BETHEL COLLEGE
INDIANA

Benefit Guide 2018

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STRENGTH AGAINST RISK®

Contents

Getting Started

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. We strive to provide one of the best benefit plans in the industry because, above all, we want our benefits to reflect the pride we take in our most important assets, our employees. Eligible employees have a robust choice of benefit plans from which to choose; as such, we ask that you read this benefit guide carefully so that you can make the benefit elections that best work for you.

Benefits Eligibility

Our company sponsored benefit plans provide coverage for all regular employees who are scheduled to work at least 30 hours per week. These employees can participate in all benefit plans, beginning the first of the month following date of hire.

Dependent Eligibility

In addition to benefits for employees, the company also sponsors benefits for eligible employee's family members. An employee's lawful spouse, as well as children and legal dependents are all eligible for benefit plan coverage, based on the guidelines outlined in this booklet and the plan certificates. Please read the plan eligibility rules carefully to verify whether your loved ones qualify for dependent benefit coverage.

Dependents are defined as:

- An employee's lawful spouse
- An employee's child, who is:
- Less than 26 years of age
- 26 or more years old and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap

Dependent Specifications

Please note correct Social Security Numbers and dates of birth are required for enrollment of a new dependent. If you do not have this information at the time you are enrolling your dependent, there may be a delay in coverage.

Benefits Enrollment

Open Enrollment and New Hire Enrollment

Eligible employees can enroll for benefits during two occasions, when newly hired as an employee of the company and during annual open enrollment. Below are descriptions of each of these periods for enrollment:

New Hire: A newly hired employee will be allowed to choose benefit plans that are effective on the first of the month following date of hire. Once a new hire has chosen plans, these benefits will be in place for the remainder of the benefit plan year.

Open Enrollment: Once a year, the company will offer an open enrollment period when employees may change their benefits at their discretion. The open enrollment period will be announced and usually occurs prior to the start of the plan year or at any time when a benefit plan is modified by the company.

Qualifying Life Events

In addition to changes made during the open enrollment process, certain qualifying life events may allow a benefit change during the plan year. **You must request the election change within 30 days of the life event.**

The following qualified life events are considered under federal law and regulations to be changes in status which will permit you to revoke an existing election and make a new election with regard to one or more benefits under the plan, provided that you notify the Plan Administrator within 30 days of the event. **IF YOU DO NOT MAKE YOUR CHANGES WITHIN THE 30 DAY PERIOD, then you LOSE THE OPTION TO MAKE THE CHANGE.**

- Change in marital status including marriage, divorce, death of a spouse, or legal separation.
- Change in number of dependents including birth, adoption, and placement for adoption or death of a dependent.
- Change in employment status of the employee, spouse or dependent that causes the individual to become or cease to be eligible under the plan.
- Change in dependent eligibility status including events that cause the dependent to gain or cease eligibility such as attainment of age.

In order for you to make a mid-year election change, a qualified life event must affect you, your spouse or your dependent's eligibility for benefits under the plan.

IMPORTANT: If you miss your window of opportunity for enrollment for the plan year, you will NOT be able to enroll in benefits unless you have a qualified 'life event' or you wait until the following year open enrollment. You will have a maximum of 30 days from the date of the life event to make the change.

How Do I Enroll?

For this year's Open Enrollment period, Bethel College will be providing on site benefit enrollment assistance through Steele Benefits. A Steele Benefits representative will walk you through each benefit that is offered to you by Bethel College and answer any questions you may have. They will also assist you in entering your elections into the online enrollment system to ensure all information is accurate. Please pay attention to the system, Selerix, as you enroll as future enrollments will likely occur in this system as well.

Open enrollment will be from Monday, November 6th through Friday, November 17th.

Important Information on Health Insurance

Did you know that Bethel College has a self-funded plan? This means that every claim that gets processed that is paid by "insurance" is money that comes directly out of the College's budget. Anthem processes the claims and pays providers, but Anthem sends Bethel College an invoice each week for all of the claims they processed. Anthem charges us an administrative fee to do all of this work, to use their network, and receive the discounts they have negotiated with the doctors and facilities within their network. We also pay another vendor for Stop Loss coverage. The Stop Loss coverage limits the College's liability for extremely large claims. There are 3 things that the College pays for:

1. All claims after copays, deductibles, and out of pocket maximums are applied.
2. Administrative fee to Anthem to process claims and participate in their network
3. Stop Loss coverage

Bethel College pays a large majority of this cost, so please strive to be a wise consumer of healthcare!

