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Enrollment Guide 2021



2021 Benefit Plan Options

Beacon is pleased to offer you a variety of insurance benefit options for you and your family which include:

- Medical
- Dental
- Vision
- Basic term life insurance (at no cost to you)
- Supplemental life insurance
- Dependent life insurance
- Flexible spending and health savings accounts
- Voluntary benefits



Look for this symbol throughout this document, which identifies an action required on your part.

This guide outlines general information on Beacon's insurance plans. For more information, refer to Beacon's Summary Plan Description, review PlanSource, or contact Beacon's Benefit Department.

ALEX is an interactive Virtual Benefits Counselor who will help you choose a plan or double check if you are enrolled in the right plan for you. You can access ALEX at Beacon's benefit and enrollment system: PlanSource. He will ask you a few simple questions, and based on your responses, he will offer suggestions on which plan would best suit your specific circumstances.

Once ALEX has helped you decide what benefit plans you want to enroll in for the year, he will then direct you back to Plansource to complete the enrollment process.

WHO TO ENROLL Beacon associates with a minimum of 16 standard hours per week (32 hours per pay period) are eligible to enroll in the different Benefit options.

The following dependents are eligible to be covered under any of the Beacon insurance plans, even if they have other coverage available to them.

- Spouse
- Dependent children/step children up to the age of 26
- Disabled children of any age

A dependent that is dropped from your medical plan is eligible to continue benefits under federal continuation provisions (COBRA).

It is the Associate's responsibility to notify the Benefits Department at 574-647-2194 when a change occurs or a dependent child reaches age 26.



Your choice of Coverage Categories:

- Single - coverage for you only
- Single +1 - coverage for you plus one family member
- Family - coverage for you plus two or more family members

If you are married or have dependents, you have the option to elect coverage for only yourself and not for your spouse or dependents.



WHEN TO ENROLL

You can enroll in your benefits or make changes to your current elections at the following times:

- **Upon Hire:** You will have **31 days** from your start date to enroll in benefits. Your coverage will be effective the first of the month following your start date.
- **Open Enrollment:** Each fall you will have the opportunity to make changes or enroll in Beacon's benefits. Your elections are effective January 1 of the following year.
- **A Qualified Life Event:** You will have **31 days** to enroll or make changes in your benefits if you experience a qualified life event (see box below for a listing of these events). Your elections will be effective the day of your life event.



Qualified Life Events:

- Marriage, Divorce/Legal Separation/Annulment.
- Death of a spouse or dependent.
- Birth or Adoption.
- Starting new or termination of employment for yourself or spouse.
- Reduction of assigned work hours on the part of the Associate, spouse or dependent.
- Increase in assigned work hours on the part of the Associate, spouse or dependent.
- Associate, spouse or dependent going on Leave of Absence.
- Associate, spouse or dependent returning from Leave of Absence.
- Associate or spouse becomes Medicare eligible.
- A dependent turns age 26 or becomes eligible for coverage at their place of employment.

HOW TO ENROLL

The Benefits Enrollment online platform, [PlanSource](#), allows you to review options and enroll in your benefits. You may also use the PlanSource App for your smartphone if you choose.

Logging into PlanSource:

Username: Your Beacon email address. (jsmith@beaconhealthsystem.org)

Password: Your initial password is your birthdate in the YYYYMMDD format. You will be prompted to change your password.



Confirm Benefit Elections:

After submitting your benefit elections online, you can send a confirmation statement to your email address. Use this confirmation to compare premium deductions on your pay check stub.

REMEMBER:

Your enrollment elections are not complete until you receive confirmation your benefit elections have been submitted.



Medical Options

The 2021 Beacon medical plan is a **Consumer Directed Health Plan (CDHP)**.

Under the **CDHP**:

- Wellness/Preventive Services are covered at 100%.
- Prescription Medications classified as maintenance medications are paid by the plan, less the applicable co-insurance co-pay
- For all other expenses, the entire deductible must be met before the plan will pay any expenses.
- This plan can be combined with a Health Savings Account (HSA).

PRE-CERTIFICATION

There is a listing of medical procedures and services which must be pre-certified by Community Health Alliance (CHA) before service takes place. **This call should be made at least two weeks in advance of services being rendered or within 24 hours of an emergency. Many providers will handle this process for the patient. However, it is the plan member/patient's responsibility to make sure the process is completed. If you do not pre-certify, coverage will be reduced by 50% of all eligible charges. Please note that retroactive pre-certifications will not be granted.**

All Inpatient Admissions

- Acute
- Long-Term Acute Care
- Rehabilitation
- Mental Health/Substance Use Disorder
- Residential Treatment Facility
- Transplant
- Skilled Nursing Facility

Outpatient and Physician: Surgery

- All Outpatient Surgery (excluding office based procedures)
- Breast and bone marrow biopsy
- Biopsies (excluding skin)
- Vascular Access Devices for the infusion of Chemotherapy (including, but not limited to, PICC and Central Lines)
- Thyroidectomy, partial or complete
- Open Prostatectomy
- Creation and Revision of Arteriovenous Fistula (AV Fistula) or Vessel to Vessel Cannula for Dialysis
- Oophorectomy, unilateral and bilateral
- Back surgeries and hardware related to surgery
- Osteochondral Allograft, knee
- Hysterectomy (including prophylactic)
- Autologous chondrocyte implantation, Carticel
- Transplant (excluding Cornea)
- Balloon sinuplasty
- Sleep apnea related surgeries, limited to: Radiofrequency ablation (Coblation, Somnoplasty)
Uvulopalatoph (UPPP), including laser assisted procedures

