

2021

BENEFITS

guide



St. Charles
HEALTH SYSTEM

This guide highlights the various options available to you as a benefit-eligible caregiver and provides information to help you make well-informed decisions about your health. When you make healthy lifestyle choices and seek care as a wise consumer you can reduce your out-of-pocket costs and improve your health.

We encourage you to read the information contained in this guide and determine which benefit choices best suit the needs of you and your family.

The information contained in this benefit guide is meant to provide an overview of your benefit options. This document does not include all plan rules and details, including limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this benefit guide and the legal plan documents, the plan documents are the final authority. Please see the [Health Plan Administration](#) page on CaregiverNet for complete plan documents.

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CAREGIVER SUPPORT

We appreciate your commitment to our patients and each other. While you care for our patients, please also remember how important self-care is. We want to remind you of Caregiver resources available:

Caregiver Assistance Program (CAP):

The St. Charles Outpatient Behavioral Health team offers confidential counseling services to caregivers to help with personal, family and work-related issues. Call 541-706-2768 for appointments.

Employee Assistance Program (EAP):

Unum's Employee Assistance Program provides confidential help for stress, depression, addiction, legal questions, family relationships, parenting, grief and more. Call 1-800-854-1446 or go online to www.unum.com/lifebalance.

Caregiver Support:

Detailed resources for you and your family, including helpful hints on staying healthy, a virtual gratitude wall, tips for working at home, and so much more. Please visit the CaregiverNet [site](#) for more information.

VIRTUAL BENEFIT INFORMATION

ALEX



St. Charles wants to help you make the best benefit choices for you and your family. With that in mind – meet Alex, the virtual benefits counselor. Alex keeps the benefit-selection process light and easy with refreshingly understandable English (no insurance-talk) and personalized guidance. Alex is available at: www.myalex.com/StCharlesHealthSystem

ST. CHARLES 2021 CAREGIVER BENEFITS

As part of the virtual benefits information available for 2021, an online guide with voiceover is available to assist Caregivers with their benefit decisions. The online material is designed to allow you to understand the 2021 benefits available at your own pace and at a time convenient for you. You can view the presentation [here](#). Please note, you will need to use one of the following Web browsers:

- o Chrome
- o Firefox 64 bit
- o Edge
- o Safari

Note: Internet explorer is not supported.

Once you've hit play , either click on a topic box or use the arrows at the bottom of the presentation to navigate along the path. The house icon  on the far middle-right of the screen will return you to the home page.

WHAT'S NEW FOR 2021

HSA/FSA MAXIMUMS INCREASING

The IRS has raised the HSA and FSA contribution maximums. The 2021 HSA maximum is \$3,600 for individuals and \$7,200 for family. The 2021 FSA and LPFSA maximum is \$2,750. The amount of your FSA or LPFSA you are allowed to roll over from 2020 to 2021 is increasing to \$550.

CRITICAL ILLNESS FINANCIAL PROTECTION

If you are enrolled and diagnosed with a covered condition, you will receive a lump sum cash benefit, and can use the money however you see fit. You can enroll in \$10,000, \$20,000 or \$30,000 of coverage with no medical questions if you apply during annual open enrollment. Enrolled Spouse and Children will be covered at 50% of the Caregiver coverage amount. Child coverage automatically included with Caregiver coverage at no additional cost (live birth to age 26).

VOLUNTARY TERM LIFE

All Benefit Eligible Caregivers and eligible dependents will have the opportunity during annual enrollment to enroll for the first time, or increase current coverage amounts up to the Guarantee Issue Limit(s) as described in the plan. The Guarantee Issue Limit is the amount of coverage you can enroll up to without providing evidence of insurability (unless previously declined by Unum).

CHANGES AND UPDATES TO BENEFITS IN RESPONSE TO COVID-19

As part of St. Charles' response to the COVID-19 pandemic, the following changes were implemented during 2020 and unless circumstances dictate otherwise, will carry forward for 2021:

- **COVID-19 Testing:** Plan cost shares are waived for all three medical plans on all Tiers for COVID-19 testing and the related provider visit.
- **COVID-19 Treatment:** Plan cost shares are waived on all three medical plans for Tier 1 and Tier 2 COVID-19 treatment. Tier 3 services remain subject to plan cost shares.
- **Prescription Mail Order Cost Shares:** Mail order cost shares have been reduced on the PPO Prime and Select plans. No changes were made to the mail order cost shares for the CDHP plan, as the benefits are percentage based.
- **Preventive Dental Visits:** The requirement for a preventive dental visit in order to maintain level of benefits is waived for 2020 only. If a preventive visit was not provided during 2020, benefit levels will not drop in percentage in 2021.
- **Over-the-Counter Medications for FSA and HSA Fund Use:** The CARES Act has expanded use for Health Care Flexible Spending Account (FSA) and Health Savings Account (HSA) funds. Retroactive to January 1, 2020 (or eligibility date if after 1/1/2020), you are allowed to use the funds in your FSA or HSA accounts to purchase over-the-counter medications and menstrual products. For more information, see the full [announcement](#) on the Health Plan Administration Web page.
- **Deadlines for Certain Services Extended Due to the National Emergency:** Based on guidance from the Employee Benefits Security Administration (EBSA) and the Internal Revenue Service (IRS), deadlines for certain benefit related services have been extended until the National Emergency is officially lifted. See the full [announcement](#) on the Health Plan Administration Web page.

2021 FAQs

Where do I complete my Open Enrollment changes?

All Open Enrollment changes, enrollments and re-enrollments will be completed through Workday. Please go to <https://www.myworkday.com/stcharles/d/home.html> and navigate to your Workday inbox to complete your Open Enrollment task. Open Enrollment is available in the Workday mobile app as well. Included in the Open Enrollment event is the ability to add or change coverage under the Unum voluntary benefits.

Can I change my benefits outside of our annual benefit open enrollment?

You may make changes to the contributions to your health savings account (HSA) or 403(b) retirement plan at any time. For your other benefits, you may only change your elections at our next open enrollment in the fall for a January 1st change date. The only exception is if you experience a qualified change in family status such as marriage, divorce, birth or placement of a child for adoption, or a change in work status (yours or your family members). In most cases, you have 30 days from the date of the qualifying event to update your benefit elections in Workday. Contact Human Resources if you have questions.

What happens if I have a Flexible Spending Account in 2020 but would like to enroll in the CDHP for 2021?

Now you may rollover \$550 of your health care FSA to a Limited purpose Health Care FSA and still receive your St. Charles HSA contributions (please note anything above the \$550 FSA amount will be lost if not reimbursed by 12/31/20).

What happens if I have the Select PPO with HRA in 2020 but would like to enroll in another plan for 2021?

HRA funds are ONLY available while participating in the St. Charles Select PPO plan. All HRA funds would be forfeited if moving to Prime PPO or CDHP plans.

What if I don't use up all of my Flexible Spending Account funds by the end of 2020?

There is a carryover feature – you can rollover up to \$550 of your health care FSA balance from one plan year to the next, reducing the risk of losing your contributions. The rollover will continue indefinitely until the FSA is depleted or end of employment. The money carried over does not affect the maximum election in the following year. Caregivers will need to make sure that if any expenses were incurred by the last day of the plan year; their claims must be submitted no later than the claims runout period of the following year.

However, the rollover does NOT apply to the dependent care FSA. Caregivers must use up all 2020 dependent care funds by 12/31/20.

HIGHLIGHTS

The table below provides an overview of your benefits. The following pages provide additional details to help you make decisions about benefits that best fit you and your family. Please review the St. Charles Health System Summary Plan Descriptions and insurance contracts and booklets for a complete description of all aspects of our benefit plans.

BENEFIT	DESCRIPTION	COST AND CONTRIBUTIONS	ACTION YOU NEED TO TAKE
Health (Medical/ Pharmacy Benefit)	<ul style="list-style-type: none"> Choice of three medical and pharmacy benefit plans – with health accounts to help you pay for health care expenses 	<ul style="list-style-type: none"> You pay a share of the cost and SCHS pays the rest Your cost depends on the medical plan elected 	<ul style="list-style-type: none"> Enroll within 30 days of eligibility
Doctor on Demand	<ul style="list-style-type: none"> Virtual physician office visits for those enrolled in a SCHS medical plan Includes both physical and mental health visits 	<ul style="list-style-type: none"> Your cost or copay depends on the medical plan elected 	<ul style="list-style-type: none"> Download the Doctor on Demand app to your smartphone or visit their website to complete your profile (required prior to your first visit)
Vision	<ul style="list-style-type: none"> Choice of two vision plans 	<ul style="list-style-type: none"> You pay a share of the cost and SCHS pays the rest 	<ul style="list-style-type: none"> Enroll within 30 days of eligibility
Dental	<ul style="list-style-type: none"> Dental benefits that include orthodontia 	<ul style="list-style-type: none"> You pay a share of the cost and SCHS pays the rest 	<ul style="list-style-type: none"> Enroll within 30 days of eligibility
Accounts to pay for eligible expenses	<ul style="list-style-type: none"> Health Care Flexible Spending Account (HCFA) Limited Purpose Health Care FSA (LPFSA) Dependent Care FSA (DCFSA) Health Savings Account (HSA) Health Reimbursement Account (HRA) 	<ul style="list-style-type: none"> You fund FSAs with pre-tax payroll contributions SCHS will contribute to your HSA or HRA; you may also contribute to your HSA with pre-tax payroll contributions 	<ul style="list-style-type: none"> Enroll in FSAs within 30 days of eligibility Enrollment in CDHP required to receive HSA contributions. You may elect or update your HSA contribution amount at any time. Enrollment in the Select PPO plan required to be eligible to receive HRA contributions.
Engage for Health Wellness Program	<ul style="list-style-type: none"> Resources and benefits available to caregivers, family and friends to aide in the maintenance or improvement of their health and well-being. 	<ul style="list-style-type: none"> Participation is at no cost to you and voluntary Caregivers and spouses enrolled under a St. Charles medical health plan may receive an annual monetary reward by earning points throughout the year for both outcomes-based and participation-based criteria 	<ul style="list-style-type: none"> New participants: Visit http://www.engageformyhealth.org to create your Engage for Health portal account The following requirements must be met each year in order to remain eligible to earn a monetary reward: <ul style="list-style-type: none"> Remain enrolled under a St. Charles medical health plan through Dec. 31 Complete an annual health screening between August and October Complete the wellness assessment questionnaire by Nov. 30
Disability Insurance	<ul style="list-style-type: none"> Short Term Disability (STD) – provides income replacement in the event you are disabled and unable to work. Long Term Disability (LTD) – provides income replacement in the event you are disabled and unable to work for an extended period of time 	<ul style="list-style-type: none"> SCHS provides both STD and LTD insurance at no cost to you 	<ul style="list-style-type: none"> No action is required; you are automatically enrolled on the first of the month after 90 days of benefit eligible employment