How to Be a Wise Consumer

With the increasing costs of healthcare, it is important that you take responsibility for medical care and prescription choices. There are many things you can do to take control of how much you are spending on medical care as an individual that could benefit both your health and your personal budget. One simple way to help reduce spending is to ask questions such as:

- How much will the treatment cost?
- Is there an alternative treatment that is equally effective but costs less than the proposed treatment?
- Is there a generic version of this medication?
- Can these lab tests be performed at a clinic, rather than a hospital?
- Can this surgery be performed at a clinic or an outpatient facility?

Becoming an informed customer is the first step in combatting the rising cost of healthcare. If you wish to learn more, please contact Human Resources.

Health Insurance – Anthem Blue Cross Blue Shield

Our group health plan will remain with **Anthem** for the **2018** plan year. We are pleased to announce there will be minimal plan design changes for the **2018** plan year! The deductible for the HSA plan will be increasing by $500 for Employee Only coverage to ensure IRS compliance on HSA eligible plans. **Anthem** continues to be a well-recognized health insurance carrier whose network includes most local physicians and hospitals. As always, please check with your health care provider to verify participation before receiving services.

PPO Network

Our Health Plan uses the ***Blue Access*** network. The **Blue Access** network is one of the broadest networks of physicians and hospitals available. Please visit their website, **www.anthem.com** for a complete list of participating providers.

It is very likely that your physician already participates in the **Anthem Blue Access** network, but it is recommended that you verify this with your doctor's office before each visit.

To find physicians within the PPO network:

- Please visit **www.anthem.com**
- Click "Find a Doctor"
- Select a state
- Select ***Blue Access*** as the plan network
- Then follow the prompts
- Or, call customer service for a PPO referral

WWW.ANTHEM.COM

Anthem's online services are fast, easy, and free with convenient access to tools and resources such as:

- Claim status (including copies of EOBs)
- Status of medical deductibles and out-of-pocket amounts
- Frequently used forms
- ID card ordering (duplicates or replacements)
- Health information
- Prescription benefits information

To Access Anthem's Online Services:

- Visit **www.anthem.com**
- Submit your username and password in the "Member Log In" box. Or, if you have not yet registered for online services, click "Register Now" then follow the prompts to complete your registration.

If you have questions or problems, you can contact the Anthem technical support team at **1-866-755-2680.**

Appropriate use of the Emergency Room

Beginning in January 2018, services for minor (non-emergency) conditions will not be covered when treated in the emergency department (ED) if more appropriate settings are available. Members who choose to receive non-emergency care in the ED will be responsible for all charges incurred. For more information, please visit: https://www.anthem.com/what-to-know/

Anthem Customer Service

For Customer Service, call the number listed on the back of your member identification card. More claims and benefit information is available online at **www.anthem.com.**

Please note: ***Explanation of Benefits (EOBs)*** are being mailed to homes unless you opt out through Customer Service or the Anthem online Portal.

Anthem Blue Cross Blue Shield (Continued)

BCBS Global Core

For those of you who travel internationally, whether it be for work or pleasure, Anthem BCBS provides medical coverage for you and members of your plan in emergency situations. This coverage is provided through Blue Cross Blue Shield Global Core, formerly known as BlueCard Worldwide. The Blue Cross Blue Shield Global Core website will help you to find doctors and hospitals outside of the United States, Puerto Rico, and the U.S. Virgin Islands. The website also provides you with resources to stay safe and healthy during you travels. For more information, please go to www.bcbsglobalcore.com or download the Blue Cross Blue Shield Global Core app from the Apple store or Google play.

LiveHealth Online

LiveHealth Online is a covered benefit through Anthem Blue Cross Blue Shield that allows you to seek medical advice at any time of the day from wherever you are using your computer or mobile device. LiveHealth Online uses two-way video technology to connect you with board certified doctors. With LiveHealth Online there is no waiting or appointments necessary. When choosing a doctor, you are able to see their rating, profile, languages spoken, and a photo. You can also save a doctor's information in the preferred providers section if you wish to see them for future visits. The cost of a typical visit is only $49 is on the HSA plan and $25 copay if on the PPO plan. Bethel College picks up the remainder of the cost on the PPO plan to complete the $49 charge for services. LiveHealth Online will always inform of the cost before the visit begins. LiveHealth Online can be used by anyone and is helpful for many different health issues, such as:

- Colds
- Ear aches
- Nausea
- Infections
- Flu
- Allergies
- Rashes
- Sinus Infections
- Bronchitis

While LiveHealth Online is great for many health issues, should you experience an emergency please call 911 immediately.

