPM			
	<u>SBL Prairie Med RX</u>		<u>All Others RX</u>	
Generic	N/A		\$20	
Formulary Name Brand	N/A		\$50	
Non-Formulary Name Brand	N/A		\$75	
Specialty Drugs	50%; Max of \$200		N/A	
Flexible Spending Account (FSA)				
FSA contributions are made on pre-tax basis and may be used to pay eligible expenses.				
EE contribution amount pledged for year is available for use January 1.				
A limited amount of unused funds may be rolled over to next year.				
		<u>EE Deferral Limit</u>		
FSA (Health/Dental/Vision Exp)		N/A if enrolled in HSA		
Limited FSA (Dental/Vision Exp Only)		\$3,050	Rollover Limit	\$610
Healthcare Savings Acct				
(Not available for EEs enrolled in Medicare or electing FSA)				
HSA contributions are made on pre-tax basis and may be used to pay eligible expenses.				
HSA funds available only after contributions have been made.				
HSA funds roll over and convert to independent account if EE leaves employment with SBL.				
		<u>EE Coverage</u>	<u>Family Coverage</u>	
Total Contribution Limit		\$4,150	\$8,300	
SBL Contribution to HSA (\$30 / \$50 per pay period)		\$780	\$1,300	(Annual)
SBL Contribution for Wellness Rewards (EE & Spouse)		\$200	\$300	(Annual)
EE Deferral Limit		\$3,170	\$6,700	(Annual)
Health Reimbursement Account				
(For EEs enrolled in Medicare or electing FSA rather than HSA)				
HRA contributions may be used to pay eligible expenses.				
HRA funds roll over, but not are not available if EE leaves employment with SBL.				
		<u>EE Coverage</u>	<u>Family Coverage</u>	
SBL Contribution for Wellness Rewards (EE & Spouse)		\$200	\$300	

2024 Health Plan Wellness Rewards



For more detailed information, check the MyWellness portal, the employee benefit information tab on the SBL intranet or contact Human Resources 217-258-2501.

PERSONAL BENEFIT ACCOUNT

The Personal Benefit 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 employee and spouse (if applicable) participation in the following:

- Employee Wellness Screening
- PCP Wellness Statement

SBL Contribution to Personal Benefit Account

- \$200 Employee
- \$100 Additional for Spouse (if applicable)
- (Employees enrolled in EE & Child coverage level will automatically earn the additional \$300 for employee participation.)

Contributions to the Personal Benefit Account are based solely on participation, not on health status (nicotine 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 (FSA).

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

SBL will direct the Personal Benefit Account contribution to the Health Reimbursement Account for employees who elect the Traditional PPO Plan or to the Health Savings Account for employees who elect the High Deductible Health Plan.

HEALTH PLAN PREMIUM DISCOUNT FOR NON-NICOTINE USERS

Living a nicotine-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 20 percent discount is available for nicotine-free members.

To qualify for the discount, you and your spouse (if covered on the plan) must meet the qualifications for the Personal Benefit Account **AND** test negative for nicotine during your Wellness Screen.

If you are a new enrollee in the health plan, 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 NICOTINE USERS

Eligibility for the Nicotine-Free Premium is available to current tobacco users who participate in and complete the SBL Smoking Cessation program. Upon receipt of documentation that the employee (and/or spouse) has completed the program, the employee will be enrolled in the discounted premium level.

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 \$1,500 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 – \$75

Family – \$225

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 sealant (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
- \$1,500 Lifetime Maximum

Orthodontic Services

- Invisalign or equivalent is included
- Covered 50 percent - no deductible
- \$1,500 Lifetime Maximum

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:

ExaminationEvery 12 months

Glasses or

Contact Lenses 1 or the other 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

WELLNESS RESOURCES

VIRGIN PULSE

The Virgin Pulse wellbeing program helps you live better and achieve your health goals with a fun and engaging experience that delivers powerful resources right to your fingertips.

Virgin Pulse program is offered to all Sarah Bush Lincoln employees and their covered spouses/partners. Move through levels as you earn points for the healthy choices you make each day!

Get the Virgin Pulse mobile app or go to join.virginpulse.com.



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 16 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.

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/step family 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. Each person receives 10 hours a year.

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**.