Life and Accidental Death and Dismemberment Insurance	<ul style="list-style-type: none"> • Basic Life Insurance – pays benefits to your designated beneficiary in the event of death • Basic Accidental Death and Dismemberment (AD&D) – pays benefits to your designated beneficiary in the event of an accident related death or injury • Voluntary Term Life Insurance – allows you to purchase term life insurance for yourself, your spouse and/or children through the convenience of payroll deduction • Whole Life Insurance – allows you to purchase whole life insurance for yourself, your spouse and/or children and grandchildren through the convenience of payroll deduction. Can accumulate cash value and premiums never change once you enroll 	<ul style="list-style-type: none"> • SCHS provides Basic Life and AD&D insurance at no cost to you • You may purchase Voluntary Term Life or Whole Life insurance for yourself and your eligible family members 	<ul style="list-style-type: none"> • Designate a beneficiary for your Basic Life and AD&D insurance • Enroll for Voluntary or Whole Life for yourself and your eligible family members within 30 days of eligibility and designate a beneficiary. • You may be eligible to enroll at a later date, but you will be required to prove good health through evidence of insurability and be approved by the insurance company
Voluntary Benefits	<ul style="list-style-type: none"> • Airlink Program – provides air evacuation of critically ill or injured caregivers and their household members • Critical Illness Insurance – provides a benefit if you have a covered illness • Hospital Indemnity Insurance – provides a benefit if you or your enrolled dependent is hospitalized • Accident Insurance – provides a benefit for covered injuries and accident-related expenses. Coverage can be either individual or family. 	<ul style="list-style-type: none"> • Full and Part time caregivers enrolled in a medical plan may elect Airlink coverage. • You may purchase the other coverages 	<ul style="list-style-type: none"> • Enroll for coverage within 30 days of eligibility
Employee Assistance Plan	<ul style="list-style-type: none"> • Provides short term counseling support for you and your family 	<ul style="list-style-type: none"> • Coverage for you and your eligible family members is provided by SCHS at no cost to you 	<ul style="list-style-type: none"> • No action required
Retirement Benefits	<ul style="list-style-type: none"> • 403(b) Plan – You can contribute to a tax-deferred retirement savings account. SCHS will match your contributions up to 6% of compensation after one year of employment (if you are in a benefit eligible position) and attainment of age 18 	<ul style="list-style-type: none"> • You will be automatically enrolled for 6% of compensation 	<ul style="list-style-type: none"> • You may enroll at any time. If you do not enroll or opt out within 90 days you will be automatically enrolled for 6% of compensation. You can change your contributions at any time.
Additional Benefits	<ul style="list-style-type: none"> • Worldwide Emergency Travel Assistance Program – help with emergencies when you travel 100 or more miles from home • Life Planning and Financial and Legal Resources – Life planning services for those who are terminally ill • UNUM Caregiver Assistance Program 	<ul style="list-style-type: none"> • SCHS provides at no cost to you 	<ul style="list-style-type: none"> • No action required

MEDICAL AND PHARMACY BENEFITS

Medical and Pharmacy benefits are administered by First Choice Health and CVS Caremark. You have a choice of three health plans to cover yourself and your eligible family members. Each option provides comprehensive medical benefits, coverage for prescription drugs, and free preventive care. An in-network provider is one who is either in the SCHS PPO or Select PPO network, or the First Choice Health PPO network.

Not every plan is right for everyone, so carefully review the details of the three plan options. Consider the total cost of healthcare, including your payroll deductions, and how much you will pay out-of-pocket when you need healthcare. Think about how much healthcare you and your family members use, including doctor visits, pharmacy and any anticipated health care services (like surgery, maternity, etc.). This will help you decide how much you may need to save for future healthcare needs.

If you take prescription drugs, keep in mind that if you choose the CDHP you are responsible for 100% of the cost of your medications until you meet your deductible. Also keep in mind that if you cover more than one person on the CDHP you have to meet the family deductible before the CDHP begins to pay, for any services other than preventive care (additional special guidelines for COVID-19 testing and treatment). This means that either one or all covered individuals must together meet the \$2,800 family deductible prior to the CDHP making any payment for services.

WHICH PLAN IS RIGHT FOR ME?

SCHS offers you three separate health plans to choose from. The plans have similarities and differences targeted to meet the needs of you and your family. All plans cover preventive care at 100% in network, and you will have better benefits if you use the services of a SCHS PPO Provider for the CDHP or Prime PPO plan, or Select PPO provider for the Select PPO plan.

CAREGIVER DIRECTED HEALTH PLAN (HSA)	PRIME PPO PLAN	SELECT PPO PLAN HRA
Premium: \$\$ Deductible: \$\$	Premium: \$\$\$ Deductible: \$	Premium: \$ Deductible: \$\$\$
Good choice if: <ul style="list-style-type: none"> You prefer a higher deductible plan while paying less per pay period You would like to plan for the future by opening a Health Savings Account with pre-tax dollars and you like that you own the account You want coverage for weight loss surgery or alternative care including acupuncture, massage and chiropractic 	Good choice if: <ul style="list-style-type: none"> You like a lower deductible and are willing to pay more per pay period You prefer predictable office visit and prescription drug copays You want coverage for weight loss surgery or alternative care including acupuncture, massage and chiropractic 	Good choice if: <ul style="list-style-type: none"> You don't have a lot of healthcare needs and you are comfortable with a high deductible plan with low payroll deductions You like that the high deductible is offset by the health reimbursement account dollars You prefer predictable office visit and prescription drug copays You are fine without coverage for weight loss surgery, TMJ services, or alternative care including acupuncture, massage and chiropractic You are comfortable with the provider choices in the more restrictive Tier 1 Select PPO network

**CAREGIVER DIRECTED
HEALTH PLAN (CDHP)**

PRIME PPO PLAN

SELECT PPO PLAN

SCHS Health Fund Contribution	Health Savings Account (HSA)			None			Health Reimbursement Account (HRA)		
Annual Basic Contributions	Caregiver Only: \$800 Caregiver and Spouse or Family: \$1,600 Caregiver and Child(ren): \$2,100 Note: HSA contributions for those who work fewer than 60 hours per pay period are half those listed			None			Caregiver Only: \$1,800 Caregiver and Spouse or Family: \$2,400 Caregiver and Child(ren): \$2,900		
Annual Engage for Health Reward (All enrolled caregivers and spouses are eligible; all contributions paid at the beginning of the year following completion of required tasks from the prior year)	Up to \$500 for caregiver and additional \$500 for spouse			Up to \$500 for caregiver and additional \$500 for spouse			Up to \$500 for caregiver and additional \$500 for spouse		
Benefit Category	Tier 1 – SCHS PPO	Tier 2 – First Choice Health PPO	Tier 3 - Out-of-Network	Tier 1 – SCHS PPO	Tier 2 – First Choice Health PPO	Tier 3 - Out-of-Network	Tier 1 – SCHS Select PPO	Tier 2 – First Choice Health PPO	Tier 3 - Out-of-Network

CALENDAR YEAR DEDUCTIBLE*

Individual	Individual Only: \$1,400	\$500	\$750	\$1,000	\$4,000	\$5,000	\$7,500
Family	Caregiver plus one or more family members: \$2,800	\$1,500	\$2,250	\$3,000	\$8,000	\$10,000	\$15,000

CALENDAR YEAR OUT OF POCKET MAXIMUM*

Calendar Year Out-of-Pocket Maximum (includes deductible)*	Includes deductible, coinsurance and pharmacy copayments			Includes deductible, coinsurance and copayments			Includes deductible, coinsurance and copayments		
	Individual (includes individual deductible)	\$2,600*	\$4,900*	\$7,400*	\$3,000	\$5,000	\$8,000	\$6,500	\$7,900
Individual with family (includes family deductible)	\$4,000*	\$6,300*	\$8,800*	NA	NA	NA	NA	NA	NA
Family (includes family deductible)	\$6,400	\$12,700	\$20,800	\$9,000	\$13,200	\$24,000	\$13,000	\$15,800	\$26,000
Preventive Care	100%, deductible waived	100%, deductible waived	50% after deductible	100%, deductible waived	100%, deductible waived	50% after deductible	100%, deductible waived	100%, deductible waived	50% after deductible

PHYSICIAN OFFICE VISITS

Primary Care Physician	80% after deductible	70% after deductible	50% after deductible	100% after \$15 copay per visit, deductible waived	100% after \$35 copay per visit, deductible waived	50% after deductible	100% after \$25 copay per visit, deductible waived	100% after \$60 copay per visit, deductible waived	50% after deductible
Specialist	80% after deductible	70% after deductible	50% after deductible	100% after \$25 copay per visit, deductible waived	100% after \$50 copay per visit, deductible waived	50% after deductible	100% after \$50 copay per visit, deductible waived	100% after \$100 copay per visit, deductible waived	50% after deductible
Inpatient/Outpatient Facility	80% after deductible	70% after deductible	50% after deductible	80% after deductible	70% after deductible	50% after deductible	80% after deductible	70% after deductible	50% after deductible
Inpatient/Outpatient Professional	80% after deductible	70% after deductible	50% after deductible	80% after deductible	70% after deductible	50% after deductible	80% after deductible	70% after deductible	50% after deductible
Diagnostic Testing (Non-routine lab and radiology services) <i>Pre-authorization required for PET scans and spinal MRI's</i>	80% after deductible	70% after deductible	50% after deductible	80% after deductible	70% after deductible	50% after deductible	80% after deductible	70% after deductible	50% after deductible
Urgent Care	80% after deductible	80% after deductible	80% after deductible	100% after \$15 copay per visit, deductible waived	100% after \$50 copay per visit, deductible waived	50% after deductible	100% after \$25 copay per visit, deductible waived	100% after \$60 copay per visit, deductible waived	50% after deductible
Emergency Room (inside United States)	80% after deductible	80% after deductible	80% after deductible	100% after \$100 copay per visit, deductible waived			100% after \$300 copay per visit, deductible waived		
Acupuncture, Massage Therapy and Chiropractic Care	No providers in tier 1	100% after deductible	50% after deductible	No providers in tier 1	100% after \$25 copay per visit, deductible waived	50% after deductible	Not Covered		
	Limited to \$1,500 per calendar year, combined			Limited to \$1,500 per calendar year, combined					