24/7 NurseLine

Like LiveHealth Online, 24/7 NurseLine is a program through Anthem Blue Cross Blue Shield that is available to you in order to help manage health issues when they arise. By calling 24/7 NurseLine, you are able to speak with a registered nurse who can help you with your baby's fever, give you allergy relief tips, and advise you where to go if additional care is needed.

2018 Medical & Prescription Plan Benefits

Because we recognize how important medical coverage is for you and your family, the medical plans offered allow employees to choose from two (2) different options administered through **Anthem.** These are the **Anthem HSA Plan** and **Anthem PPO Plan**. Below you can review detailed information about each to decide which plan works best for you.

This is a snapshot summary of your **In-Network medical benefits and is not intended to replace your Summary of Benefits and Coverage. **Please see the intranet for a full summary of benefits.***

	2018 HSA Plan	2018 PPO Plan
Deductible (Single) (Family)	**You Pay:** $2,700 $5,250	**You Pay:** $750 $2,250
Coinsurance	**You Pay:** 10% After Deductible	**You Pay:** 20% After Deductible
Out of Pocket Max **(Includes Deductible)** (Single) (Family)	**You Pay:** $3,650 $7,250	**You Pay:** $4,000 $8,000
Preventive Care**	**You Pay:** 0%	**You Pay:** $0
PCP Office Visits	**You Pay:** 10% After Deductible	**You Pay:** $25 Copay
Specialist Office Visits	**You Pay:** 10% After Deductible	**You Pay:** $40 Copay
Emergency Room Visits	**You Pay:** 10% After Deductible	**You Pay:** $100 Copay + 20% (Copay waived if admitted)
Urgent Care Visits	**You Pay:** 10% After Deductible	**You Pay:** $35 Copay
Prescription Drugs		
Retail (30 Days) Generic Brand Brand, Non-Formulary	**You Pay:** 10% After Deductible	**You Pay:** $10 Copay $40 Copay $60 Copay
Mail Order (90 Days) Generic Brand Brand, Non-Formulary	**You Pay:** 10% After Deductible	**You Pay:** $20 Copay $80 Copay $120 Copay
Specialty Drugs	**You Pay:** 10% After Deductible	**You Pay:** 25%

***If services other than preventive care as outlined by the US Preventive Services Task Force Recommendations are obtained during the visit, a copay, coinsurance, and/or deductible may apply.*

Preventive Care Guidelines

Both medical plans include coverage for preventive care exams and screenings at no cost to you. The preventive care services covered under the plans follow the recommendations from the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

Below is a sample list of services that are considered preventive for these purposes. Please note that these services may be subject to age and frequency guidelines and may result in cost sharing if they are not provided in accord with the recommended guidelines. Some states offer additional coverage. Please review the complete list of guidelines and limitations provided by your medical insurance carrier.

Children	Adults
Age-appropriate preventive medical exam	Age-appropriate preventive medical exam
Immunizations from birth to 80 years (doses, recommended ages, and recommended populations vary): • Diphtheria, tetanus, pertussis • Hepatitis A • Hepatitis B • Human papillomavirus • Inactivated poliovirus • Influenza • Measles, mumps, rubella • Meningococcal • Pneumococcal • Rotavirus • Varicella	Immunizations for adults (doses, recommended ages, and recommended populations vary): • Hepatitis A • Hepatitis B • Herpes zoster • Human papillomavirus • Influenza • Measles, mumps, rubella • Meningococcal • Pneumococcal • Tetanus, diphtheria, pertussis • Varicella
Hearing Screening	Blood pressure screening
Vision Screening	Cholesterol screening for high risk adults
Behavioral assessments by Primary Care Physician (PCP)	Colorectal cancer screening for adults age 50-75
Developmental screening for children under 3 years and surveillance throughout childhood by PCP	Prostate cancer screening for men age 50-75
Autism screening for children at 18 and 24 months by PCP	Prescribed, FDA-approved, contraceptive devices and drugs
Phenylketonuria (PKU) screening in newborns	Mammography for women age 50-74 and for those in other age groups as jointly determined by patient and physician
Dyslipidemia screening for high risk children	Cervical cancer screening in women age 21-65