Outpatient and Physician: Diagnostic Services

- CT for non-orthopedic
- MRI for non-orthopedic
- PET
- Capsule endoscopy
- Genetic Testing, including BRCA
- Sleep Study

Outpatient and Physician: Continuing Care Services

- Chemotherapy (including oral)
- Radiation Therapy
- Oncology and transplant related injections, infusions and treatments (e.d. CAR-T, endocrine and immunotherapy), excluding supportive drugs (e.g. antiemetic and antihistamine)
- Dialysis
- Hyperbaric Oxygen
- Home Health Care
- Durable Medical Equipment, limited to electric/motorized scooters or wheelchairs and pneumatic compression devices
- ABA Therapy

Medications:

Contact Medtipster (844-636-7506) to pre-certify for the following:

- Injections/infusions over \$500 administered in a Provider's office
- Self-injected medications
- Opioid medications

Medical Schedule of Benefits – CDHP Plan

	Narrow Network (Beacon)	Regional Network (CHA)	National Network (Aetna)	Out-of-Network
Search CDHP Network:	See Listing on Page 7	www.chanetwork.com	www.aetna.com	Not Applicable
Deductible				
• Single	\$ 1,500	\$ 3,000	\$ 3,000	\$ 4,000
• Single + 1	\$ 2,250	\$ 4,500	\$ 4,500	\$ 6,000
• Family	\$ 3,000	\$ 5,000	\$ 5,000	\$ 8,000
Co-Insurance Covered by Plan	95%	80%	80%	50%
Out-of-Pocket Maximum (Includes deductible, co-insurance and co-pays)				
• Single	\$ 3,000	\$ 6,000	\$ 6,000	\$ 8,000
• Single + 1	\$ 4,500	\$ 9,000	\$ 9,000	\$ 12,000
• Family	\$ 6,000	\$ 12,000	\$ 12,000	\$ 16,000
PRE-CERTIFICATION & PRE-APPROVAL REQUIRED	See Pre-certification list for all procedures requiring pre-certification under this plan.			
COVERED SERVICES				
Inpatient & Outpatient Hospitalization Surgery Centers	95% after deductible	80% after deductible	80% after deductible	50% after deductible
\$2,500 non-Beacon facility penalty will be applied.				
Outpatient Diagnostic Imaging, Laboratory, X-rays	95% after deductible	80% after deductible	80% after deductible	50% after deductible
\$2,500 non-Beacon facility penalty will be applied.				
Emergency Care				
• Hospital				
• Med Point Urgent Care Facilities				
	95% after deductible	80% after deductible	80% after deductible	50% after deductible
\$2,500 non-Beacon facility penalty will be applied for non-emergent use of Hospital Emergency Care.				
Physicians Inpatient Care	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Physician Surgical Services	95% after deductible	80% after deductible	80% after deductible	50% after deductible

Physician and Mental Health Office Visits	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Physician Office Visits – Adult Wellness	100% no deductible	100% no deductible	100% no deductible	No Coverage
Prosthetics/Orthotics	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Mastectomy Bras • Limit of 6 per lifetime	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Organ Transplants • Excludes experimental/investigational	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Pregnancy • Excludes dependent pregnancy	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Routine Newborn Care • Infant must be added within 31 days of birth • First four days of facility charges covered under Mother, if exceeds four days remainder covered under child	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Ambulance Service/Transport	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Diagnostic Laboratory	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Diagnostic X-Ray	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Acupuncture • 12 visits per calendar year	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Durable Medical Equipment • Requires Pre-certification above \$1,000	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Home Health Care • Subject to Pre-Certification/Utilization Review	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Hospice Care • Subject to Pre-certification/Utilization Review	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Spinal Manipulation/Chiropractic • 24 visits per calendar year • \$70 maximum allowable charge per visit (all services)	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Oral Maxillofacial Surgery • Covered if medically necessary • Will coordinate with dental insurance	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Skilled Nursing Facility • Limited to Semi-Private room rate- within 7 days of 5 day admittance; 100 days/calendar year limit	95% after deductible	80% after deductible	80% after deductible	50% after deductible
Therapy • Occupational, Physical or Speech	95% after deductible	80% after deductible	80% after deductible	50% after deductible