PHARMACY BENEFITS

	SCHS Community Pharmacy	CVS Caremark Retail Pharmacy	CVS Caremark Mail Order Pharmacy	SCHS Community Pharmacy	CVS Caremark Retail Pharmacy	CVS Caremark Mail Order Pharmacy	SCHS Community Pharmacy	CVS Caremark Retail Pharmacy	CVS Caremark Mail Order Pharmacy
Maximum Days Supply	30 Days; 90 days for 2.5 times copays	30 Days	90 Days; 30 days for specialty	30 Days; 90 days for 2.5 times listed copays	30 Days	90 Days for 2 times copays; 30 days for specialty	30 Days; 90 days for 2 times copays	30 Days	90 Days for 2 times copays; 30 days for specialty
Medical Deductible Applies?	Yes	Yes	Yes	No	No	No	No	No	No
Generic**	100% after \$5 copay	80%	80%	100% after \$5 copay	100% after \$10 copay	100% after \$20 copay	100% after \$5 copay	100% after \$10 copay	100% after \$20 copay
Preferred Brand	100% after \$20 copay	80%	80%	100% after \$30 copay	100% after \$40 copay	100% after \$80 copay	100% after \$30 copay	100% after \$40 copay	100% after \$80 copay
Non-Preferred Brand	100% after \$40 copay	80%	80%	100% after \$50 copay	100% after \$60 copay	100% after \$120 copay	100% after \$50 copay	100% after \$60 copay	100% after \$120 copay
Specialty Medications	100% after \$100 copay	80%	80%	100% after \$100 copay	100% after \$150 copay	100% after \$150 copay	100% after \$100 copay	100% after \$150 copay	100% after \$150 copay

*Deductibles and out-of-pocket maximums cross accumulate between network tiers.

**Generics are required for medications with a generic alternative. If a brand is dispensed the patient will pay the brand copay and the difference in cost between the brand and the generic. If there is a valid medical reason for the brand drug, you may appeal to CVS Caremark and if approved, the penalty will be waived.

WHICH PROVIDER NETWORK IS RIGHT FOR ME?

You have many options for care with any of the three health benefit plans. Your lowest out-of-pocket costs will always be when you use the providers that are part of our Tier 1 networks. The CDHP and Prime PPO plans have a broader Tier 1 network, with the Select PPO using a narrower network of St. Charles providers and our direct partners. The network you choose will drive your cost – deductibles, coinsurance, copays and out of pocket maximums. Any care provided by a Tier 1 or 2 provider means you will not be billed for balances beyond any deductible, copay or coinsurance for covered services. Here is a brief description of the three network Tiers:

Tier 1 – CDHP and Prime PPO \$

SCHS and other contracted providers:

This includes SCHS employed providers, SCHS owned facilities and select additional providers in the community to round out the network. There are no alternative care providers in the tier 1 network.

Tier 1 –Select PPO \$

SCHS and our direct partners:

This includes SCHS employed and affiliated providers and SCHS owned facilities. This is a smaller Tier 1 network than the SCHS PPO network for the CDHP and Prime PPO plans. There are no alternative care providers in the Tier 1 network.

Tier 2 – First Choice Health Network PPO \$\$

Providers who are contracted as preferred with [First Choice Health Network](#) in their service area, and First Health Network outside the FCH network service area. This Tier also includes alternative care providers.

Tier 3 – Out-of-Network Providers \$\$\$

Providers who are not contracted with either SCHS or First Choice Health.

More costly than SCHS or First Choice Health preferred providers.

You may be billed by the out-of-network provider for balances beyond any deductible or coinsurance that are deemed by the Plan to be greater than a similar provider's usual and customary charges. This is referred to as "balance billing".

Receiving care away from home

You have access to Tier 2 preferred providers when you are traveling outside of the SCHS and First Choice service areas. This is through the First Health PPO network. Visit the [First Health](#) website to find an out of area provider.

2021 ST. CHARLES HEALTH SYSTEM HEALTH PLAN PAYROLL DEDUCTIONS

An important part of your decision as to which medical plan to select is how much you will have to pay in payroll deductions. While St. Charles pays a very high percentage of the cost for all three plans, you will notice that there is a significant difference in what you pay based on the overall cost of each plan. Following are your per pay period (based on 26 pay periods) cost for each of our three medical plan options. Payroll deductions do vary by your employment status of full-time or one of our three part-time tiers.

What you pay per pay period – Caregivers:

	CAREGIVER DIRECTED HEALTH PLAN (HSA)	PRIME PPO PLAN	SELECT PPO PLAN (HRA)
FULL-TIME: 72 TO 80 HOURS PER PAY PERIOD			
Caregiver Only	\$36.11	\$72.81	\$4.95
Caregiver + Spouse	\$99.18	\$178.77	\$43.66
Caregiver + Family	\$139.67	\$246.81	\$55.30
Caregiver + Child(ren)	\$98.76	\$178.07	\$39.10
PART-TIME 1: 60 TO 71 HOURS PER PAY PERIOD			
Caregiver Only	\$36.11	\$72.81	\$42.92
Caregiver + Spouse	\$146.48	\$242.35	\$158.74
Caregiver + Family	\$217.34	\$351.20	\$207.04
Caregiver + Child(ren)	\$145.75	\$241.22	\$142.21
PART-TIME 2: 48 TO 59 HOURS PER PAY PERIOD			
Caregiver Only	\$126.40	\$194.17	\$114.46
Caregiver + Spouse	\$299.83	\$448.48	\$293.76
Caregiver + Family	\$411.18	\$611.76	\$360.64
Caregiver + Child(ren)	\$298.68	\$446.79	\$263.39
PART-TIME 3: 40 TO 47 HOURS PER PAY PERIOD			
Caregiver Only	\$162.51	\$242.71	\$143.08
Caregiver + Spouse	\$335.94	\$497.02	\$325.56
Caregiver + Family	\$447.29	\$660.30	\$389.25
Caregiver + Child(ren)	\$334.79	\$495.33	\$292.01

*Please note that if you are paid semi-monthly, your per pay period deduction amounts will not match the above, as they will be adjusted to reflect your 24 pay period schedule.

What St. Charles pays per pay period:

	CAREGIVER DIRECTED HEALTH PLAN (HSA)	PRIME PPO PLAN	SELECT PPO PLAN (HRA)
FULL-TIME: 72 TO 80 HOURS PER PAY PERIOD			
Caregiver Only	\$325.02	\$412.61	\$313.00
Caregiver + Spouse	\$577.28	\$730.50	\$551.92
Caregiver + Family	\$739.25	\$934.59	\$718.53
Caregiver + Child(ren)	\$575.61	\$728.39	\$554.64
PART-TIME 1: 60 TO 71 HOURS PER PAY PERIOD			
Caregiver Only	\$325.02	\$412.61	\$275.03
Caregiver + Spouse	\$529.98	\$666.92	\$436.84
Caregiver + Family	\$661.58	\$830.20	\$566.79
Caregiver + Child(ren)	\$528.62	\$665.24	\$451.53
PART-TIME 2: 48 TO 59 HOURS PER PAY PERIOD			
Caregiver Only	\$234.74	\$291.25	\$203.49
Caregiver + Spouse	\$376.63	\$460.79	\$301.82
Caregiver + Family	\$467.74	\$569.64	\$413.19
Caregiver + Child(ren)	\$375.69	\$459.67	\$330.35
PART-TIME 3: 40 TO 47 HOURS PER PAY PERIOD			
Caregiver Only	\$198.62	\$242.71	\$174.84
Caregiver + Spouse	\$340.52	\$412.25	\$270.02
Caregiver + Family	\$431.62	\$521.10	\$384.57
Caregiver + Child(ren)	\$339.58	\$411.12	\$301.73

HOW TO DECIDE?

How do you ultimately decide which plan to select? Once you consider the differences in network, how the CDHP works (particularly for medications) and how much healthcare you usually use, or are anticipating, typically your decision comes down to minimizing what comes out of your pocket if you have some expensive healthcare needs. Here is a quick outline of the financial differences for each plan based on deductible, SCHS contributions into the HSA or HRA, care provided by Tier 1 providers, and your payroll deductions.

Please note that the payroll deductions in this example are based on Full Time premiums.

Scenario 1 – coverage is caregiver only

	CAREGIVER DIRECTED HEALTH PLAN (HSA)	PRIME PPO PLAN	SELECT PPO PLAN (HRA)
Annual Deductible	\$1,400	\$500	\$4,000
SCHS dollars into an account*	\$800	\$0	\$1,800
Balance of deductible to meet after applying account monies	\$600	\$500	\$2,200
Annual Payroll deductions	\$938.86	\$1,893.06	\$128.70
How the PR deductions compare with the Prime PPO Plan	-\$954.20	Same	-\$1,764.36
How the PR deductions compare with the CDHP Plan	Same	+\$954.20	-\$810.16

Scenario 2 – coverage is caregiver and family

	CAREGIVER DIRECTED HEALTH PLAN (HSA)	PRIME PPO PLAN	SELECT PPO PLAN (HRA)
Annual Deductible	\$2,800	\$500 per individual, but no more than \$1,500 for all family members combined	\$4,000 per individual, but no more than \$8,000 for all family members combined
SCHS dollars into an account*	\$1,600	None	\$2,400
Balance of deductible to meet after applying account monies	\$1,200	If three individuals in the family met the deductible: \$1,500; If two individuals in the family met the deductible: \$1,000	If two individuals in the family met the deductible: \$5,600; If one individual in the family met the deductible: \$1,600
Annual Payroll deductions	\$3,631.42	\$6,417.06	\$1,437.80
How the PR deductions compare with the Prime PPO Plan	-\$2,785.64	Same	-\$4,979.26
How the PR deductions compare with the CDHP Plan	Same	+\$2,785.64	-\$2,193.62

TAX-FREE ACCOUNTS

WAYS TO HELP YOU PAY FOR YOUR OUT-OF-POCKET EXPENSES

SCHS offers a choice of three medical plans designed to provide for you and your family's health care needs. For 2021 we will continue our partnerships with Fidelity for our Health Savings Account and Navia Benefit Solutions for our Health Reimbursement and Flexible Spending Accounts. Each plan can be paired with a different type of tax-free account to help manage your out-of-pocket expenses.

1. Caregiver Directed Health Plan (CDHP): paired with an HSA and an optional Limited Purpose FSA and/or Dependent Care FSA.
2. Prime PPO Plan: paired with an optional Healthcare Flexible Spending Account and/or Dependent Care FSA.
3. Select PPO Plan: paired with an HRA and an optional Healthcare Flexible Spending Account and/or Dependent Care FSA.