Accessing Obstetrical or Gynecological Care

You do not need prior authorization in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Flexible Spending Account

Flexible Spending Accounts are voluntary tax-free accounts designed to help pay for your medical and child care expenses while allowing you to keep more of your paycheck and lower your taxable W-2 wages. You can set aside money on a tax-free basis through a **Health Care Flexible Spending Account** to reimburse yourself for eligible non-insured medical, dental, and vision care expenses incurred by you and your eligible dependents. You may also set aside money to pay for dependent care with a **Dependent Care Flexible Spending Account**.

Beginning in 2018, Bethel will be using a third party vendor, Infinisource to administer the Healthcare FSA and Dependent Care FSA. Everyone who enrolls in the FSA **will be receiving a new card this year**.

Healthcare Flexible Spending Account

Healthcare flexible spending accounts set aside your pre-tax dollars to cover reimbursable expenses that include, but are not limited to, doctor visit copays, medical and dental deductibles, coinsurance, eyeglasses, contacts, Lasik procedures, and orthodontia. You can view a comprehensive list of reimbursable medical expenses at: http://www.irs.gov/publications/p969/ar02.html#en_US_2014_publink1000204174

- You may contribute up to a maximum of $2,650 to the Healthcare FSA plan each calendar year.
- Your annual election amount is available at any time during the plan year.
- You can only elect this benefit if you are ***NOT*** enrolled in the HSA medical plan. You can pair this benefit with no medical coverage or the PPO medical plan.

Dependent Care Spending Account

Depending Care Spending Accounts are separate flexible spending accounts specifically designed to help you to pay for dependent daycare services on a pre-tax basis. To be eligible for a Dependent Care FSA, daycare expenses incurred must be as a result of you being gainfully employed or being a full time student. If married, the incurred expenses must be as a result of you and your spouse being gainfully employed or full time students. Daycare must be provided by a licensed or certified daycare provider. Additionally, daycare expenses included while there is a stay at home parent are not reimbursable.

- You may contribute up to a maximum of $5,000 to a Dependent Care FSA plan each year and will not roll over at the end of a calendar year.
- Your Dependent care account will only reimburse up to your actual account balance at the time a reimbursement request is processed.

INFINISOURCE

Health Savings Account

If you choose to participate in the 2018 Qualified High-Deductible Health Plan (and you are not covered by another health plan, FSA, or HRA), you are eligible to contribute to a Health Savings Account (HSA). The company does not provide or fund HSAs; however, you may start a HSA at a bank of your choice. The HSA allows you to put aside money to help offset the cost of your healthcare expenses. The balance in an HSA account can be used for eligible medical, dental, and vision expenses (for instance: deductible amounts and other eligible out-of-pocket expenses) throughout the year, and the balance at the end of the year rolls over into the next year (it is NOT a "use it or lose it" program). You can have pre-tax HSA contributions placed into your account bi-weekly via payroll deductions or funds can be deposited on an after-tax basis, and you would deduct the amount of your contributions when you file your income taxes for the calendar year

Annual HSA Contribution Maximum for 2018:

- **Single Coverage**: $3,450
- **Family Coverage**: $6,900
- **For Individuals Ages 55+:** the IRS allows additional "catch-up contributions." Eligible individuals may contribute an extra $1,000 for the year. If you and your spouse are HSA eligible and are wanting to contribute separate $1000 contributions, please note that this must be done in separate HSA accounts.

Very Important Rules

- The IRS rules prohibit an individual from having a Traditional Healthcare FSA and an HSA at the same time. In order for you to be able to fund and use an HSA beginning January 1, 2018, there can be no balance in a Traditional Healthcare FSA after December 31, 2017.
- It is important to keep all receipts as you may need to demonstrate to the IRS that your distributions were for qualified medical expenses. Failure to provide receipts could result in having to pay a penalty.