PRESCRIPTION DRUG COVERAGE

Pharmacy Benefit Manager		A listing of preferred formulary drugs is available at Medtipster.com and is subject to periodic updates.		
Smoking Cessation Medication (subject to plan limitations)	0% no deductible			Not Covered
Compound Drugs	20% co-pay after deductible, when purchased at Beacon Owned Pharmacy			Not Covered
Prescription Drug Program Deductible waived for most maintenance medications, see HR intranet page for listing of these medications <ul style="list-style-type: none"> Tier 1: Generic Drugs Tier 2: Preferred Formulary Drugs Tier 3: Non-Preferred Non-Formulary Drug Tier 4: Specialty Medication, Pre-certification and participation in Disease Management is required Minimum co-pay of \$5.00 per prescription 	Beacon Owned Pharmacy <ul style="list-style-type: none"> 15% co-pay after deductible 30% co-pay after deductible 50% co-pay after deductible 20% co-pay after deductible (\$300 per fil max) 	Beacon Owned Pharmacy Disease Management Participants: <ul style="list-style-type: none"> 5% co-pay after deductible 20% co-pay after deductible 40% co-pay after deductible 	Other Network Pharmacy <ul style="list-style-type: none"> 25% co-pay after deductible 40% co-pay after deductible 50% co-pay after deductible 	Out Of Network Not Covered
	All Maintenance medications are required to be filled at a Beacon Pharmacy. Mail order option is available through Beacon Pharmacy; mailing cost may apply. Over-the-counter medications, with the exception of Prilosec OTC, Claritin OTC, Zyrtec OTC, and OTC Smoking Cessation medications are not covered by the plan.			

Beacon Owned/Joint Venture Provider/Facility Defined as: <ul style="list-style-type: none"> Beacon Health, LLC Beacon Health Ventures Beacon Medical Group Beacon Granger Hospital Community Hospital of Bremen 	<ul style="list-style-type: none"> Elkhart General Hospital Franciscan Beacon Hospital LaPorte Surgery Center Memorial Hospital of South Bend MRI Center South Bend Specialty Surgery Center
Deductible and Out-of-Pocket Maximum <ul style="list-style-type: none"> In-network amounts will accumulate in aggregate Out-of-Network will accumulate separately Facility Fee does not apply towards deductible or out-of-pocket maximum 	
CHA Regional Network Defined as non-Beacon Provider/Facility in the following counties: <ul style="list-style-type: none"> Adams County Alan County DeKalb County Elkhart County Huntington County Fulton County Kosciusko County Lake County LaPorte County 	<ul style="list-style-type: none"> LaGrange County Marshall County Noble County Porter County Pulaski County Wells County Whitley County Berrien County, MI Cass County, MI St. Joseph County, IN & MI
Facility Penalty <ul style="list-style-type: none"> Waiver available through appeal process for services not available in the Narrow Network 	

For complete coverage listing, refer to the Summary Plan Description or contact Meritain Health prior to service.

PREVENTATIVE/WELLNESS SERVICES

(Excludes Diagnostic Services)

NOTE: There is no coverage for Preventative Services performed by out-of-network providers.

Routine Service	Annual Frequency	In-Network Benefit
Exams & Immunizations <ul style="list-style-type: none"> • Birth to Age 1 • Age 1 to 2 • Age 2 to 6 • Age 6 to 18 • Age 18 & Over 	<ul style="list-style-type: none"> • 6 Exams • 2 Exams per year • 1 Exam per year • 1 Exam per year • 1 Exam per year 	Covered 100% no deductible
Gynecological PAP & related domestic lab fees <ul style="list-style-type: none"> • Age 18 & Over 	<ul style="list-style-type: none"> • 1 Per year 	Covered 100% no deductible
Mammography <ul style="list-style-type: none"> • Age 40 & Over 	<ul style="list-style-type: none"> • 1 Per year 	Covered 100% no deductible
PSA <ul style="list-style-type: none"> • Age 40 & Over 	<ul style="list-style-type: none"> • 1 Per year 	Covered 100% no deductible
Routine Lab (Virtual Wellness) <ul style="list-style-type: none"> • Associate and Spouse 	<ul style="list-style-type: none"> • 1 Per year 	Covered 100% no deductible
Colonoscopy <ul style="list-style-type: none"> • Age 50 & Over 	<ul style="list-style-type: none"> • 1 Every 10 years 	Covered 100% no deductible

PER PAY PERIOD PREMIUMS FOR YEAR 2021; EFFECTIVE JANUARY 1 THROUGH DECEMBER 31 2021

Standard Hours Per Pay Period	Coverage Category	Base Premium (0-399 LiGHT Points)	Includes 5% LiGHT Discount (400-799 LiGHT Points)	Includes 10% LiGHT Discount (800-1000 LiGHT Points)
60+ Hours Per Pay Period	• Single	\$ 31.37	\$ 29.80	\$ 28.23
	• Single +1	\$ 56.54	\$ 53.71	\$ 50.88
	• Family	\$ 86.36	\$ 82.04	\$ 77.72
32 - 59 Hours Per Pay Period	• Single	\$ 62.74	\$ 59.60	\$ 56.47
	• Single +1	\$ 113.08	\$ 107.42	\$ 101.77
	• Family	\$ 172.72	\$ 164.09	\$ 155.45

Voluntary Benefit Options

Voluntary benefits are supplemental coverages to your core health insurance plan and are paid through payroll deduction. They can be a cost-efficient way to provide additional coverage to assist in paying out of pocket expenses not covered by the Beacon medical plan(s).



If you are enrolled in the Beacon Medical Plan in 2021, Beacon will be providing you with a voluntary benefits package. **Beacon will provide this coverage for yourself at no cost to you.** You may choose to elect the same voluntary coverage for your dependents at an additional charge.

These Voluntary Benefits provide cash payments directly to the insured to help cover out of pocket costs such as deductibles or co-insurance, daycare, utility bills or other expenses following a covered event.