FLEXIBLE SPENDING ACCOUNTS (FSA)

It's easy to save with a SCHS FSA:

No matter which SCHS medical plan you choose, you might also consider enrolling in one of our three FSA plans. Enrollment in an FSA is always optional. Use the FSA healthcare accounts for out-of-pocket expenses like deductibles, copays, dental and vision expenses and much more. Visit the [Navia](#) website for a complete listing of eligible expenses. The dependent care account is for eligible child or eldercare expenses for your tax dependents whose care is needed to enable you or your spouse to work or attend school full-time. You fund your FSA accounts through pre-tax payroll deductions.

SCHS offers three types of FSAs:

1. **Healthcare Flexible Spending Account (FSA)**: also known as a medical FSA. This FSA allows you to elect up to \$2,750 for the calendar year to pay for qualified health care expenses. This includes medical, prescription, dental or vision. You can select this FSA with either PPO plan or if you waive medical plan coverage completely. If you select this FSA you will receive a debit card pre-loaded with your annual election.
2. **Healthcare Limited Purpose Flexible Spending Account (LPFSA)**: You can elect up to \$2,750 for the calendar year to pay for qualified dental or vision expenses in the LPFSA. If you enroll in the CDHP you can enroll in this plan, but you **can only use the funds to pay for dental or vision expenses**.
3. **Dependent Care Flexible Spending Account (DCFSA)**: This account allows you to elect up to \$5,000 for the calendar year to pay for qualified dependent care expenses that allow you and your spouse to work or attend school full-time. These funds can be used to pay for daycare for your children under the age of 13 or adult daycare for a disabled tax-dependent (like your spouse or parent). These funds are not to pay for your dependent's health care expenses. If you select this account you will receive a debit card. If you also selected a medical FSA, funds will be added to the same card.

How does it work?

SIGN UP: You must actively enroll in an FSA during the Open Enrollment period – even if you are already currently enrolled in an FSA plan.

CONTRIBUTIONS: You contribute through pre-tax payroll deductions throughout the year. The amount withheld will be taken in equal amounts each pay period.

USE YOUR FUNDS: If you enroll in the Healthcare FSA, Limited Purpose FSA, or Dependent Care FSA you can use your pre-loaded debit card from Navia when you incur a qualified expense. Navia may ask that you prove the expense is qualified by the IRS by asking you to “substantiate” it by submitting an itemized receipt, explanation of benefits or billing. For the Dependent Care FSA you will need to submit your expenses for reimbursement if you do not use the debit card.

Your entire Health FSA or Limited Purpose FSA election is available to you on your first day of coverage. This means that you can use your entire election right away and SCHS will continue to take payroll deductions throughout the year. Your Dependent FSA dollars are only available as they come out of your paycheck, so there is no pre-funding of this account.

Reimbursement is easy!

You have three ways to submit claims, or paperwork for substantiation requests:

- Download a form, complete it, attach your proof of claim and mail it to Navia for payment.
- Download a form, complete it, attach your proof of claim and scan then email it to Navia for payment.
- Download the Navia app, set up your account, using the employer code “HS1”, and after signing in simply snap a photo of your receipt and submit it through the app.

You can sign up with Navia for direct deposit, so be sure to visit their website for instructions on how to do so. That way your reimbursement will be put directly into your bank account rather than you having to wait for Navia to send you a check!

Use it or lose it!

FSA funds are use it or lose it, so plan carefully how much you contribute. Services for reimbursement must be completed within the calendar year to be eligible for reimbursement. For our Healthcare FSA we have a \$550 roll over feature that will allow you to roll over into the next calendar year any unused funds up to \$550. These roll over funds must be used up in the next calendar year.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Keep money in your pocket with the SCHS HRA

If you choose the Select PPO Plan you will be automatically enrolled in the SCHS HRA benefit plan. An HRA is another type of savings account, but only SCHS can make contributions to it. SCHS will fund your HRA at the beginning of each year and you can only use these funds to pay your medical plan deductible, coinsurance and copayments. You may not use the HRA for any dental, vision or plan exclusion expenses.

How does it work?

SIGN UP: If you choose the Select PPO plan you will be automatically enrolled in the HRA plan (you must elect the plan in Workday).

CONTRIBUTIONS: SCHS determines the amount of money that will go into your HRA based on who you choose to cover (Caregiver only or caregiver and eligible family members). We will contribute \$1,800 for caregiver only, \$2,400 for caregiver and spouse or family, and \$2,900 for caregiver and child(ren). You are allowed to roll over unused funds from year to year until you have \$13,000 in your HRA.

St. Charles provides an opportunity for you and your spouse to participate in our Engage for Health wellness program that allows you to earn up to \$500 each, which may be contributed to your HRA account. Wellness plan rewards earned this year are paid out and deposited into your HRA in January of the next plan year.

USE YOUR HRA: Once you incur an eligible expense (medical/prescription deductible, coinsurance or copayment), submit your reimbursement request to Navia with your explanation of benefits or pharmacy receipt. This is done in the same manner as for the FSA: paper forms and mail, paper forms and email, or through their App. See above for more detail.

IF YOU LEAVE SCHS: The HRA account and funds stay with SCHS.

HEALTH SAVINGS ACCOUNT (HSA)

Build personal savings with a SCHS HSA:

If you enroll in the CDHP, in most cases you can have a Health Savings Account (HSA). An HSA is a personal savings account for your health care. You own it and you can save and spend the funds you contribute to your account tax-free*. If you qualify, SCHS will contribute an amount to your HSA that is based on who you choose to cover (caregiver only or caregiver and eligible family members). Unused funds stay in your account and roll over from year to year; there is no “use it or lose it” rule.

Who cannot have an HSA?

Anyone who:

- Is covered by any other health plan that is not a qualified High Deductible Health Plan
- Is currently enrolled in Medicare or TRICARE
- Is claimed as a dependent on another person’s tax return
- Has access to FSA dollars as an eligible dependent under your spouse or parent’s FSA plan

If you are not eligible for the funding of the health savings account you may still enroll in the CDHP, but you won’t be able to receive or make contributions into the HSA

How does it work?

SIGN UP: If you choose the CDHP plan and indicate you are eligible for an HSA, you must go to Fidelity NetBenefits (<https://nb.fidelity.com/public/nb/schs/home>) to open your HSA account. Registration and acceptance of the terms and conditions is *required* before you may receive or make HSA contributions.

BUILD SAVINGS: SCHS determines the amount of money they will put into your HSA based on who you choose to cover (caregiver only or caregiver and eligible family members). The SCHS funds are deposited into your HSA each pay period. You may also contribute using pre-tax dollars, up to the IRS maximums. Setup some of your HSA in investment funds to help earn a better return on your money. You can use your HSA funds tax-free after age 65 for Medicare Part A, B, or D, Medicare Advantage, as well as other out-of-pocket medical expenses. After age 65, you can also make withdrawals for non-medical expenses, though you will have to pay a penalty and regular income taxes.

St. Charles provides an opportunity for you and your spouse to participate in our Engage for Health wellness program that allows you to earn up to \$500 each, which may be contributed to your HSA account. Wellness plan rewards earned this year are paid out and deposited into your HSA in January of the next plan year.

USE YOUR FUNDS: You decide when you want to use the funds for eligible expenses. Funds can be used for anything the IRS allows; the same as the FSA. Withdrawals for eligible health care expenses are tax-free.

Unlike an FSA, there is not a requirement to send in receipts, but make sure you save them in case you are audited by the IRS.

IF YOU LEAVE SCHS: The HSA account and funds go with you.

*HSAs are not typically taxed when used for qualified medical expenses. Refer to [irs.gov/publications/p969](https://www.irs.gov/publications/p969)

HEALTH SAVINGS ACCOUNT 2021 CONTRIBUTION SCHEDULE

St. Charles will fund your HSA per pay period. For newly eligible caregivers, you will receive your scheduled HSA funding beginning with the month your health plan coverage becomes effective.

COVERED	ST. CHARLES CONTRIBUTION PER PAY PERIOD	ST. CHARLES TOTAL ANNUAL CONTRIBUTION (12 MONTHS)	IRS ALLOWED MAXIMUM (ST. CHARLES AND CAREGIVER COMBINED)*
FOR THOSE WHO WORK 60 TO 80 HOURS PER PAY PERIOD			
Caregiver Only	\$30.77	\$800	\$3,600
Caregiver + Child(ren)	\$80.77	\$2,100	\$7,200
Caregiver + Spouse or Family	\$61.54	\$1,600	\$7,200
FOR THOSE WHO WORK 40 TO 59 HOURS PER PAY PERIOD			
Caregiver Only	\$15.38	\$400	\$3,600
Caregiver + Child(ren)	\$40.38	\$1,050	\$7,200
Caregiver + Spouse or Family	\$30.77	\$800	\$7,200

*This includes your Engage for Health HSA reward. If you are age 55 or over you may contribute an additional \$1,000 per year as a "catch-up" contribution.

*Please note that if you are paid semi-monthly, your per pay period St. Charles contributions will not match the above, as they will be adjusted to reflect your 24 pay period schedule.

DOCTOR ON DEMAND

Do you believe you need to visit the doctor when you have the flu, bronchitis, ear or sinus infections, rashes, etc.? Maybe you feel like you want to talk to someone about a mental health or substance abuse concern? Is it hard to leave work, or maybe you don't discover you need the visit until after normal office hours? You can save time and money by visiting a board-certified physician by phone, skype or FaceTime through our telehealth program, provided by Doctor on Demand. For those covered on our medical plan, this valuable service gives you access 24/7 to board certified doctors and extended hours for therapists through secure video or phone.

Here's how it works:

1. Call 800-997-6196, go online at www.doctorondemand.com or use their smartphone app
2. Have your ID card ready to verify your plan
3. Then, usually within 20 minutes, you'll be contacted by a doctor – by your choice of phone or video chat. Or you can make an appointment at a time that is most convenient for you.

You will have to provide a brief health history, the same as when you visit any physician for the first time. This can be done when you call or go online to make your appointment, or you can pre-register so that step is completed before you need to use Doctor on Demand. Just like an in-person visit, the doctor will talk with you about your symptoms, recommended treatment, and if a prescription is needed, they'll call it into the pharmacy of your choice. For the mental health visits, you will experience a counseling session similar to if you were doing it in person.