COMPSYCH GUIDANCE RESOURCES

Your ComPsych Guidance Resources benefit provides you and your dependents 24/7 support, resources, and information to help you with all of life's changes. From no-cost, confidential counseling and legal support, to financial information and personalized work-life resources, it's got you covered. Visit www.guidanceresources.com or call 866-335-4913.

SBL PROVIDED BENEFITS

Sarah Bush Lincoln makes several Benefits available to support the needs of you and your family.

BASIC 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.

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.

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.

VOLUNTARY BENEFITS

Sarah Bush Lincoln makes several Voluntary Benefits available to support the needs of you and your family. Please see the brief descriptions below or go to the full descriptions in the hyperlinks in each area.

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 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.

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. 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.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT

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.

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 Reserve Sick (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.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance through Reliance Standard protects your family and your assets. No one saves to get sick, which is why being diagnosed with a covered condition can be especially draining, both emotionally and financially. The policy provides a lump sum cash benefit in the event you or an insured loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on getting better. And now, this benefit also includes COVID-19 protection! As well, every year that you complete a qualified health screening you are eligible for a \$50 Wellness Benefit.

During this open enrollment period only, you can elect up to \$15,000 in coverage for yourself without answering medical questions!

ACCIDENT INSURANCE

Accident Insurance from Reliance Standard can help cover the out-of-pocket costs associated with an accident that takes place on or off the job by paying you a benefit for events such as ambulance transportation, ER visits, doctor visits and follow-up treatment, fractures and dislocations, burns, surgery, medical equipment, torn cartilage, and more.

The policy does not coordinate with any other coverage, so you can receive benefits on top of what your medical plan provides. You can use the money as you see fit, whether to pay for expenses associated with your accident, like an ER copay, or to pay for childcare so you can get to the doctor for a follow-up visit. And every year that you complete a qualified health screening you are eligible for a \$50 Wellness Benefit.

HOSPITAL INDEMNITY INSURANCE

An unexpected hospital stay can put a strain on your budget. Hospital Indemnity Insurance through Reliance Standard is designed to provide you with financial protection by paying you a benefit for each day that you spend in hospital confinement as well as a hospital admission benefit.

Since the plan pays the benefit directly to you, in addition to what your medical plan covers, you can use the benefit however you want. Use it to pay for out-of-pocket expenses and extra bills relating to your hospitalization, or for other expenses, like buying groceries or paying for childcare. And every year that you complete a qualified health screening you are eligible for a \$50 Wellness Benefit.

UNIVERSAL LIFE INSURANCE WITH LIVING BENEFITS

Transamerica offers you additional financial protection you may need. The unique feature of Universal Life Insurance is that you build cash value on a tax-deferred basis (until withdrawn) which may allow your premiums to remain level throughout the life of the contract. Universal Life Insurance offers flexibility to adjust your benefit amount up or down depending on your current insurance needs. This coverage also offers you "living benefits" should you need Long Term Care after becoming chronically ill and confined to a nursing or assisted living facility, or if you need to receive home health or adult day care.

During this open enrollment period only, you have the opportunity to elect up to \$150,000 in coverage for yourself without answering medical questions!

PERKSPOT

EMPLOYEE DISCOUNT PROGRAM

SBL is happy to offer you PerkSpot, a one-stop-shop for exclusive discounts at many of your favorite national and

local merchants! PerkSpot is completely free, and optimized for use on any device: desktops, tablets, and phones.

Getting Started: Sign up or log in at sbl.perkspot.com. Follow the simple on-screen instructions to make an account with your personal or work email.

Start Saving: Enjoy access to thousands of discounts in dozens of categories, updated daily. Take advantage of online offers from popular national retailers, and discover discounts in your neighborhood with PerkSpot's streamlined Local Map. Filter your map results by categories like restaurants, health & fitness, retail, and more!

Remember: Don't see the retailer or product you want? You can always request a merchant through your PerkSpot account, and our negotiating experts will work to get it for you. Keep an eye out for new featured discounts in PerkSpot's weekly email!

Also see information about [Identity Theft](#) and [Travel Emergency Companion services](#).

BENEFIT SAVINGS ACCOUNT (HSA)

The SBL Benefit plan offers you the opportunity to participate in various savings accounts designed to let you pay for out-of-pocket expenses with pre-tax dollars. Following is a summary of the plans:

Health Savings Account (HSA) - This type of account is available when you select the High Deductible Health Plan and allows you to contribute up to \$3,170 for employee only and \$6,700 for family. SBL will also contribute a portion to your account, which will assist you in reaching the IRS limits of \$4,150 and \$8,300. HSA funds roll over from year to year and are portable if you leave SBL. (This type of account is not available to employees enrolled in Medicare.) Your pledged amount for the plan year, along with the SBL contribution, is available as contributions are made each pay period.