The Bundled Voluntary Benefits Package includes coverage for the following events:

- Accident + injury
- Critical Illness- including cancer, heart attack, stroke, or major organ failure
- Hospital inpatient stays

Bundled Voluntary Benefits Package Per Pay period Premiums for 2021	
Single	\$ 0.00
Single +1	\$13.18
Family	\$19.47



For more information on these benefits, log on to PlanSource or visit the HR intranet page.



Even if you are NOT enrolling in the Beacon medical plan you can still enroll in each voluntary plan separately. See PlanSource for more information including premium options.

Disability Coverage

Disability coverage is intended to replace a portion of income when an unexpected illness or disability prevents an associate from being able to work. These plans are administered by One America. Contact the Benefits Call Center with questions.

SHORT TERM DISABILITY

Short Term Disability (STD) coverage is an economical way of planning for a potential loss of income up to 90 days following an associates own injury or accident. There are (4) STD plan options to choose from. Coverage under these plans is available for purchase to all benefit eligible associates in a non-management position. You are not required to be covered on the health plan at Beacon in order to enroll in an STD plan.

Benefits under these plans:

- Are **payable at 60%** of the associates weekly salary up to \$1,400 per week.
- Offer survivor benefits payable to a designated beneficiary.

Plan options available to choose from include:

Plan	Benefits begin	Max Duration	Weekly Pay
Plan 1	8 th day following accident/injury	25 weeks	60% up to \$1,400
Plan 2	15 th day following accident/injury	24 weeks	60% up to \$1,400
Plan 3	8 th day following accident/injury	12 weeks	60% up to \$1,400
Plan 4	15 th day following accident/injury	11 weeks	60% up to \$1,400

Pre-existing Condition: A pre-existing condition is a sickness or injury for which treatment was provided within 3 months prior to the effective date of coverage. Any disability contributed to or caused by a Pre-existing Condition within the first 12 months of effective date will NOT be covered. Pregnancy is considered a pre-existing condition.



Coverage under this benefit begins the first of the month following date of hire for new hires. Coverage for those who enroll during the annual Open Enrollment period, coverage begins January 1.

LONG TERM DISABILITY

Long Term Disability (LTD) is income protection and is payable beginning on the 91st day following the associates own injury or accident. This benefit is a Beacon provided benefit for **all full time associates**.

(Enrollment in this benefit is not required.)

Population Health Management



ANNUAL WELLNESS SCREENING

Beacon is dedicated to improving the quality of life for the people of our community. We believe that the path to achieving this starts with our Associates and their families. As such, Beacon is pleased to offer the annual **Wellness Screening** process to help Associates learn about both their current health risks, as well as the potential health risks they may face in the future. Through the Wellness Screening process you will have the support and assistance to address those risks.

All of the information you share through the Wellness Screening process, including your HA and lab results will remain completely confidential and will NOT be shared with Beacon, as your employer, or Meritain Health.

Participation in the Wellness Screening is **required in order to be covered under the Beacon's medical plan**. If your spouse is also covered under the medical plan, he/she must also participate in the Wellness Screening to be covered under the medical plan. **The process must be completed between August-November, 2020. If you do not complete the process by the November deadline, your medical coverage will be terminated on January 1, 2021.** Dependent children are not required to participate in the program, regardless of age and coverage.

LiGHT PROGRAM

The LiGHT Wellness Program is a registered Bona Fide Wellness Plan that focuses on an array of wellness categories:

- Prevention, Exercise, Community, Nutrition, Mind, De-stress, & Finances

Everyone has individual goals with a different focus when it comes to wellness, and the LiGHT program is designed to help you determine how to prioritize your own unique health opportunities.

Everyone who participates in the LiGHT program will receive an overall wellness score known as your “Health Score”. Your score is based on points you earn from your Health Appraisal (HA), annual biometric results through the Wellness Screening and behavior based activities. All points earned from your annual Wellness Screening are added together for you, along with your daily LiGHT Activity points to give you your overall score.

Besides the benefit of better health, the points you earn through the LiGHT program can also impact your wallet. As a registered Bona Fide Wellness Plan, the LiGHT program allows you the opportunity to earn lower medical insurance premiums based on points you earn. There will be 1,000 points available annually that will be based on 3 criteria: completion of a Health Appraisal (HA), Biometrics, and Activity's. **Your total points will determine which medical insurance premium structure will be available to you.**

Weighting of 1,000 Points		
Biometrics (500 Points) 50%	Behaviors (500 Points) 50%	
Premium Discount		
Red Level (0 – 399 Points) No Discount	Yellow Level (400 – 799 Points) 5% Discount	Green Level (800 – 1,000 Points) 10% Discount

Go to: assethealth.com/LiGHT to learn more!



For associates who cover their spouse on the medical plan, your spouse’s points will be averaged with your points to determine the insurance discount.



There are many tools and resources available to help you keep track of your daily activities and wellness points. You can view everything by visiting the LiGHT website which is located at assethealth.com/LiGHT.