What you get:

- Quality care on your schedule – with 24/7/365 availability
- No more waiting rooms or scheduling hassles
- Prescriptions (when appropriate) – called into the pharmacy of your choice
- Private and secure consultations
- Nationwide Tier 1 coverage with board certified physicians, psychologists, Master's level counselors, and psychiatrists

Following is what you will pay for a Doctor on Demand visit:

VISIT TYPE	CDHP PLAN		PRIME PPO	SELECT PPO
	Before the deductible is met*	After the deductible is met	Copay, per visit	Copay, per visit
Medical Visit	\$49	\$5	\$0	\$0
Counseling Visit				
Psychologist or Master's level counselor	\$79 (short visit) \$129 (initial or long visit)	\$5	\$0	\$0
Psychiatrist	\$99 (15 minute) \$229 (45 minute)	\$5	\$0	\$0

*Doctor on Demand visits go towards your CDHP deductible, as part of the requirements for CDHP plan design

PHARMACY BENEFITS

Pharmacy drug benefits are included with all three of our medical plan options. Our pharmacy program is administered and managed by CVS Caremark.

You have a prescription in hand – now what?

Head for a St. Charles Community pharmacy or a CVS Caremark participating pharmacy. Most pharmacies in your area are in our pharmacy network. There are also participating pharmacies across the US. Visit [Caremark.com](https://www.caremark.com) to find one near you. Your cost share will be the lowest at the St. Charles Community Pharmacy, so we encourage you to fill your day to day prescriptions there. If you prefer your local pharmacy, that's fine too! You are able to purchase up to a 30-day supply of medication at your local pharmacy.

Show your medical ID card. The pharmacist will use the information on your card to send CVS Caremark your claim online and tell you right then and there how much you owe.

TIPS FOR SAVING TIME AND MONEY

90-day supply

Many of the medications that you take on a regular basis may be eligible to be filled for a 90-day supply at either the St. Charles Community pharmacy or through the convenience of mail order using the CVS Caremark home delivery service. Both options save you trips to the pharmacy and may save you money through lower drug costs or copays.

Mail order – CVS Caremark

If you like the convenience of having your maintenance medications on hand and the convenience of home delivery, this option is for you. Getting started is easy – simply contact CVS Caremark and they will work with your physician to have your prescriptions transferred to their mail order pharmacy. You set up a payment method to get started and your first 90-day supply will be sent. Refills are easy – you can set up automatic refills, or CVS Caremark will let you know when it's time for a refill and then you simply call or go online. The CVS Caremark mail order pharmacy has some of the lowest costs for medications, so for those on the CDHP, we encourage you to give it a try. You can visit their [website](#) to compare pharmacy drug costs and learn more about the medications you are taking.

Specialty pharmacy

If you take a specialty medication (high cost drugs that may need special care, or are injectable), we require that you fill these through either the St. Charles Community pharmacy or the CVS Caremark Specialty mail order pharmacy. This provides you lower costs and the support of either your local St. Charles pharmacist, or the CVS Caremark specialty pharmacy health support team.

Generics – mandatory!

Generics and brand-name drugs have the same strength, quality and purity but generics usually cost between 20 to 80% less than a brand name drug. So ask your doctor if there is a generic that will work for you. If you choose to use a brand drug when there is a generic available, we will require you to use the generic or you will pay the difference between the cost of the brand and the generic, and the brand copay. This requirement can be waived if there is a medical reason why you cannot take the generic. This will require an appeal to CVS Caremark and documentation from your physician of the medical reason. Call CVS Caremark customer service and they can walk you through the process.

Formulary – preferred brand drugs

Understanding your options when it comes to choosing your medications can help save you money. We have worked with CVS Caremark to create our preferred medication list (also called a formulary) to help you and your doctor make the best decisions on medications that are right for you. Before a medication is added to the CVS Caremark preferred drug list it is carefully evaluated by a team of physicians and pharmacists. How effective is it? Is it safe? Will it improve health? Are there other medications on the market that do the same thing, but cheaper and effectively? By choosing a formulary option you are choosing a lower copay or lower cost medication. Non-formulary or non-preferred brand name medications are not found in our formulary. You may use these medications, but your cost will be higher.

Understanding prior authorization and step therapy

Some medications are high cost and not necessarily more effective. To ensure that you are considering all options, there are some medications that will require a prior authorization before being dispensed. This is to ensure that you have tried lower cost and more proven treatments before using high cost medications. You will be notified of the need for prior authorization from your pharmacist when you fill the prescription. CVS Caremark will work with your physician to get the needed documentation to review the medication for coverage. There may be lower cost, and quality options that you have not tried. In that case, CVS Caremark will work with you and your physician to have you try these medications first. This is called step therapy.

DENTAL BENEFITS

Our dental plan is with Delta Dental of Oregon (a Moda Health company) who provides administration of our plan and a network of dentists who provide care at a discounted rate. To find a Delta Dental provider visit their website at www.modahealth.com.

Preventive dental care is an important part of your overall health. Good oral health can reduce your risk of heart attack, pre-term labor for pregnant women, and improve blood sugar control for diabetics. Your dental plan provides preventive care at 100% and the care you receive does not go towards your annual benefit maximum. It is also the pathway for an annual increase (or to maintain once you reach 100%) in coverage for basic services – you must have your preventive and diagnostic services at least once per calendar year for you to increase to the next level under basic services. If no preventive and diagnostic services are provided in a calendar year your basic benefit will drop to 70%.

Here is a summary of our dental benefits. Refer to the summary plan description for complete details and a listing of all covered services.

SERVICE	IN-NETWORK (DELTA DENTAL PROVIDER)	OUT-OF-NETWORK (PAID AT 90 TH PERCENTILE OF UCR*)
Calendar Year Benefit Maximum	\$2,000 per covered person; excludes preventive care services	
Calendar Year Deductible	\$25 individual/\$75 family Only applies to Major Services	
Preventive and Diagnostic	100%	100%
Basic Services**		
First Year	70%	70%
Second Year	80%	80%
Third Year	90%	90%
Fourth Year	100%	100%
Major Services	50% after deductible	50% after deductible
Orthodontic Services Covered for adults and children	50%	50%
Lifetime Orthodontic Maximum	\$3,000 per covered person	

*UCR (Usual, Customary and Reasonable) – the amount paid for a dental service in a geographic area based on what providers in the area usually charge for the same or similar services. The 90th percentile means that in 90% of cases what the dentist charges will be within the range of the UCR. Any amount charged by an out-of-network dentist that is over UCR will be charged to the patient.

**You must receive preventive and diagnostic care once per calendar year for your benefit to increase. If you do not receive preventive and diagnostic care in a calendar year your benefit will drop to 70%.

DENTAL PLAN RATES

All rates are per pay period based on 26 pay periods per year.

	WHAT ST. CHARLES PAYS	WHAT YOU PAY
FULL-TIME: 72 TO 80 HOURS PER PAY PERIOD		
Caregiver Only	\$26.17	\$1.37
Caregiver + Spouse	\$48.07	\$5.26
Caregiver + Family	\$68.55	\$8.87
Caregiver + Child(ren)	\$47.54	\$5.16
PART-TIME 1: 60 TO 71 HOURS PER PAY PERIOD		
Caregiver Only	\$26.17	\$1.37
Caregiver + Spouse	\$44.18	\$9.15
Caregiver + Family	\$61.04	\$16.38
Caregiver + Child(ren)	\$43.74	\$8.96
PART-TIME 2: 48 TO 59 HOURS PER PAY PERIOD		
Caregiver Only	\$19.32	\$8.22
Caregiver + Spouse	\$32.14	\$21.19
Caregiver + Family	\$44.19	\$33.23
Caregiver + Child(ren)	\$31.83	\$20.87
PART-TIME 3: 40 TO 47 HOURS PER PAY PERIOD		
Caregiver Only	\$16.58	\$10.96
Caregiver + Spouse	\$29.40	\$23.93
Caregiver + Family	\$41.45	\$35.97
Caregiver + Child(ren)	\$29.09	\$23.61

*Please note that if you are paid semi-monthly, your per pay period deduction amounts will not match the above, as they will be adjusted to reflect your 24 pay period schedule.

VISION BENEFITS

You have a choice of two vision plans: a full-service plan provided by Vision Service Plan and an allowance plan administered by First Choice Health. Within the VSP plan you have two levels of coverage – in-network and out-of-network. The VSP plan will pay a lot more if you use VSP providers. VSP also offers member discounts (e.g. annual contact lens supply, additional % off) through their [Eyeconic®](#) website. The First Choice Health plan provides a calendar year allowance you can use to purchase vision materials. Both plans provide care for routine vision exams that review your visual health and determine the need for glasses or contact lenses.

Treatment of vision diseases are covered under your medical plan. Here is a summary of your two vision plan options:

	FIRST CHOICE HEALTH	VISION SERVICE PLAN	
	Any Licensed Provider	VSP Network Providers	Out-of-Network Providers
Routine Vision Exam	Paid at 100% after \$15 copay	Covered in full	Covered up to allowance of \$70
Frequency of Vision Exams	Once per calendar year	Once per calendar year	
Contact Lens Exam	Included with routine vision exam	Covered in full after copay not to exceed \$60. Includes 15% discount.	Not covered
Lenses	All vision lenses, frames and contact lenses are covered up to an allowance of \$200 per person per calendar year	Covered in full	Covered to \$30
Single Vision		Covered in full	Covered to \$50
Lined Bifocal		Covered in full	Covered to \$65
Lined Trifocal		Covered in full	Covered to \$100
Lenticular		Covered in full	Covered to \$50
Progressive Lenses			
Lens Options		Covered in full	Not covered
Anti-reflective coating		Covered in full	Not covered
Polycarbonate		Covered in full	Not covered
Scratch-resistance coating		20-25% discount	Not covered
All other lens options			
Frames		Covered to \$250**, plus 20% savings on amounts over \$250 Sun care: \$250 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts	Covered to \$115
Contact Lenses*		Covered to \$250	Covered to \$200
Discounts and Savings	Not provided	20% off additional glasses and sunglasses purchased within 12 months of your well vision exam.	Not provided
Glasses and Sunglasses			
Laser Vision Correction	Not covered	Average 15% off regular price or 5% off promotional price. Only from VSP contracted facilities.	Not covered

*Contact lenses are covered in lieu of spectacle lenses and frames.

**\$270 frame allowance for featured frame brands.

HOW DO YOU CHOOSE WHICH PLAN WORKS BEST FOR YOU?

Do you need glasses? Do you wear contact lenses? Is your provider in the VSP network? Are you willing to change providers if they are not? Choosing which vision plan best fits your needs depends on what those needs are. If you have a more complex prescription, or even just progressive lenses, it's very likely that the VSP plan will save you a lot on the cost of your glasses. If you don't want to stop seeing your vision provider and they are not in the VSP network, you can compare the FCH benefits with the VSP plan out of network benefits. With the VSP plan you can also mix and match: use an out-of-network provider for your exam and an in-network for your lenses and frames.

