2022

Part-Time Employee Benefits Guide

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Benefits That Fit Your Life

At Southwestern Illinois College we value your contributions to our success and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, whether you are single, married, raising a family, or thinking ahead to retirement. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

The benefits in this summary are effective:

January 1, 2022 - December 31, 2022

Who Can You Cover?

WHO IS ELIGIBLE?

Part-time faculty and staff are eligible for the Flex Spending Account and Voluntary benefits included in this guide. Please refer to the enrollment event in your Employee Self Service for detailed options and costs.

In addition, Part-time faculty and staff working at least 30 or more hours per week are eligible for medical benefits according to the Affordable Care Act and are outlined in this overview.

You can enroll yourself and the following family members in our plans, however you will be responsible for 100% of the premium for dependent coverage:

- Your Spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your Civil Union Partner (and his or her eligible dependents).
- Your Children
    - Natural-born children and stepchildren to age 26.
    - Legally adopted children and children placed with you for legal adoption to age 26.
    - Dependent children for whom you or your spouse have been appointed legal guardian to age 26.
    - Children of the employee who are required to be covered by reason of a Qualified Medical Child Support Order (QMCSO), as defined by ERISA § 609a.
    - Disabled children age 26 or older enrolled on the plan prior to reaching age 26 and are disabled prior to age 26, and who are primarily dependent on you, incapable of self-sustaining employment due to disability, and provide documentation of disability status as required by claims administrator within 30 days of reaching age 26.
    - Qualified military personnel until age 30.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for medical coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Domestic Partners.
- Any individual who is covered as an employee of Southwestern Illinois College cannot also be covered as a dependent.

ENROLLMENT PERIODS

Coverage for new employees begins on the date of hire. After that, Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Notify Human Resources within 31 days if you have a qualifying life event and need to make changes to your elections, including adding or dropping dependents outside of Open Enrollment. Life events include (but are not limited to):

- Marriage or divorce
- Change in spouse's employment status
- You or a dependent become eligible for Medicare or Medicaid
- Your dependent ceases to satisfy the dependent eligibility requirements
- Gain / Loss of other group coverage

Words You Need to Know

Health insurance seems to have its own language. You will get more out of your plans if you understand the most common terms, explained below in plain English.

MEDICAL

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA or FSA.

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan normally pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan's out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year; however, usual and customary charges may apply when out-of-network providers are utilized.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Medical – BlueCross BlueShield of Illinois

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

	HDHP / PPO I Plan		PPO II Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Annual Deductible	$3,300 per individual $6,600 family limit	$10,000 per individual $20,000 family limit	$300 per individual $600 family limit	$1,000 per individual $2,000 family limit
Annual Out-of-Pocket Max	$3,300 per individual $6,600 family limit	$13,200 per individual $26,400 family limit	$1,000 per individual $2,000 family limit	$5,000 per individual $10,000 family limit
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit				
Primary Provider	Plan pays 100% after deductible	Plan pays 80% after deductible	$25 copay then plan pays 100%	Plan pays 70% after deductible
Specialist	Plan pays 100% after deductible	Plan pays 80% after deductible	$50 copay then plan pays 100%	Plan pays 70% after deductible
Telemedicine	Plan pays 100% after deductible	Not applicable	$25 copay then plan pays 100%	Not applicable
Preventive Services	Plan pays 100%	Plan pays 80% after deductible	Plan pays 100%	Plan pays 70% after deductible
Chiropractic Care (up to 20 visits per year)	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible
Lab and X-ray	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible
Inpatient Hospitalization	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible
Outpatient Surgery	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible
Urgent Care	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible
Emergency Room	Plan pays 100% after deductible	Plan pays 100% after deductible	$150 copay then plan pays 100% (copay waived if admitted)	$150 copay then plan pays 100% (copay waived if admitted)

Medical, continued

	PPO III Plan	
	In-Network	Out-Of-Network
Annual Deductible	$5,000 per individual $10,000 family limit	$10,000 per individual $20,000 family limit
Annual Out-of-Pocket Max	$6,600 per individual $13,200 family limit	$13,200 per individual $26,400 family limit
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	$35 copay then plan pays 100%	Plan pays 60% after deductible
Specialist	$35 copay then plan pays 100%	Plan pays 60% after deductible
Telemedicine	$35 copay then plan pays 100%	Not applicable
Preventive Services	Plan pays 100%	Plan pays 60% after deductible
Chiropractic Care (up to 20 visits per year)	Plan pays 80% after deductible	Plan pays 60% after deductible
Lab and X-ray	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient Hospitalization	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent Care	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room	$150 copay then plan pays 100% (copay waived if admitted)	$150 copay then plan pays 100% (copay waived if admitted)

Prescription Drugs – Express Scripts

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Here are the prescription drug benefits that are included with our medical plans.