Flexible Savings Account (FSA) - The FSA is available for those who elect the Traditional PPO plan. This allows you to deposit up to \$3,050 annually into an account, on a pre-tax basis, to pay for medical, dental, or vision expenses not covered by another plan. Your FSA 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 plans. Your pledged amount for the plan year is available on January 1 and must be used by December 31. A FSA is a use-it or lose-it type of account, with annual carryover limit of \$610 for 2024.

Limited Purpose Flexible Savings Accounts (LPFSA) – A Limited purpose Flexible Spending Account is available for those who are enrolled in the High Deductible Health Plan. This type of account is much like a typical, general purpose health FSA, however your pre-tax dollars are used to pay for eligible dental and vision care expenses only. This type of account is available to Medicare-eligible employees.

Health Reimbursement Account (HRA) – This account is used for employee who enroll in the Traditional PPO plan and qualify for wellness rewards. SBL will add funds (Employee \$200/ Family \$300) to an employee's account when the Level Two Wellness Rewards are completed by both employee and spouse. Funds are carried over to the next plan year, as long as the employee remains enrolled in the health plan.

There are two ways to access funds in your savings accounts:

1. Benny Cards

Employees participating in any of these health plan savings 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. Approved expenses are automatically deducted from the participants' pre-tax account. It's important to provide documentation (receipts) for eligible expenses to prevent the claims amount from being taxable.

2. Submitted Requests

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

Consociate Health
2828 N Monroe St.
Decatur, IL 62526
1-800-798-2422 (toll free)
217-233-2281 (fax)
www.consociatefsa.com

Reimbursement forms may be found on the SBL intranet at Employee Resources/ Employee Benefits or www.consociatefsa.com. A direct deposit option is also available for reimbursement.

Internal Revenue Service Plan Requirements

- Expenses claimed for your account must be incurred during the Plan Year (January 1 to December 31)
- Claims incurred during 2023 must be submitted by March 31, 2024.
- 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 these accounts as an itemized deduction on your tax return.

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 18. You must work at least 1,000 hours during the plan year to be credited with a year's service for vesting purposes. The match is equal to 50 percent of your contribution, not to exceed 4 percent.

Retirement Contributions Chart		
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%

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.

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.

Below is an example of how TOP may be used:

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 below.

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 Reserve Sick policy for more information.

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.

ADOPTION ASSISTANCE

Adoption assistance is available to assist employees with the adoption of a child. Full-time and part-time employees who have been working in a benefit-eligible status for 12 months and are actively working are eligible for the adoption assistance benefit. Full-time employees are eligible for up to \$5,000 reimbursement, part-time employees are eligible for up to \$3,000. For more details see the Adoption Assistance policy and procedure in PolicyStat.

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 relate 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 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 \$4,000 in tuition reimbursement a year, while part-time employees are eligible for up to \$2,000 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.

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)

AUTO, HOMEOWNERS AND RENTERS INSURANCE

Farmer's 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: Farmers Insurance **1-800-438-6381**

COBRA

Employee's Rights to Continue Group Health Coverage

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).

Consociate is the administrator of COBRA for SBL. COBRA notification, enrollment, payments, changes in coverage and terminations will be processed by Consociate 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, they have 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. The 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

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.

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-Payments/Co-Insurance

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, while co-insurance is a percentage of charges.

Plan Coverage

After meeting your deductible and co-pay if applicable, the Plan Coverage takes effect. Plan Coverage is the percentage of cost the plan pays for services, and applies to all covered expenses.

Maximum Out-of-Pocket

The Maximum Out-of-Pocket 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 maximum out-of-pocket, the plan picks up 100 percent of eligible expenses for the rest of the year. This provision does not apply to charges above the usual and customary amounts.

Flexible Spending Account (FSA) - An arrangement through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Allowed expenses include insurance copayments and deductibles and qualified prescription drugs. The 2024 FSA contribution limit is set at \$3,050 with a rollover limit of \$610.

Health Saving Account (HSA)- A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in a Health Savings Account (HSA) to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your overall healthcare costs.