How do you locate a VSP provider?

There are two ways:

- Call VSP's customer service at 800-877-7195
- Visit the VSP [website](#) and use the find a doctor tool. You have the VSP Choice network.

Note: If enrolling in VSP vision, no ID card will be mailed, but instead your vision provider will locate your coverage when you tell them it is through VSP and provide the last 4 digits of your SSN.

Following are some sample claims using the FCH and the VSP in-network benefits that reflect your out-of-pocket cost. We hope this will help you when deciding between the two plans.

	FCH VISION PLAN	VSP IN-NETWORK
EXAMPLE 1 – ROUTINE EXAM, SINGLE VISION LENSES, FRAMES AND LENS ENHANCEMENTS		
Well Vision Exam	You pay \$15	You pay nothing
Frames – retail cost is \$350	Plan pays the first \$200, you pay \$150	You pay anything over \$250 after application of 20% discount = \$80
Single Vision Lenses – retail cost is \$100	You pay \$100	You pay nothing
Lens Enhancements Anti-reflective Coating – retail cost is \$100 Scratch-resistant Coating – retail cost is \$25	You pay \$100 You pay \$25	You pay nothing You pay nothing
TOTAL AMOUNT YOU PAY	\$390	\$80

	FCH VISION PLAN	VSP IN-NETWORK
EXAMPLE 2 – ROUTINE EXAM, PROGRESSIVE LENSES, FRAMES AND LENS ENHANCEMENTS		
Well Vision Exam	You pay \$15	You pay nothing
Frames – retail cost is \$350	Plan pays the first \$200, you pay \$150	You pay anything over \$250 after application of 20% discount = \$80
Progressive Lenses – retail cost is \$250	You pay \$250	You pay nothing
Lens Enhancements Anti-reflective Coating – retail cost is \$100 Scratch-resistant Coating – retail cost is \$25	You pay \$100 You pay \$25	You pay nothing You pay nothing
TOTAL AMOUNT YOU PAY	\$540	\$80

	FCH VISION PLAN	VSP IN-NETWORK
EXAMPLE 3 – ROUTINE EXAM, CONTACT LENS EXAM, CONTACT LENSES (12 MONTH SUPPLY)		
Well Vision Exam	You pay \$15	You pay nothing
Contact Lens Exam - \$100	You pay \$0	You pay \$60
Contact Lenses - \$500 retail	You pay \$300	You pay \$250
TOTAL AMOUNT YOU PAY	\$315	\$310

EXAMPLE 4 – ROUTINE EXAM, SINGLE VISION LENSES AND LENS ENHANCEMENTS

Well Vision Exam	You pay \$15	You pay nothing
Single Vision Lenses – retail cost is \$100	You pay nothing	You pay nothing
Lens Enhancements Anti-reflective Coating – retail cost is \$100 Scratch-resistant Coating – retail cost is \$25	You pay nothing You pay \$25	You pay nothing You pay nothing
TOTAL AMOUNT YOU PAY	\$40	You pay nothing

VISION PLAN RATES

All rates are per pay period based on 26 pay periods per year.

	WHAT ST. CHARLES PAYS		WHAT YOU PAY	
	FCH PLAN	VSP PLAN	FCH PLAN	VSP PLAN
FULL-TIME: 72 TO 80 HOURS PER PAY PERIOD				
Caregiver Only	\$10.23	\$7.41	\$0.53	\$0.39
Caregiver + Spouse	\$20.76	\$15.02	\$2.37	\$1.73
Caregiver + Family	\$24.30	\$17.57	\$2.99	\$2.19
Caregiver + Child(ren)	\$18.83	\$13.73	\$2.06	\$1.50
PART-TIME 1: 60 TO 71 HOURS PER PAY PERIOD				
Caregiver Only	\$10.23	\$7.41	\$0.53	\$0.39
Caregiver + Spouse	\$18.92	\$13.67	\$4.21	\$3.08
Caregiver + Family	\$21.84	\$15.78	\$5.45	\$3.98
Caregiver + Child(ren)	\$17.44	\$12.61	\$3.59	\$2.62
PART-TIME 2: 48 TO 59 HOURS PER PAY PERIOD				
Caregiver Only	\$7.55	\$5.46	\$3.21	\$2.34
Caregiver + Spouse	\$13.78	\$9.93	\$9.35	\$6.82
Caregiver + Family	\$15.88	\$11.44	\$11.41	\$8.32
Caregiver + Child(ren)	\$12.73	\$9.18	\$8.30	\$6.05
PART-TIME 3: 40 TO 47 HOURS PER PAY PERIOD				
Caregiver Only	\$6.48	\$4.68	\$4.28	\$3.12
Caregiver + Spouse	\$12.71	\$9.15	\$10.42	\$7.60
Caregiver + Family	\$14.81	\$10.66	\$12.48	\$9.10
Caregiver + Child(ren)	\$11.66	\$8.39	\$9.37	\$6.83

*Please note that if you are paid semi-monthly, your per pay period deduction amounts will not match the above, as they will be adjusted to reflect your 24 pay period schedule.

ENGAGE FOR HEALTH

St. Charles Health System is committed to improving the health and well-being of the communities we serve, starting with our own caregivers and their families. Engage for Health is a comprehensive wellness program available to all St. Charles caregivers, family and friends, providing a variety of resources and benefits to help you maintain or improve your health and well-being.

Engage for Health is completely voluntary and choosing not to participate has no impact on your employment status or health plan enrollment options. Please see below to determine the benefits that you and your family may be eligible for:

	CAREGIVERS ENROLLED UNDER A ST. CHARLES MEDICAL HEALTH PLAN	SPOUSES ENROLLED UNDER A ST. CHARLES MEDICAL HEALTH PLAN	CAREGIVERS NOT ENROLLED UNDER A ST. CHARLES MEDICAL HEALTH PLAN	CHILD DEPENDENTS AND FAMILY/FRIENDS NOT ENROLLED UNDER A ST. CHARLES MEDICAL HEALTH PLAN
Access to all of the Engage for Health program offerings through a secure portal at www.engageformyhealth.org and the Virgin Pulse app	X	X	X	X
Tracking tools for sleep, nutrition, physical activity, biometrics, mood and more	X	X	X	X
Daily health tips	X	X	X	X
Yoga and mindfulness videos	X	X	X	X
Personalized nutrition and sleep guides	X	X	X	X
Self-guided digital courses (known as Journeys) to receive daily support on various wellness-related goals	X	X	X	X
Monthly healthy habit challenges	X	X	X	
Bi-annual walking challenges	X	X	X	
Ability to create and join social groups to connect online with others who have similar wellness interests	X	X	X	X
On-site biometric health screenings	X	X		
On-site body composition testing	X	X	X	
Telephonic health coaching services	X	X		
Ability to earn an annual monetary reward of up to \$500	X	X		

For more information and to enroll in the Engage for Health wellness program, please create an account on the Engage for Health portal at www.engageformyhealth.org. If you have any questions, you may contact Engage for Health at 541-706-5950 or engageforhealth@stcharleshealthcare.org.

VOLUNTARY BENEFIT OPTIONS

CRITICAL ILLNESS INSURANCE

If serious illness strikes, the last thing you need to worry about is how to pay the bills: medical copayments, car payments, rent or mortgage, and utilities. You don't want anyone in your family worrying about money if you develop a critical illness. That's why Critical Illness Insurance provides cash to help with the extra expenses associated with your recovery.

With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump-sum cash benefit even if you receive benefits from other insurance. Use the benefit however it is needed – whether for treatments not covered by other insurance or a vacation to celebrate your recovery – you decide.

Coverage options:

- Caregiver: \$10,000, \$20,000 or \$30,000
- Spouse*: 50% of Caregiver coverage amount
- Child(ren)*: Automatically covered at 50% of Caregiver coverage amount
- Guarantee Issue: No medical questions if enrolled during 2021 Annual Open Enrollment

*Caregiver must enroll for Spouse/Child(ren) to be eligible

Examples of covered conditions:

- Heart Attack
- Stroke
- Major Organ Failure
- End Stage Kidney Failure
- Coronary Artery Disease Major (50%)
- Coronary artery bypass graft or valve replacement Minor (10%)
- Balloon angioplasty or stent placement
- Invasive Cancer – all breast cancer is considered invasive
- Non-invasive Cancer (25%)
- Skin Cancer – \$500
- Amyotrophic Lateral Sclerosis (ALS)
- Dementia – including Alzheimer's Disease
- Multiple Sclerosis (MS)
- Parkinson's Disease
- Functional loss
- Loss of sight, hearing or speech
- Benign Brain Tumor
- Coma
- Permanent Paralysis
- Occupational HIV, Hepatitis B, C or D
- Infectious diseases (25%)

Features of the plan:

- **Be Well Benefit:** Every year, each family member who has Critical Illness coverage can also receive \$75 for getting a covered Be Well Benefit screening test, such as:
 - Annual exams by a physician including sports physicals, well-child visits, dental and vision exams
 - Screenings for cancer, including pap smear and colonoscopy
 - Cardiovascular function screenings
 - Screenings for cholesterol and diabetes
 - Imaging studies, including chest X-ray and mammography
 - Immunizations, including HPV, MMR, tetanus and influenza
- **Recurrence Benefit** – If your covered illness comes back, you may be eligible for an additional benefit at 100% of original coverage amount for Base Covered Conditions (180 days must elapse between occurrences of the same covered condition)
- **Pre-existing condition limitation applies**

No health questions will be asked for amounts of coverage up to the Guarantee Issue amount. Any amount you elect over the guarantee issue will require you to prove your good health by completing an Evidence of Insurability form for review and approval by UNUM.

HOSPITAL INDEMNITY INSURANCE

This coverage provides you with a lump sum payment when you and/or your enrolled dependent(s) are hospitalized. This plan was designed to work with the St. Charles CDHP or Select PPO medical plans.

Coverage options:

- Caregiver Only
- Caregiver + Child(ren)
- Caregiver + Spouse
- Caregiver + Family

Benefits:

- Daily Hospital Confinement: \$100 per day*, to a maximum of 60 days per calendar year
- Hospital Intensive Care Unit Confinement: \$200 per day*
*Maximum of 15 days per insured per calendar year
- Hospital Admission: \$1,500 Maximum of one payment per insured per calendar year

Features of the plan:

- Spouse and Child(ren) - Caregiver must enroll for Spouse and Child(ren) to be eligible
- Spouse: Ages 17 – 64
- Child(ren): Dependent children newborn until their 26th birthday, regardless of marital or student status
- Pre-existing condition limitation applies

Benefits not payable for Emergency Room treatment, outpatient treatment, or a confinement of less than 20 hours. Pre-existing condition limitations may apply.