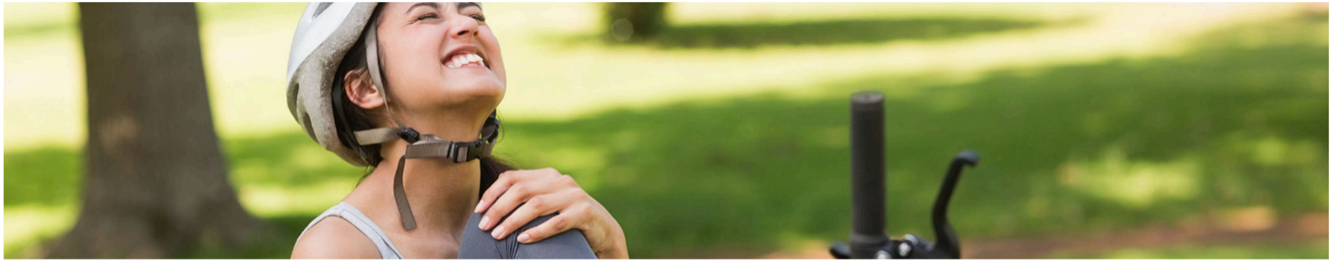
	HDHP / PPO I Plan		PPO II Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Prescription Drug Deductible	Prescriptions subject to medical plan deductible	Prescriptions subject to medical plan deductible	Not applicable	Not applicable
Annual Out-of-Pocket Limit	Prescriptions subject to medical out-of-pocket maximums	Prescriptions subject to medical out-of-pocket maximums	$2,500 per individual $5,000 per family	$2,500 per individual (combined with in-network) $5,000 per family (combined with in-network)
Pharmacy				
Generic	Plan pays 100% after deductible	Plan pays 75% after deductible	$10 copay then plan pays 100%	$10 copay then plan pays 75%
Preferred Brand	Plan pays 100% after deductible	Plan pays 75% after deductible	$40 copay then plan pays 100%	$40 copay then plan pays 75%
Non-preferred Brand	Plan pays 100% after deductible	Plan pays 75% after deductible	$60 copay then plan pays 100%	$60 copay then plan pays 75%
Supply Limit	34 days	34 days	34 days	34 days
Mail Order*				
Generic	Plan pays 100% after deductible	Not covered	$20 copay then plan pays 100%	Not covered
Preferred Brand	Plan pays 100% after deductible	Not covered	$80 copay then plan pays 100%	Not covered
Non-preferred Brand	Plan pays 100% after deductible	Not covered	$120 copay then plan pays 100%	Not covered
Supply Limit	90 days	Not applicable	90 days	Not applicable

Prescription Drugs, continued

	PPO III Plan	
	In-Network	Out-Of-Network
Prescription Drug Deductible	Not applicable	Not applicable
Annual Out-of-Pocket Limit	Prescriptions subject to medical out-of-pocket maximums	Prescriptions subject to medical out-of-pocket maximums
Pharmacy		
Generic	$15 copay then plan pays 100%	$15 copay then plan pays 75%
Preferred Brand	$30 copay then plan pays 100%	$30 copay then plan pays 75%
Non-preferred Brand	$50 copay then plan pays 100%	$50 copay then plan pays 75%
Supply Limit	34 days	34 days
Mail Order*		
Generic	$30 copay then plan pays 100%	Not covered
Preferred Brand	$60 copay then plan pays 100%	Not covered
Non-preferred Brand	$100 copay then plan pays 100%	Not covered
Supply Limit	90 days	Not applicable

**Express Scripts delivers your long term (maintenance) medicines right where you want them. They deliver up to a 90-day supply to the address of your choice within the United States. You can order online or over the phone. Your doctor can text or send your prescription electronically to Express Scripts.*

Getting Care When You Need It Now



WHEN TO USE THE ER

The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life threatening condition that requires immediate attention or treatment that is only available at a hospital.