DISEASE MANAGEMENT PROGRAM

Disease Management (DM) is a comprehensive Disease Management Program powered by Overture, available as part of the Medical Plan. This program is a team-based program that provides you with medication therapy and tools to better self-manage your overall health. This voluntary service is provided to you at no cost if you are enrolled in one of the Beacon medical plans. The program focuses on all chronic conditions, including but not limited to:

- Diabetes
- High cholesterol
- High blood pressure
- Asthma

If interested call 574-647-7828 or 574-647-6856.

CASE MANAGEMENT

When a serious condition, such as cancer, occurs, a person may require long-term, perhaps lifetime care. Case Management is a program whereby a case manager monitors these patients and explores, discusses, and recommends coordinated and/or alternate types of appropriate medically necessary care. The case manager consults with the patient, the family, and the attending physician in order to develop a plan of care.

Each treatment plan is individually tailored to a specific patient and should not be seen as appropriate or recommended for any other patient, even one with the same diagnosis.



Dental Options

Beacon's dental plans are fully insured options administered by Cigna Dental. There are three different plans offered.

- **The Standard Plan** - Offers coverage for preventive, basic, and major dental services, including orthodontia for eligible dependants. To receive your maximum benefit you must utilize a **Cigna Radius Network** provider.
- **The Premium Plan** – Offers same benefits as Standard Plan but has higher calendar year maximum benefit coverage limits.
- **The DHMO Plan:** This plan offers no deductibles or annual dollar maximums, and fixed co-pays for covered services, including orthodontia. However, in order to receive these benefits, you must receive treatment from a dentist assigned to you who participates in the Cigna DHMO. You can change your assigned dentist throughout the year, but it must be a DHMO provider. **There are no out-of-network benefits under this plan.**

Dental Schedule of Benefits

	DHMO Plan	Standard Plan (PPO)		Premium Plan (PPO)	
<i>Network (www.mycigna.com)</i>	Cigna DHMO	Cigna Radius Network		Cigna Radius Network	
	In-Network Only	Network	Out-of-Network	Network	Out-of-Network
Annual Deductible	None	\$50 Per Individual \$150 Per Family	\$200 Per Individual \$600 Per Family	\$50 Per Individual No Family Limit	\$50 Per Individual No Family Limit
Calendar Year Max	None	Year 1 - \$1,000 Year 2 - \$1,150 Year 3 - \$1,300 Year 4 - \$1,450 Applies to Class I, II, III Services	Year 1 - \$500 Year 2 - \$650 Year 3 - \$800 Year 4 - \$950 Applies to Class I, II, III Services	Year 1 - \$1,500 Year 2 - \$1,650 Year 3 - \$1,800 Year 4 - \$1,950 Applies to Class I, II, III Services	Year 1 - \$1,000 Year 2 - \$1,150 Year 3 - \$1,300 Year 4 - \$1,450 Applies to Class I, II, III Services
Class I – Preventative & Diagnostic Services • Oral Exam, Routine Cleaning, Routine X-Rays, Fluoride, Sealants, Space maintainers (limited to orthodontic treatment), Non-Routine X-rays, Emergency care to relieve pain	Fixed Copay on Patient Charge Schedule (see intranet)	You Pay 0%, No Deductible	You Pay 50%, After deductible	You Pay 0%, No Deductible	You Pay 0%, No Deductible
Class II – Basic Restorative Services • Fillings, Oral Surgery-Simple Extractions, Relines, Rebases and Adjustments, Repairs-Bridges	Fixed Copay on Patient Charge Schedule	You Pay 20%, After Deductible	No coverage	You Pay 20%, After Deductible	You Pay 30%, After Deductible
Class III – Major Restorative Services • Oral Surgery-All Except Simple Extractions, Anesthetics, Major & Minor Periodontics, Root Canal Therapy/Endodontics, Crowns/Inlays/Onlays, Dentures, Bridges, Prosthesis Over Implants	Fixed Copay on Patient Charge Schedule	You Pay 50%, After Deductible	No coverage	You Pay 50%, After Deductible	You Pay 50%, After Deductible
Class IV – Orthodontia	Fixed Copay on Patient Charge Schedule	You Pay 50%, No Deductible <i>Eligible Children Only</i>	You Pay 50%, No Deductible <i>Eligible Children Only</i>	You Pay 40%, No Deductible <i>Eligible Children and Adults</i>	You Pay 50%, No Deductible <i>Eligible Children and Adults</i>
Orthodontia Lifetime Maximum	None	\$1000	\$ 750	\$1500	\$1000

- Under both the Standard Plan and the Premium Plan, you will NOT receive ID cards to take with you to your dental appointments.
- Your dental office will need to contact Cigna directly in order to verify coverage information and claims processing.
- Under the Cigna's **Wellness Plus® Plan** your annual dollar maximum will increase the following year if you received any preventive care in the previous year. As long as you continue to receive preventative care, you will continue to build up your annual maximum each year, until you reach the maximum level (\$1450 in the Standard Plan, \$1950 in the Premium Plan).
- There is a lifetime benefit maximum for orthodontic services under both the Standard and Premium dental plans. This means that once the plan has paid a certain dollar amount for orthodontic services, no additional payment will be made.