Limited Purpose Flexible Spending Account (LPFSA) - A pre-tax benefit used to pay for eligible dental, vision care expenses for participants enrolled in a High Deductible Health Plan (HDHP)

Health Reimbursement Account (HRA) - An employer-funded group health plan from which employees are

reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the arrangement.

Flexible Benefit Plan - Sometimes called a cafeteria plan or section 125 plan, 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. "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. ACA Eligible employees will be notified by Human Resources if they are eligible to enroll

IMPORTANT YEAR-END REMINDERS

FLEXIBLE SPENDING ACCOUNT (FSA)

	BENNY CARD	PAPER CLAIM FORM	BALANCE
2023 Dates of Service <i>(Related deductible, copays and other eligible expenses)</i>	Eligible for use through December 31, 2023	Submit to Consociate January 1, 2023 through March 31, 2024	Remaining balance of up to \$550 will be moved to 2024 plan on April 1, 2024
2024 Dates of Service <i>(Related deductible, copays and other eligible expenses)</i>	Use beginning January 1, 2024		

RETIREMENT PLAN INFORMATION

- The 403(b) contributions limit for 2024 is increasing from \$22,500 to \$23,000. For those reach age 50+ during 2024, the catch-up contribution remains at \$7,500.
- 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 12/23/2023 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 2024

To sell back TOP hours at full value in 2024, employees must complete a sell back declaration form and submit it to payroll no later than December 31, 2023.

The "SBL Request for TOP Sellback – Prior Year Election" form is included in policy "SC011 Time Off Paid (TOP)." NOTE: By declaring in 2023 that you intend to sell back TOP hours in 2024, you can avoid the 15 percent IRS mandated penalty that is assessed for sell backs requested in the same year (sell backs requested in 2024 and paid in 2024). 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, 2023 will be processed on the first regular payroll in June 2024.

Benefit Resources 2024

Benefit / Vendor	Phone/Hours/E-mail/Fax	Website
General Benefits Information		
Sarah Bush Lincoln Human Resources	217-258-2501 or 217-348-2501 Monday – Friday 7:30 am - 4:30 pm humanresources@sblhs.org	SBL Intranet SBL Intranet/Employee Resources/Benefit & Retirement Links
Medical Benefits		
Consociate Health Group Number – C100102	800-798-2422 Precertification-AIMM-877-217-7695	https://consociatehealth.com
Pharmacy Benefits		
Express Scripts-Rx Benefits RXBIN: 610014 RxGRP: RXBSABU	800-334-8134 e-mail- RxHelp@rxbenefits.com	www.express-scripts.com
Dental Benefits		
Consociate Group Number - C100102	800-798-2422	https://consociatehealth.com
Vision Benefits		
Consociate Group Number - C100102	800-798-2422 Fax – 217-233-7252	https://consociatehealth.com
Flexible Spending Accounts (FSA)/ Personal Benefit Account (PBA)		
Consociate Flexible Spending Reimbursements Benny Card Balances Health Savings Account (HSA)	800-798-2422 Fax – 217-233-2281	www.consociatefsa.com
Critical Illness Insurance/Accident/Hospital Indemnity		
Reliance Standard	Critical Illness Policy #802139 Accident Policy #VAI858502 Hospital Indemnity Policy #VHI858503	ClaimsIntake@rsli.com www.RSLClaims.com
Universal Life with Long Term Care		
Transamerica		www.transamericaemployeebenefits.com
Life/Disability Insurance		
Reliance Standard To report a claim for Short Term Disability Policy#328435 Long Term Disability Policy#131394	1-855-775-2524	www.RSLClaims.com
Home and Auto Insurance		
Farmers Insurance	1-800-438-6381 Monday–Friday 8:00 am–6:00 pm EST	
Retirement Plan		
First Mid Investment Consultation	888-518-7878 or 217-258-3344	Email: retirement@firstmid.com
Fidelity Investments Customer Service Call Center	800-343-0860	www.netbenefits.com/sbl
Employee Wellness Program		
SBL Wellness	217-258-2140 or 217-348-2140	
Employee Assistance Program		
SBL Employee Assistance	217-258-4040 or 217-348-4040 866-567-2400 (24 hour line)	
ComPsych Additional Services provided to partner with SBL EAP	866-335-4913 800-697-0353	www.guidanceresources.com App: GuidanceNow/ Koa Foundations Web ID: SBL

Notes

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