WHEN TO USE URGENT CARE

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever up to 104°.

WHEN YOU NEED CARE NOW

What do you do when you need care right away, but it's not an emergency? Call the 24/7 Nurseline to help decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor.

- Call 24/7 Nurseline at 800-299-0274

WHEN TO USE TELEHEALTH POWERED BY MDLIVE

PPO members can video chat with a doctor from the comfort of their own homes, without an appointment. MDLIVE's telehealth program provides you and your covered dependents access to care for non-emergency medical and behavioral health needs. Whether you're in a city, a rural area or on a weekend camping trip, you can speak to a doctor immediately to help treat your current condition.

- Call MDLIVE at 888-676-4204
- Visit the website MDLIVE.com/bcbsil

PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change.

Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.

GOING ABROAD?

When you travel overseas and need protection, take your benefits with you.

BlueCross BlueShield Global Core Program is your passport to healthcare around the globe. The program allows you to have access to medical assistance services, doctors and hospitals in more than 200 countries worldwide.

- Call BlueCross BlueShield Global Core Service Center at 1-800-810-2583 (BLUE) or call collect at 1-804-673-1177
- Visit the website bcbsglobalcore.com

Health Savings Account – Benefit Resource Inc.

Do you want to save money on taxes? A Health Savings Account is a tax-advantaged, portable (you own it!) savings account that is offered if you enroll in the High Deductible Health Plan (HDHP / PPO I). You can contribute pre-tax money to your account to save for out-of-pocket healthcare expenses. Any money that you don't spend grows year after year and can be used in the future, even after you retire.

Southwestern Illinois College will be making a company match to your HSA account. For Employee only coverage, SWIC will match your annual pledge, up to $750 and for Family coverage will match your annual pledge up to $1,500.

ANNUAL ACCOUNT CONTRIBUTIONS

	Maximum IRS Limit in 2022	SWIC Contribution Match
Employee	$3,650 including SWIC match	Up to $750
Employee + Family	$7,300 including SWIC match	Up to $1,500
Catch Up Contributions	An additional $1,000 per year at age 55+	

USING YOUR MONEY

You can use your account to pay for qualified medical expenses that are not paid for by your high deductible health plan (HDHP). In general, your HSA can be used for these expenses:

- Medically necessary expenses that are not covered by your health plan including deductibles and coinsurance
- Dental care services
- Vision care services
- Prescription drugs
- Over-the-counter (OTC) medications prescribed by your doctor
- Certain medical equipment

When possible, use your Beniversal HSA debit card, from Benefit Resource, Inc., to pay for expenses. Make sure that you keep records of your receipts and any OTC prescriptions in case the IRS requests them.

ELIGIBILITY

You are not eligible to open or contribute to an HSA account if you are:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare, Medicaid or Tricare
- Someone else's tax dependent

Non-Qualified Expenses

If you use HSA funds for non-qualified expenses before age 65, you will owe a 20% penalty tax PLUS income tax on the withdrawal. After age 65, if you use HSA funds for non-qualified expenses, you will owe income tax only. Visit irs.gov/publications/p502 for details.

Flexible Spending Account – Benefit Resource Inc.

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. And reimbursements from your FSA accounts are tax-free. The catch is that you have to use the money in your account by our plan year's end. Otherwise, that money is lost, so plan carefully. **You must re-enroll in this program each year.** Benefit Resource, Inc. administers this program.

IMPORTANT CONSIDERATIONS

- There's no "crossover" spending allowed between the healthcare and dependent care accounts.
- Expenses must be incurred between 01/01/22 and 12/31/22 and submitted no later than 04/01/23.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- Unused amounts will be lost at the end of the plan year, so it is very important that you plan carefully before making your election.
- FSA funds can be used for eligible expenses incurred by you, your spouse, and your tax dependents only. Your spouse or tax dependent children do not have to be enrolled in a Southwestern Illinois College health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts as proof that your expenses were eligible for IRS purposes.
- Benefit Resource issues a Beniversal Prepaid MasterCard. This allows you to use the FSA funds to pay for eligible expenses at qualified merchants accepting Debit MasterCard.