Oral Health Integration Program

More coverage – dental services for participants with associated medical conditions

The table below shows covered dental services by medical condition

Covered Dental Services	Cardio	Stroke	Diabetes	Maternity	Chronic Kidney Disease	Organ Transplants	Head & Neck Cancer Radiation
Periodontal Treatment & Maintenance D4341,D4342,D4910 (1)	X	X	X	X	X	X	X
Periodontal Evaluation D0180				X			
Oral Evaluation D01202,D0140,D0150 (2)				X			
Cleaning D1110 (3)				X			
Emergency Palliative Treatment D9110 (4)				X			
Fluoride – topical application & varnish D12035,D12045,D1206 (5)					X	X	X
Sealants D1351 (5)					X	X	X

(1) Four times per year. (2) One additional evaluation. (3) One additional cleaning. (4) No limitations. (5) Age limits removed, all other limitations apply.

PER PAY PERIOD PREMIUMS FOR YEAR 2021; EFFECTIVE JANUARY 1 THROUGH DECEMBER 31, 2021

Plan Option	DHMO	Standard Plan	Premium Plan
Single	• \$ 5.62	• \$ 8.23	• \$14.88
Single +1	• \$ 9.60	• \$15.32	• \$29.67
Family	• \$15.74	• \$26.81	• \$50.65

Vision Options

Vision coverage helps you pay for vision expenses incurred by you and your family.

Coverage is provided by Cigna Vision. To receive the maximum benefit under the plan you should use a Cigna Vision In-Network Provider. To check if a provider is "in-network" visit the Cigna website at www.MyCigna.com or call 877-478-7557.

Vision Schedule of Benefits

COVERED SERVICES		
Services	In-Network	Out-of-Network
Eye Exams (one per calendar year)	100% After \$10 Co-Pay	Up to \$45
Lenses (each calendar year) <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Lenticular 	After Co-Pay 100% 100% 100% 100%	Up to \$32 Up to \$55 Up to \$65 Up to \$80
Frames (every 2 years)	Up to \$130	Up to \$71
Materials Includes eyeglass lenses, frames and/or contact lenses	\$25 Co-pay	N/A
Contact lenses <ul style="list-style-type: none"> • Elective • Therapeutic 	Up to \$130 Covered \$100	Amount over \$105 Amount over \$210
All Eligible Associates	Per Pay Period Premiums	
<ul style="list-style-type: none"> • Single 	\$ 2.90	
<ul style="list-style-type: none"> • Single +1 	\$ 5.57	
<ul style="list-style-type: none"> • Family 	\$ 9.02	

Life Insurance Options

BASIC LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Beacon provides basic life and accidental death and dismemberment insurance to all full-time Associates and part-time non-union Associates. This coverage is provided at no cost to you. The amount of coverage you receive is based on your classification (example: executive, manager, non-manager, etc.).



You do not need to elect to have this coverage-it is automatically provided for you. You will, however, need to let us know who your beneficiary(ies) is by completing the beneficiary information in PlanSource.

For active Associates who are age 70 or older, there is a 50% reduction in the benefit paid to your beneficiary(ies) when you die. A conversion option is available for individuals who retire or terminate employment from Beacon and who submit a Life Insurance Conversion Form within 31 days of termination.

SUPPLEMENTAL LIFE INSURANCE

Life insurance is an important part of your financial planning and provides financial security for your family if you die. Beacon Associates, who have assigned hours of 16 or more per week, may elect to purchase Supplemental Life Insurance coverage for themselves in **\$10,000 increments**. You can purchase up to a maximum of \$500,000 (or 5 times your annual salary, whichever is less). **Evidence of insurability is required for amounts over \$20,000, when enrolling during Open Enrollment as you are considered a “late entrant”.**

Supplemental Life Insurance premiums are based on your age and the amount of coverage you elect. If you are over age 70, the maximum coverage amount you are eligible for is \$50,000.

SPOUSE SUPPLEMENTAL LIFE INSURANCE

Associates who carry at least \$20,000 in supplemental life insurance on themselves can elect supplemental life insurance for their spouse, up to \$150,000 or one-half of the Associate's supplemental coverage (whichever is less). New hires can elect the guaranteed amount for their spouse up to one half times the amount of associate's own Supplemental Life Insurance option without prior approval.

Late enrollees (for example, anyone enrolling during Open Enrollment) can elect up to \$10,000 in supplemental coverage for their spouse without Evidence of Insurability. Any amounts elected over \$10,000 will require a completed Evidence of insurability form and underwriting approval from the life insurance company.

If your spouse also works for Beacon, you may not carry supplemental spousal life insurance on them.

Supplemental Accidental Death and Dismemberment (AD&D) Coverage:

AD&D coverage is included in the coverage for both the Associate and spouse's supplemental life insurance. This additional coverage offers additional benefits if the loss occurs due to an accident.

Supplemental Life with AD & D Insurance Rates for Associate and Spouse (Spouse rate is calculated on age of associate)	
Age	Rate per \$1000 in coverage per month
Under age 34	\$.07
Ages 35 – 39	\$.08
Ages 40 – 44	\$.11
Ages 45 – 49	\$.17
Ages 50 – 54	\$.25
Ages 55 – 59	\$.41
Ages 60 – 64	\$.62
Ages 65 – 69	\$1.07
Ages 70 or older	\$1.82
<i>Rates are subject to change without notice.</i>	

DEPENDENT CHILDREN LIFE INSURANCE

Beacon Eligible Associates may elect to purchase dependent life insurance for their eligible dependent children.