Please refer to IRS Publication 502 for more information regarding qualified medical expenses:
https://www.irs.gov/publications/p969#en_US_2016_publink1000204083

HDHP Deductible Assistance

For employees who are enrolled on the HDHP and find they need assistance with their deductible, the College is willing to provide loan assistance in approved cases. We have created a program where you can request an interest-free loan for deductible assistance. The maximum loan amount is $2,700. Repayment will be through payroll deduction and begin immediately on the next check. The maximum repayment period is 6 months. A loan can be requested once per calendar year, and your loan must be paid in full before requesting another loan. To request a loan, you will be required to show documentation of the amount due (doctor's bill with service date in the calendar year requested, EOB). The requested amount cannot be more than the amount due. Please contact the Benefits Office for additional information.

2018 Group Dental Plan

Staying healthy includes obtaining quality dental care for you and your family. Therefore, we offer you the option to purchase dental insurance through **Health Resources Inc. (HRI)**. This plan covers routine preventive care, basic and major restorative services.

This is a snapshot summary of your **In-Network dental benefits and is not intended to replace your Summary of Benefits and Coverage. **Please see the intranet for a full summary of benefits.***

HRI - Group Dental	
Network	HRI
Plan Description	The HRI plan is a PPO network plan; while benefits are the same in and out of network, the member receives discounted services and payments are made directly to the provider when using a HRI provider. Participating HRI providers may be found at www.insuringsmiles.com or by calling customer service at 1-800-727-1444.
Dental Plan Features	**In-Network**
Calendar Year Max Benefit *(combined across all networks)*	$1000 Per Insured
Calendar Year Deductible *Single* *Family*	**You Pay:** $0 $0
Preventive Services	**You Pay:** 0%
Basic Services	**You Pay:** 20%
Major Services	**You Pay:** 50%
Orthodontia	**You Pay:** Not Covered
Dependent Child Age Limit	To age 26

dental health OPTIONS® by Health Resources, Inc.

2018 Group Vision Plan

Beginning this year, Bethel College will be offering vision services through a new provider, **Vision Service Plan (VSP)**. VSP has an extensive network of vision care providers who offer copayments and/or allowances for eye exams, lenses and frames. Every twelve months the plan will cover your choice of either medically-necessary contact lenses or eyeglass lenses. See your vision care plan benefits below:

Please see the intranet for a full summary of benefits.

VSP Group Vision		
Plan Description	VSP is a PPO network plan; benefits are increased and services are discounted when using network providers. Participating providers may be located at www.vsp.com or by calling 1-800-877-7195.	
Vision Plan Features	**In-Network**	**Out-of-Network**
Vision Examination *Covered once every 12 months*	**You Pay:** $10 Copay	**You Pay:** Reimbursed up to $45
Frames *Covered once every 24 months*	**You Pay:** $25 Copay, $130 Allowance + 20% off remaining balance	**You Pay:** $25 Copay, Reimbursed up to $70
Lenses *Covered once every 12 months*	**You Pay:** $25	Reimbursed Single Lenses – Up to $30 Bifocal Lenses – Up to $50 Trifocal Lenses – Up to $65
Contact Lens Exam *Covered once every 12 months*	**You Pay:** Up to $60 Copay	Reimbursed up to $105
Contact Lens Benefit *In lieu of glasses*	**You Pay:** $25 Copay, $130 Allowance	Reimbursed up to $105

VSP® Vision care for life

2018 Group Life Insurance Plan

Group Term Life Insurance

Life insurance is an important part of your financial well-being, especially if others depend on you for support. As such, the company provides **$50,000** of basic life insurance and AD&D coverage to eligible full-time employees at no cost. Please make sure to review beneficiary information as major life events occur.

Voluntary Life and AD&D Insurance

The company provides you with the opportunity to purchase additional life insurance through **Mutual of Omaha** for yourself and your covered dependents through payroll deduction. Premiums are based on the amount of life insurance and the age of the employee. Detailed benefit summaries and premium costs are available through the HR Department.

Note: Employee must be enrolled in voluntary life in order to elect spouse or dependent life.

Eligibility	Coverage
Employee Voluntary Life	**Available in Increments of $10,000** **Maximum Benefit:** 7x's Annual Salary, up to $500,000 **Guarantee Issue (GI) Amount:** $200,000
Spouse Voluntary Life*	**Available in Increments of $5,000** **Maximum Benefit:** 50% of employee's benefit, up to $250,000 **Guarantee Issue (GI) Amount:** 50% of employee's benefit up to $50,000
Child(ren) Voluntary Life**	**Available in Increments of $2,500** **Maximum Benefit: $10,000** **Guarantee Issue (GI) $10,000**

*Spouse voluntary life cannot exceed 50 percent of employee elected coverage.