TAX-FREE HEALTHCARE FSA

Eligible expenses include medical, prescription dental, and vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to $2,750 per year. If you are enrolled in the HDHP / PPO I Plan, you can participate in our **Limited Purpose Healthcare FSA** which covers out-of-pocket vision and dental expenses ONLY.

TAX-FREE DEPENDENT CARE FSA

Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to $5,000 per household for eligible dependent care expenses for the year.

Other Programs – NEW!

EMPLOYEE ASSISTANCE PROGRAM

Perspectives

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through **Perspectives** can support your total well-being, mental, physical, financial and social. They are available to assist you with resolving personal issues. Best of all, it's free.

Common issues in which they offer assistance are alcohol and drug abuse, anger issues, depression, divorce, eating disorders, grief, stress, anxiety, and many more.

Enhanced services are offered which include Worklife Services and Legal/Financial Services. WorkLife services include assistance with daycare, adoption, nursing home care and others. In addition to Worklife Online, you have access to free phone consultations with specialists who can assist you.

Legal/financial services are also available. Whether you are planning for retirement, college, legal battle, debt counseling, Perspectives can provide you with phone access to specialists who can help you understand your options. If you require an attorney, you will be given a referral to their network which includes a free 30 minute consultation and 25% reduction in attorney fees.

Perspectives is available to provide help with personal issues for all employees, their family members and significant others. Their assistance is confidential and is not disclosed to anyone unless you provide written consent or as required by law.

The EAP is available 24/7 and is available over the phone, in person and online. Up to 6 face-to-face sessions are included.

Contact the EAP at anytime:

Just call **(800) 456-6327** or visit www.perspectivesltd.com and enter the username **swic** and password **perspective**

Voluntary Accident Benefit

Accident Insurance is designed to help you pay for unexpected costs that result from an accidental injury. It pays a lump sum of money directly to you if you or one of your covered dependents suffers an accidental injury. This benefit is in addition to and independent of any other benefits you may be eligible for. You can use the money as you wish—to help cover your medical plan deductible and coinsurance, pay for uncovered medical treatment, or use it for your day-to-day living expenses. The plan includes an optional wellness benefit that pays qualified claimants $50 annually just for taking any one of the 26 wellness tests.*

Ambulance	$200 ground, $1,500 air
Blood/Plasma	$200
Burn	Schedule up to $12,500
Coma	$12,500
Concussion	$150
Dental Work	Specific sum $130 - $400
Diagnostic Testing	$200
Dislocation	Schedule up to $4,000
Emergency Room Treatment	$150
Eye Injury	Specific sum $65 - $300
Family Lodging	$125 per day, up to 30 days
Follow-up Treatment	$50 per day, up to 6 visits
Fracture	Schedule up to $5,000
Hospital Admission	$1,200
Hospital Confinement	$250 per day, up to 15 days
Hospital ICU Admission	$2,000
Hospital ICU Confinement	$500 per day, up to 365 days
Laceration	Schedule up to $500
Medical Appliance	$125
Physical Therapy	$35 per visit, up to 10 visits
Prosthesis	One: $750, Two or More: $1,500
Rehabilitation	$150 per day, up to 15 days
Surgery	Schedule up to $1,250
Transportation	$600 per round trip, up to 3 round trips
X-Ray	$50
Accidental Common Carrier Death	$150,000 EE, $150,000 SP, $25,000 CH
Accidental Death	$40,000 EE, $40,000 SP, $12,500 CH
Wellness Benefit	$50 per insured, per year
Are Immunizations covered under wellness benefit?	YES

*Examples of the eligible wellness tests include, mammography, colonoscopy, echocardiogram, pap smear, PSA, fasting blood glucose test, covid-19 screening and more. Please refer to the certificate booklet for further information.