Coverage includes:

Children (6 months-26 years)	\$10,000
Children (14 days-6 months)	\$ 100

The cost is \$2.00 per month regardless of the number of dependent children insured. You must maintain a minimum of \$20,000 supplemental life insurance to be eligible for dependent life insurance.



If you wish to add Supplemental and/or Dependent Life Insurance during Open Enrollment, complete the enrollment process in PlanSource, then click the link that will allow you to complete an online Evidence of insurability due by **December 15, 2020**. **Failure to return the complete the Evidence of insurability by the specified deadline will result in denial of coverage**. Please remember that this coverage will not be effective until the first of the month following underwriting approval. All questions must be answered.

If you currently have Supplemental and/or Dependent Life Insurance and are keeping your current coverage level, decreasing your coverage, or are increasing your coverage by no more than \$20,000, you only need to make this election in PlanSource; **Evidence of insurability is not required**. Your coverage will be effective January 1, 2021.



Please note—you must carry a minimum of \$20,000 in supplemental life insurance on yourself to carry any coverage on your spouse and/or dependent children.



WHOLE LIFE INSURANCE

Whole Life Insurance provides benefits payable to a designated beneficiary at the time of death. A benefit of enrolling in Whole Life is that it accumulates a cash value while premiums are being paid. This benefit is administered by Allstate. Additional information can be found on PlanSource site.

Pre-Tax Spending Accounts

A key part of Beacon's Health Programs are the Pre-tax Spending Accounts. By using these accounts, you can reduce the money you pay out of your pocket for federal and state income and Social Security taxes.

You need to carefully and conservatively decide if you want to contribute to these accounts because the Internal Revenue Service (IRS) has designed the rules that govern these plans. Visit www.irs.gov for additional information.

There are two health care savings account options to choose from, a traditional **Flexible Spending Account (FSA)** or a **Healthcare Savings Account (HSA)**. These spending account options are available to assist you and your family with out-of-pocket healthcare expenses on a pre-tax basis.

A Dependent Daycare Flexible Spending Account is used for daycare expenses, NOT out-of-pocket medical expenses for dependents (these expenses would be reimbursed from a medical flexible spending account or an HSA). Generally, any dependent daycare expenses you incur, so that you and your spouse can work outside the home, are eligible for the Dependent Daycare Account. These expenses typically qualify for the dependent daycare tax credit on your federal income tax return.



CHOOSING THE RIGHT PRE-TAX SPENDING ACCOUNT

The following chart highlights each type of pre-tax spending account and will help you choose which account(s) is/are best for you. Enrollment takes place in PlanSource.

Health Saving's Account (HSA)	Flexible Spending Account (FSA)-Healthcare	Flexible Spending Account (FSA)-Dependent Care
<ul style="list-style-type: none"> Used for out-of-pocket medical expenses not covered by insurance 	<ul style="list-style-type: none"> Used for out-of-pocket medical expenses not covered by insurance 	<ul style="list-style-type: none"> Used for out-of-pocket child care expenses to allow parent to work outside the home
<ul style="list-style-type: none"> Age limit; funds used for associate under age 64 years and 6 months and legal dependent children covered under a high-deductible medical plan 	<ul style="list-style-type: none"> No age limit; funds used for associate and legal dependent children 	<ul style="list-style-type: none"> Age limit: funds used for legal dependent children only who are under age 13
<ul style="list-style-type: none"> Enrolled in Medical Plan CDHP 	<ul style="list-style-type: none"> Not enrolled in the Beacon medical plan or enrolled in the Beacon medical plan and Medicare and over age 64 years and 6 months 	<ul style="list-style-type: none"> Enrollment in Medical Plan not required
<ul style="list-style-type: none"> 2021 Annual Saving's Limit: <ul style="list-style-type: none"> \$3,600 if you are enrolled in medical for yourself only \$7,200 if you are enrolled in medical coverage for yourself +1 family member or if you have Family Coverage 	<ul style="list-style-type: none"> Annual Saving's Limit: \$2,700 	<ul style="list-style-type: none"> Annual Saving's Limit: \$5,000
<ul style="list-style-type: none"> \$1,000 Catch-up for age 55 and over 	<ul style="list-style-type: none"> No Catch-up 	<ul style="list-style-type: none"> No Catch-up
<ul style="list-style-type: none"> Annual minimum election is \$26.00 	<ul style="list-style-type: none"> Annual minimum election \$130 	<ul style="list-style-type: none"> Annual minimum election \$130
<ul style="list-style-type: none"> Must accrue funds before available for use 	<ul style="list-style-type: none"> Full annual election amount available for use on January 1 	<ul style="list-style-type: none"> Must accrue funds before available for use
<ul style="list-style-type: none"> Unused balance rollover year-to-year 	<ul style="list-style-type: none"> Up to \$550 carries over into following year 	<ul style="list-style-type: none"> Use-it or Lose-it by March 15
<ul style="list-style-type: none"> Beacon contributions funds to your account 	<ul style="list-style-type: none"> No Beacon contribution 	<ul style="list-style-type: none"> No Beacon contribution
<ul style="list-style-type: none"> Debit card provided 	<ul style="list-style-type: none"> Debit card provided 	<ul style="list-style-type: none"> Debit card provided
<ul style="list-style-type: none"> Personal checkbook option for small fee 	<ul style="list-style-type: none"> No personal checkbook option 	<ul style="list-style-type: none"> No personal checkbook option
<ul style="list-style-type: none"> Online banking and ATM access 	<ul style="list-style-type: none"> No online banking or ATM access 	<ul style="list-style-type: none"> No online banking or ATM access
<ul style="list-style-type: none"> No Reimbursement Form needed 	<ul style="list-style-type: none"> Reimbursement Form available to access funds 	<ul style="list-style-type: none"> Reimbursement Form available to access funds
<ul style="list-style-type: none"> Account access available from www.hsabank.com/hsabank/members 	<ul style="list-style-type: none"> Account access available from www.mymeritain.com 	<ul style="list-style-type: none"> Account access available from www.mymeritain.com
<ul style="list-style-type: none"> Monthly Statement online or mailed to home 	<ul style="list-style-type: none"> Quarterly statement available online 	<ul style="list-style-type: none"> Quarterly statement available online
<ul style="list-style-type: none"> Annual re-enrollment not required 	<ul style="list-style-type: none"> Annual enrollment is mandatory 	<ul style="list-style-type: none"> Annual enrollment is mandatory
<ul style="list-style-type: none"> Contribution changes available throughout the calendar year 	<ul style="list-style-type: none"> One time annual election unless you have a qualified Family Status Change 	<ul style="list-style-type: none"> One time annual election unless you have a qualified Family Status Change
<ul style="list-style-type: none"> No annual audit; keep all receipts filed with annual tax return 	<ul style="list-style-type: none"> Annual audit; save all receipts 	<ul style="list-style-type: none"> Annual audit; save all receipts
<ul style="list-style-type: none"> Beacon Contribution: \$1,000 (pro-rated for enrollment after July 1, 2021) 	<ul style="list-style-type: none"> No Beacon Contribution 	<ul style="list-style-type: none"> No Beacon Contribution