ACCIDENT INSURANCE

If you're like most people, you don't plan or budget for accidents. Accident Insurance provides benefits to help cover the costs associated with unexpected bills. If a covered off-the-job accident occurs, you may need to have a plan to pay for expenses that can add up. If you elect this benefit, and get hurt in a covered accident, you receive a check for covered injuries and you get to decide the best way to spend it.

Coverage options:

- Caregiver Only
- Caregiver + Child(ren)
- Caregiver + Spouse
- Caregiver + Family

Examples of covered injuries/accidents:

- Accidental Death – Common Carrier
- Accidental Loss
- Ambulance (Air & Ground)
- Burns
- Coma
- Concussion
- Dislocation
- Emergency Room Treatment
- Fracture
- Hospitalization

Features of the plan:

- Guarantee Issue (no medical questions)
- Spouse and Child(ren) - Caregiver must enroll for Spouse and/or Child(ren) to be eligible
- Hospital Confinement due to Covered Sickness
 - Employee/Spouse: \$100
 - Child(ren): \$75
 - Pre-existing condition limitation applies

LIFE INSURANCE OPTIONS

BASIC TERM LIFE AND AD&D INSURANCE

St. Charles Health System provides benefit-eligible caregivers with Basic Term Life and Accidental Death and Dismemberment (AD&D) coverage at no charge to you. Enrollment is automatic, and coverage begins on the first of the month following 90 days of benefit eligible employment.

Basic Term Life: The benefit is equal to one times your annual earnings from a minimum of \$35,000 to a maximum of \$100,000*.

Accidental Death and Dismemberment: If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to your basic term life coverage.

Please refer to the Life Insurance Summary Plan Description for more details.

*For those whose life coverage exceeds \$50,000, you will be required to pay taxes on the premiums paid by SCHS. This is known as “imputed income” and will be added to your paycheck.

VOLUNTARY TERM LIFE AND AD&D INSURANCE

If you would like additional financial protection above and beyond the benefit provided by St. Charles Health System, you can elect supplemental Voluntary Life and AD&D Insurance in the amounts shown below. You must elect coverage for yourself in order to elect coverage for your spouse or child(ren).

2021 Open Enrollment Opportunity – Elect up to the Guarantee Issue Limits without medical questions

All Benefit Eligible Caregivers and eligible dependents will have the opportunity during Open Enrollment to enroll for the first time, or increase current coverage amounts up to the Guarantee Issue Limit(s) as described in the plan. The Guarantee Issue Limit is the amount of coverage you can enroll up to without providing evidence of insurability (unless previously declined by Unum).

Coverage options:

- Caregiver: Increments of \$10,000 to the lesser of five times your annual earnings or \$500,000
Guarantee Issue Limit: \$200,000*
- Spouse: Increments of \$5,000 to the lesser of 100% of Caregiver election or \$500,000
Guarantee Issue Limit: \$25,000*
- Child(ren): Live birth to 6 months: \$1,000
6 months to 26 years: Increments of \$2,000 to the lesser of 100% of Caregiver election or \$10,000

*Guarantee Issue means you can purchase this amount of coverage without proving your good health. It is available for newly benefit eligible Caregivers and eligible dependents during their new hire enrollment period, and Caregivers or eligible dependents currently enrolled in the plan and applying for additional coverage up to the guarantee issue limit (policy rules apply). In the event Caregivers or eligible dependents choose elect coverage over the Guarantee Issue Limits, an Evidence of Insurability (EOI) form is required.

Features of the plan:

- If you leave St. Charles Health System, you may have the right to continue your life insurance through Portability or Conversion Options – Please contact the St. Charles Benefits Team with any questions related to the application process for these two provisions.

WHOLE LIFE INSURANCE

As an added benefit, St. Charles Health System offers a Whole Life Insurance Benefit. Whole Life policies can provide protection for both working years and post retirement, while building cash value to use as a living benefit. With Whole Life Insurance, your monthly premiums are based on your age at the time of enrollment and will not increase once you enroll. You also own the policy, which means you keep it even if you leave St. Charles Health System. Individual policies are also available for you and your spouse up to age 80, and for children and grandchildren for 14 days to 26 years old. Guarantee Issue levels are available for the Caregiver, spouse and child(ren).

Coverage options:

- Caregiver: \$2,000 - \$300,000, increments of \$2,000
Guarantee Issue Limit: \$18.00 weekly premium maximum
- Spouse: \$2,000 - \$75,000 increments of \$2,000
\$3 weekly premium minimum up to \$10 weekly premium maximum**
- Child(ren)/Grandchild(ren): \$2,000 - \$50,000, increments of \$2,000
Guarantee Issue Limit: \$3 weekly premium maximum

Features of the plan:

- *Guarantee Issue
- 4.5% Interest Rate
- Builds cash value
- Living Benefit Option - Early access to benefits if insured becomes terminally ill
- Accidental Death Benefit

* Guarantee Issue means you purchase this amount of coverage without proving your good health. This is for refers to newly benefit eligible Caregivers and eligible dependents electing benefits for the first time during their new hire enrollment period. No health questions will be asked for amounts of coverage up to the Guarantee Issue amount. Caregivers enrolled and increasing coverage as well as late entrant Caregivers will need to prove their good health by completing an Evidence of Insurability form for review and approval by Unum.

** Spouse Guarantee Issue - One qualifying health question is required for elections. A Spouse may receive up to \$3 weekly premium. Additional health questions are required for amounts over the \$3 weekly premium, up to \$10 in weekly premiums.

LIFE INSURANCE PLAN COMPARISON

BASIC TERM LIFE	VOLUNTARY TERM LIFE	VOLUNTARY WHOLE LIFE
100% company-paid	Cost increases as you get older	Premiums never change
Death benefit only	Death benefit only	Death benefit plus tax-deferred cash value accumulation (Death benefit reduced by prior payouts or loan amounts)
Coverage is portable — you can take it with you if you leave the company*	Coverage is portable — you can take it with you if you leave the company*	Coverage is portable — you can take it with you if you leave the company*
Coverage for caregiver only	Coverage options available for caregiver, spouse and children	Coverage options available for caregiver, spouse and children

*Please remember to contact the St. Charles Benefits team if you terminate or become ineligible for the Life and AD&D plan to continue your coverage. You have 31 days from the date your coverage ends to submit your application and premium payment to Unum.

DISABILITY INCOME BENEFITS

A disabling injury or illness that keeps you out of work could have a devastating impact on your income, jeopardizing your ability to cover normal household expenses. The federal government estimates that three out of every 10 American workers will be disabled before reaching retirement age. With the right disability insurance, your income is protected, relieving you of the anxiety of depleting your savings to pay your bills.

EMPLOYER PAID SHORT-TERM DISABILITY BENEFIT (STD)

St. Charles Health System provides benefit-eligible caregivers with Short-Term Disability coverage at no cost to you. Enrollment is automatic, and coverage begins on the first of the month following 90 days of benefit eligible employment. This benefit is administered by Unum and replaces a portion of your income if an injury or illness that is not job-related forces you out of work for an extended period of time.

Benefits Start:	Eighth calendar day after date of disability	
Duration of Payments:	26 weeks	
	YEARS OF SERVICE	INCOME REPLACEMENT BENEFIT
Amount of payments weeks 1 through 13	3 months through 3 years of service	66 2/3%
	4 years of service through 9 years of service	75%
	10+ years of service	95%
Amount of payments weeks 14 through 26	All tiers of service	60%

This communication is designed to provide you with highlights. Please refer to the STD Summary Plan Description for complete information. Physicians please refer to the SPD.

EMPLOYER PAID LONG-TERM DISABILITY BENEFIT (LTD)

St. Charles Health System provides benefit-eligible caregivers with Long-Term Disability coverage at no charge to you. Enrollment is automatic, and coverage begins on the first of the month following 90 days of benefit eligible employment. This benefit is administered by Unum and replaces a portion of your income if an injury or illness forces you out of work beyond the period of time covered by short-term disability. You will receive 60 percent of your gross monthly income up to a monthly maximum benefit of \$5,000.

Benefits Start:	After 180 days of disability
Amount of Payments:	60% of your gross monthly income up to a max of \$5,000

This communication is designed to provide you with highlights. Please refer to the LTD Summary Plan Description for complete information.

ADDITIONAL BENEFITS AND INFORMATION

AIRLINK PROGRAM

Benefit eligible caregivers and their families who enroll in a medical plan can elect an AirLink membership which begins the first of the month following date of hire. St. Charles pays for memberships for full-time caregivers, and part-time caregivers are eligible for AirLink memberships through pre-tax payroll deduction. The current cost for part-time caregivers is \$1.54 per pay period. If you would like to enroll in, add or drop dependents to your AirLink membership please sign up through Workday. Make sure you complete the second step by clicking the AirLink web link. If you are already signed up for Airlink and would like to make changes or updates please go directly to the AirLink link: www.airmedcarenetwork.com/businessplanregistration/

Coupon Code - 5332-OR-BUS

CAREGIVER ASSISTANCE PROGRAM

The Caregiver Assistance Program is designed to provide professional help in dealing with personal concerns impacting you and your family at home or at work. You may call for confidential counseling with concerns such as marital conflict, depression, drug and alcohol abuse, grief, children's problems, family budgeting and legal problems. The Confidential Counseling Services are available at 541-706-2768 to caregivers and their dependents. Ask your counselor for more details.

WORLDWIDE EMERGENCY TRAVEL ASSISTANCE

UNUM worldwide emergency travel assistance can help with a medical emergency when you or covered members of your family travel 100 miles or more from home. With one phone call, medically certified, multi-lingual resources are available to help you 24-hours-a-day, seven-days-a-week. To learn more about the service, call 800-872-1414 or visit www.assistamerica.com. Reference number: 01-AA-UN-762490

LIFE PLANNING FINANCIAL AND LEGAL RESOURCES

Life planning services are available to beneficiaries and covered caregivers and their spouses who are terminally ill. These services include financial and legal support and grief counseling. For more information or to speak to a counselor, call 800-854-1446 or www.unum.com/lifebalance.

UNUM EMPLOYEE ASSISTANCE PROGRAM

UNUM Work-life Balance Employee Assistance Program can help you find solutions for the everyday challenges of work and home as well as for more serious issues involving emotional and physical well-being.