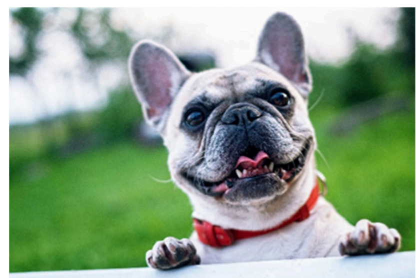
Voluntary Critical Illness

Being diagnosed with a critical illness can be a frightening experience, physically, emotionally and financially. Critical illness insurance can help fill a financial gap if you or one of your covered dependents experience a serious illness such as cancer, heart attack or stroke. Critical illness insurance pays a lump sum of money directly to you if you or one of your covered dependents suffers one of the covered critical illnesses. The plan includes an optional wellness benefit that pays qualified claimants $50 annually just for taking any one of the 26 wellness tests.*

Employee	$5,000 - $20,000 in $5,000 increments
Spouse	$2,500 - $10,000 in $2,500 increments, not to exceed 50% of EE election
Child	$2,500 - $10,000 not to exceed 50% of EE election no additional premium
Guarantee Issue	$20,000 EE, $10,000 SP, ALL CH
Maximum Coverage	Up to 3 times the Critical Illness Maximum
Perpetual	Yes, for new hires and at annual enrollments
Benefit Type	
Benign Brain Tumor	100%
Burns (severe)	100%
Cancer	100%
Carcinoma in Situ	25%
Coma	100%
Coronary Artery Bypass Graft	25%
End Stage Renal Failure	100%
Heart Attack	100%
Loss of Speech, Sight, Hearing	100%
Major Organ Failure	100%
Paralysis	100%
Stroke	100%
Wellness Benefit	$50 per EE/SP, per year
Are Immunizations covered under wellness benefit?	YES

*Examples of the eligible wellness tests include, mammography, colonoscopy, echocardiogram, pap smear, PSA, fasting blood glucose test, covid-19 screening and more. Please refer to the certificate booklet for further information.

Additional Offerings



PET INSURANCE

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. Nationwide provides coverage for this program. There is optional wellness coverage available for an additional cost.

With a Nationwide pet insurance policy you get:

- Vet helpline – 24/7 access
- Use any vet, anywhere, no networks, no pre-approvals
- Same price for pets of all ages - your rate won't increase because your pet had a birthday
- Mobile claim submission with the free VitusVet app
- Discounts on handpicked pet products and services

You can enroll in this program at any time. There are three ways to enroll.

- Visit PetsNationwide.com and enter your company name
- Call 877-738-7874 and state you are an employee of Southwestern Illinois College
- Use the dedicated url that has been created for your company: https://benefits.petinsurance.com/swic

PerkSpot

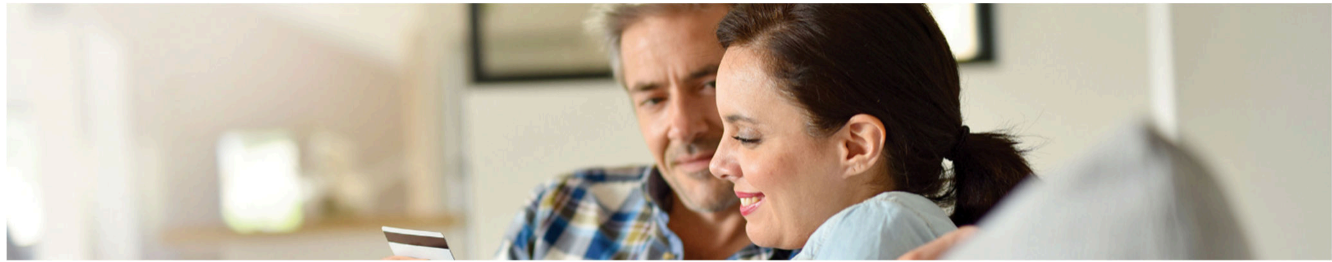
DISCOUNTS – PERKS – FREE ENROLLENT
PerkSpot is your one-stop shopping for discounts and perks including food, entertainment, household items, children's products, car buying, travel, etc. There are over 30,000 national and local offers. There is no cost to enroll in this program and enjoy the various discounts.

PerkSpot also includes two specialty benefits; Auto and Home discounts. You may be able to save up to 15% on auto and home insurance offered through MetLife.