Important Numbers You Should Know

Aetna Voluntary Plans

For questions regarding Beacon's Voluntary Benefit Plans, contact 800-607-3366.

Beacon's Benefit Call Center

Benefits or PlanSource related questions can be directed to: 833-307-1638, or Benefits@BeaconHealthSystem.org.

Beacon Home Care Pharmacy

To fill or transfer a specialty prescription to the Home Care Pharmacy, contact Home Care Pharmacy at (574)647-5600.

Beacon Pharmacy

To fill or transfer a prescription to a Beacon Pharmacy, contact Memorial Team Pharmacy call (574)647-3534, or fax (574)647-6767 or Elkhart General Outpatient Pharmacy at (574)523-3101 or fax (574)523-7802

Dental Insurance

For questions regarding Beacon's Dental insurance plans call **Cigna** directly at (800)244-6224 or visit their website at mycigna.com.

Disease Management Program (DM)

To inquire about Beacon's DM program, contact the DM Manager at (574)647-5003 or 574-647-6856.

Domestic (Beacon) Providers

To inquire about a Domestic Provider, beaconhealthsystem.org.

Flexible Spending Accounts (FSA)

For questions regarding either of Beacon's Medical or Dependent Flexible Spending Accounts call **Meritain Health** directly at (800)566-9305 or visit their website mymeritain.com.

Health Savings Account (HSA)

For questions regarding Beacon's Health Saving's Accounts, contact HSA Bank at (800)357-6246 or visit the member website at hsabank.com/hsabank/members

LiGHT Wellness Program

For questions related to Beacon's Wellness program, contact: assethealth.com/light or (574)647-6509.

Medical Insurance

For questions regarding Beacon's Medical insurance plans call **Meritain Health** directly at (800)925-2272 or visit their website mymeritain.com.

Medical Network Providers

To inquire about in network providers call (574)284-1820 or visit bhsaco.com, or the **Aetna Choice website for National Network inquiries:** aetna.com/docfind/custom/mymeritain. If you just have general questions, please call (574)647-1820 or toll free (888)689-2242.

Prescription

To inquire about pharmacy benefits or pre-cert a self-injectable medication, call **MedTipster** directly at 844-636-7506, or to find the Tier level of your medication visit their website MedTipster.com

Retirement Savings Plans

Have questions on your different investment options call **Transamerica** at their toll free customer service phone line (800)755-5801 or visit their website Beacon.TRSretire.com.

To talk one-on-one with a representative who is located onsite call (574)647-1026 or (574)523-3485; or to talk with an HR Representative regarding your plans for retirement call (574)647-6049 or e-mail kbacus@beaconhealthsystem.org

Pre-Certification

To pre-certify your *medical* procedure you will need to call **Community Health Alliance (CHA)** directly at (574)647-1824 or toll free (800)301-1824. **Prescription pre-certification** call (800)872-8276.

Vision Insurance

To inquire about vision benefits or to find a vision care provider, simply call **Cigna** at the toll free number (877)478-7557 or visit their website at mycigna.com.

Virtual Wellness Screening

To complete your HRA or register for lab services visit the Asset Health website at assethealth.com/LiGHT. Questions can be directed to (574)647-6509.