- Childcare and/or elder care referrals
- Personal relationship information
- Health information and online tools
- Legal consultations with licensed attorneys
- Financial planning assistance
- Stress management
- Career development

Call 1-800-854-1446 or go online to www.unum.com/lifebalance

403(B) RETIREMENT

The 403(b) retirement program allows caregivers to save for retirement via payroll deduction. All caregivers are eligible to participate upon their dates of hire. After 90 days of employment, all new caregivers are automatically enrolled in the 403(b) program at a 6 percent contribution rate. To opt out of this contribution, or to make a change to the percentage, caregivers must contact Fidelity directly. Additionally, the plan has an automatic increase program in which your contribution to the retirement plan is increased by 1% every April until you reach a 10% contribution rate. This annual, incremental increase, can help you save even more than you otherwise may have, and therefore help you achieve another important step in your retirement planning. Of course, you can always choose to continue to increase your contribution rate above the 10% cap, up to a maximum contribution rate of 100% of your eligible pay. You can also choose to opt-out of the automatic increase by contacting Fidelity directly.

Caregivers must complete 12 months of service and be employed in full-time or part-time positions to be eligible for Employer Contributions. The first 6% of pay (per pay period) contributed by a caregiver as 403(b) pre-tax contributions will be matched 100% by St. Charles after eligibility conditions are met per IRS guidelines. St. Charles has a true-up process in place, so even if a caregiver deposits the maximum amount in his or her 403(b) account at the beginning of the year, the caregiver will continue to get the St. Charles match throughout the year (up to the 6% maximum).

Vesting: Your right to your 403(b) account balance is called vesting. You are always 100 percent vested in your contributions as well as any amounts you roll over to the plan. Participants become vested in the employer match according to the following schedule. Caregivers must complete 1,000 hours each calendar year in order to receive a year of vesting service. To find out more information, please contact Fidelity at 800-343-0860.

Please remember to update beneficiary information in Fidelity [NetBenefits](#).

YEARS OF SERVICE	AMOUNT VESTED
1	0%
2	25%
3	50%
4	75%
5	100%

403(B) FREQUENTLY ASKED QUESTIONS

Q. *How do I make a beneficiary designation with Fidelity?*

A. To designate your beneficiary, simply log on to [NetBenefits](#) and click “Beneficiaries” in the About You section of Your Profile.

Q. *How can I change my contribution percentage?*

A. You can change your contribution by logging into Fidelity [NetBenefits](#) or by phone at 1-800-343-0860. A Fidelity consultant is on site monthly. To set up a virtual meeting go to the Fidelity section of the Human Resources page on CaregiverNet.

Q. *How do I make an investment choice?*

A. We encourage you to take an active role in your account and choose investment options that best suit your goals, time horizon and risk tolerance. You can make an investment election online in Fidelity [NetBenefits](#) or by phone at 1-800-343-0860. If you’d like guidance in choosing your investments, call a Fidelity workplace planning and guidance consultant at 1-800-642-7131.

Q. *What if I don’t make an investment election?*

A. If you do not select specific investment options in the St. Charles Health System Retirement Plan, your future contributions will be invested in the JP Morgan SmartRetirement® Fund with the target retirement date closest to the year you might retire, based on your current age and assuming a retirement age of 65.

Q. *Can I make withdrawals from my account?*

A. Withdrawals from the plan are generally permitted when you terminate your employment, retire, reach age 59 ½, or if you have severe financial hardship. Keep in mind that withdrawals are subject to income taxes and possibly to early withdrawal penalties.

Q. *What happens if I do not enroll?*

A. All new caregivers are auto-enrolled into the 403(b) program at a 6 percent contribution. Auto-enrollments will be set up in the default investment elections (see above for details) after 90 days unless you contact Fidelity to opt-out or indicate a different enrollment or election.

Q. *What happens if I don’t opt out of the auto-increase program?*

A. Your contribution percentage will be increased automatically. You can change your contribution at any time. See Q2.

Q. *What is the maximum amount I can contribute to my 403b?*

A. The 2021 maximum is \$19,500. If you are older than 50 you are eligible to contribute an additional \$6,500.

CONTACT LIST

QUESTIONS ABOUT	CONTACT	CONTACT INFORMATION
Medical, dental, vision or pharmacy claim questions	St. Charles Health Plan Administration	541-706-5980
Enrollment questions or other general benefit questions	St. Charles Human Resources	541-706-7770
Medical (includes FCH vision)	First Choice Health Administrators	800-918-7681 www.fch.com
Virtual physician office visit or mental health counseling	Doctor on Demand	800-997-6196 www.doctorondemand.com
VSP vision plan	VSP	800-877-7195 www.vsp.com
Dental	Delta Dental (a Moda Company)	888-217-2365 www.modahealth.com
Medical Pre-Authorization services	First Choice Health Administrators	800-808-0450
COBRA questions and eligibility	First Choice Health Administrators	877-749-2032
Wellness program	Engage for Health	541-706-5950 www.engageformyhealth.org
Network questions (Tier 2)	First Choice Health Network	800-918-7681 www.fch.com
Extended Network questions (Outside Oregon, Washington, Idaho or Alaska)	First Health Network	1-800-226-5116 www.firsthealth.com
Prescription claims and eligibility	CVS Caremark	800-552-8159 www.caremark.com
	Community Pharmacy	541-706-7731
Flexible Spending or Health Reimbursement Accounts	Navia Benefit Solutions	800-669-3539 www.naviabenefits.com
Health Savings Account (CDHP plan only)	Fidelity Investments	800-343-0860 https://nb.fidelity.com/public/nb/schs/home
Critical Illness, Whole Life, Accident and Hospital Indemnity Claims/Customer Service	UNUM	800-635-5597 www.unum.com
FMLA/OFLA Leaves, Short-Term or Long-Term Disability	UNUM	866-269-0759 www.unum.com
Life Insurance or AD&D Insurance	UNUM	866-220-8460 www.unum.com
Caregiver or Dependent Work-Life Issues	Caregiver Assistance Program	541-706-2768
403(b) Retirement benefits	Fidelity Investments	800-343-0860 https://nb.fidelity.com/public/nb/schs/home
Emergency Travel Benefits	UNUM/Assist America	Within the US: 1-800-872-1414 Outside the US: (U.S. access code) +609-986-1234 www.assistamerica.com Reference Number: 01-AA-UN-762490
Life Planning Financial and Legal Resources	Unum	800-854-1446 www.unum.com/lifebalance
Air Ambulance Benefit	Airlink	541-241-4772

BENEFIT APPS

Several of our vendors provide you the convenience of a smart phone app for contacting them, filing claims, looking up benefits or eligibility and more.

APP NAME	WHAT DOES IT DO?	DEVICES SUPPORTED
Unum Customer	Track your claims and leaves with Unum	Apple/Android
Fidelity NetBenefits	View/make changes to retirement account, view HSA	Apple/Android
MyNavia Benefits	Submit FSA claims, view balance	Apple/Android
Assist America	Emergency medical, legal and passport assistance while traveling Reference: 01-AA-UN-762490	Apple/Android
Moda Health eCard	Access to dental ID card	Apple/Android
VSP Vision Care	Access to VSP vision ID card, provider network and claims	Apple/Android
Doctor on Demand	Medical appointments by phone	Apple/Android
Virgin Pulse	Engage for Health wellness portal	Apple/Android

ELIGIBILITY AND ENROLLMENT

If you are covering a spouse and/or children, you will be required to provide supporting documentation either at the time of enrollment or in the future during an audit. Please note that a Social Security Number is required for all dependents enrolled in benefits.

DEPENDENT	ACCEPTABLE DEPENDENT DOCUMENTATION
Spouse	Marriage certificate AND Copy of last year's 1040 federal income tax return, showing filing status as well as you and your spouse's signatures and the filing date. If you file separately, please send the first two pages of your spouse's 1040 federal income tax return as well.
Biological children	Birth certificate
Stepchild(ren) up to age 26	Birth certificate AND marriage certificate AND copy of last year's 1040 federal income tax return, showing filing status as well as you and your spouse's signatures and the filing date. If you file separately, please send the first two pages of your spouse's 1040 federal income tax return as well.
Other child (grandchild, niece/nephew, brother/sister, other)	Court documents demonstrating legal guardianship.
Adopted child up to age 26	Official court/agency placement papers for a child placed with you for adoption OR Official Court Adoption Agreement for an adopted child OR birth certificate

IMPORTANT PLAN DOCUMENTS AND NOTICES

Your current Health Plan Documents are now available on the [Health Plan Administration](#) page of CaregiverNet.

These documents include the following items:

- **Summary Plan Description (SPD)** – this document provides detailed information on what the Plan provides, and how it operates
- **Summary of Benefits** – this document is a grid detailing many of the benefits of the Plan and how the Plan will pay for certain services
- **Summary of Benefits and Coverage (SBC)**—under Health Care Reform, the Plan is required to summarize our benefits in this particular format
- **Dental Summary Plan Description** – this document provides detailed information on the dental services the Plan provides, and how it operates

Current Health Plan Notices are also available now on the [Health Plan Administration](#) page of CaregiverNet.

The documents include the following items:

- St. Charles Health Plan Summary Annual Report
- Medicare Part D Creditable Coverage Notice
- HIPPA Notice of Privacy Practices
- Notice of Special Enrollment Rights
- Women’s Health and Cancer Rights
- Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

These documents are also available in paper form upon request, if you would like a paper copy please contact Health Plan Administration at 541-706-5980.

Your current Retirement Plan Summary Plan Description is available on CaregiverNet on the [Human Resources and Payroll](#) page. If you wish to obtain a paper copy please call Human Resources at 541-706-7770.

SUMMARY OF MATERIAL MODIFICATIONS

What's changing?

The following is a brief summary of the changes that will become effective on January 1, 2021. Further detail is provided on CaregiverNet under the [Health Plan Administration](#) page.

- Our Healthcare Flexible Spending Account (FSA & LPFSA) will now allow you to carry over up to \$550 from year to year (The new carry-over provision will begin at the end of 2020 plan year to the beginning of 2021 plan year).

What's staying the same?

- We will continue to use First Choice Health to administer our plans.
- Doctor on Demand will continue to be available for telehealth video visits from your smartphone or computer at lower cost than in-person office or mental health visits.
- Delta Dental of Oregon (a Moda company) will continue to administer our dental benefits.
- Navia will continue to administer our Flexible Spending Accounts and will also administer the Select PPO Plan Health Reimbursement Account.
- Health Savings Accounts will continue with Fidelity.
- Life, disability and voluntary benefits will continue with UNUM.
- Engage for Health continues to support your health and wellbeing, including the ability to earn wellness dollars.
- Retirement benefits continue with Fidelity.
- You can continue to purchase a 90-day supply of your maintenance medications through the St. Charles Community Pharmacy or CVS Caremark mail order for home delivery.