PerkSpot is accessible from smart phones, laptops and computers. Weekly emails are sent with new featured discounts.

A welcome email will be sent to you from PerkSpot. It will include the link, alliantmidwest.perkspot.com, for you to sign up and begin using the discounts available

403(b) Retirement Savings Account - OMNI



403(b) RETIREMENT SAVINGS ACCOUNT

The College makes available to you a retirement savings plan to assist you in planning for your retirement. It is possible for you to supplement your SURS retirement program with a pre-tax investment program. This program is called a section 403(b) retirement savings account. It offers you an excellent opportunity to set money aside for the future without paying taxes right away. There are a number of complex rules pertaining to the tax treatment of 403(b) accounts. Faculty and staff members who choose to participate in the 403(b) program are advised to seek their own tax accounting advice. For 2022, the maximum annual contribution is limited to $20,500. Employees age 50 and above are entitled to make additional contributions of $6,500 per year under the "catch up" provisions.

To participate, you must open an account with an approved investment provider. Then submit a Salary Reduction Agreement (SRA) form which can be found on OMNI's website. A copy of the form, as well as instructions for submitting the form, can be found on the Benefits Infoshare page.

For additional information regarding the 403(b) retirement savings plan, please review the informational flyer on the Benefits Infoshare page.

U.S. OMNI administers the plan and is available to answer questions at (877) 544-6664 or visit www.omni403b.com.

Cost of Coverage

HDHP PPO I Plan	Your Cost Per Month
Employee Only	$817.07
Family	$2,532.92

PPO II Plan	Your Cost Per Month
Employee Only	$915.87
Family	$2,839.17

PPO III Plan	Your Cost Per Month
Employee Only	$103.14
Family	$2,335.08

Costs are monthly and rounded to the nearest cent.

Voluntary Accident Plan	Your Cost Per Month
Employee Only	$11.92
Employee + Spouse	$19.73
Employee + Child(ren)	$23.01
Family	$36.09

Voluntary Critical Illness Plan		
Rate Basis	Attained Age	
Monthly Rate for $1,000 Benefit	10 year age brackets	
	Employee	Spouse
Below 30	$0.419	$0.638
30 - 39	$0.644	$0.884
40 - 49	$1.222	$1.481
50 - 59	$2.429	$2.703
60 - 64	$4.023	$4.300
65+	$6.102	$6.560

Dependent child(ren) rates per $1,000: $0.224

Benefit Provider Customer Service List

If you need to reach our plan providers, here is their contact information:

Provider	Plan Type	Phone Number	Website
BlueCross BlueShield of Illinois	Medical	1-800-828-3116	www.bcbsil.com
BRi Benefit Resource, Inc.	HSA & FSA	1-800-473-9595	www.benefitresource.com
EXPRESS SCRIPTS®	Prescription Drug	1-833-715-0942	www.expresss-scripts.com
Perspectives®	Employee Assistance Program (EAP)	1-800-456-6327	www.perspectivesltd.com
BlueCross BlueShield of Illinois	Voluntary Products	1-800-367-6401	www.bcbsil.com/ancillary/employees
US OMNI	Retirement Savings	1-877-544-6664	www.omni403b.com
Nationwide®	Pet Insurance	1-877-738-7874	https://benefits.petinsurance.com/swic
PerkSpot	Discount Program	n/a	Alliantmidwest.perkspot.com

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available on the HR – Benefits Infoshare page and include:

- Medicare Part D Notice
  Describes options to access prescription drug coverage for Medicare eligible individuals.
- Women's Health and Cancer Rights Act
  Describes benefits available to those that will or have undergone a mastectomy.
- Newborns' and Mothers' Health Protection Act
  Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- HIPAA Notice of Special Enrollment Rights
  Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- HIPAA Notice of Privacy Practices
  Describes how health information about you may be used and disclosed.
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
  Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

Summary Plan Descriptions

A Summary Plan Description (SPD) is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following Summary Plan descriptions are available on the HR – Benefits Infoshare page:

- HDHP / PPO I Plan
- PPO II Plan
- PPO III Plan

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available on the HR – Benefits Infoshare page:

- HDHP / PPO I Plan
- PPO II Plan
- PPO III Plan

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources at (618) 222-5254.

Notes

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