**Eligible children are children 14 days old up to age 26 years.

Modified Open Enrollment: This year at annual enrollment, if you are a current active employee, you may elect to increase your existing Voluntary Life coverage by the following incremental increases:

Guidelines

- EMPLOYEES can elect or increase coverage by $10,000 or $20,000 without evidence of insurability. This is available to all employees whether you are currently enrolled in coverage or not.
- SPOUSES can elect or increase coverage by $10,000 without evidence of insurability.
- An employee is able to increase coverage beyond the guarantee issue maximum ($200,000) without evidence of insurability, but not able to enroll for more than the benefit maximum of the plan ($500,000).
- A spouse is able to increase coverage beyond the guarantee issue maximum ($50,000) without evidence of insurability, but not able to enroll for more than the benefit maximum of the plan ($250,000)

Examples

- No current elections
    - An employee with $0 in current elections can select the following options:
    - Employee: $10,000 or $20,000
    - Spouse: $10,000

Voluntary Life (Continued)

- Crossing the Guaranteed Issue
    - An Employee with $200,000 (guarantee issue max) can increase coverage by $10,000 or $20,000 without evidence of insurability

Beneficiary Designation: It is important to make sure your beneficiary designation is complete and up-to-date. You may change your beneficiary at any time. Please refer to Selerix or the intranet for more information concerning Beneficiary Designation outside of Open Enrollment.

2018 Long-Term Disability

The company provides employees with the opportunity to purchase long-term disability coverage to help provide paycheck replacement income in the event you are disabled long-term.

- For salaried employees, the plan replaces 60% of your pay up to $5,000 per month.

The benefit is payable to Social Security Normal Retirement Age after a 180-day waiting period per illness/injury.

Supplemental Coverage – Allstate

Accident

Bethel College now offers Voluntary Accident and Critical Illness policies through Allstate. These policies are an excellent supplement to the health insurance plan to help offset deductibles in the case of accident or diagnosis of a designated critical illness. The list below is a snapshot of the conditions covered by the Accident policy.

Please see the benefit summaries on the intranet for further information.

Description	Option 1	Option 2
Accidental Death	Primary Insured – $40,000 Spouse, if covered – $20,000 Child(ren), if covered – $10,000	Primary Insured – $60,000 Spouse, if covered – $30,000 Child(ren), if covered – $15,000
Daily Hospital Confinement	$200 per day	$300 per day
Intensive Care	$400 per day	$600 per day
Ambulance Services	$200 Regular $600 Air	$300 Regular $900 Air
Accident Physician Treatment	$100	$150
X-Ray	$100	$150
Dislocation or Fracture	Primary Insured – $4,000 Spouse, if covered – $4,000 Child(ren), if covered – $4,000	Primary Insured – $6,000 Spouse, if covered – $6,000 Child(ren), if covered – $6,000
Emergency Room Services	$200	$300

Critical Illness

The College provides employees with the opportunity to purchase Allstate Critical Illness coverage to help financially if you are diagnosed with a predetermined disease. The following benefits (in addition to the full list included in the benefit summary) are eligible for payment at the designated amounts at the time of diagnosis. Even though there is no pre-existing condition provision, the benefit is only payable for diagnoses after the effective date of coverage.

Description	Option 1	Option 2
Heart Attack	$10,000	$20,000
Stroke	$10,000	$20,000
Major Organ Transplant	$10,000	$20,000
End Stage Renal Failure	$10,000	$20,000
Invasive Cancer	$10,000	$20,000
Coronary Artery Bypass Surgery	$2,500	$5,000

Allstate
You're in good hands.

403(b) Retirement Plan

Bethel currently provides a matching contribution of up to 2% of base pay. For every dollar you put in, Bethel will contribute one dollar up to 2% of your annual pay. Go to www.principal.com to view your account and/or to make changes to your contributions. Changes can be made at any time during the year.

Service Days

Bethel encourages all Staff Members to utilize up to three paid Service Days per fiscal year to volunteer their time and talent in service to the community. These days must be scheduled (and approved) in advance, and can be requested off using a Leave Request Form.

Tuition Reduction Grant

All full-time employees and their dependents are eligible to receive free tuition for taking classes in the pursuit of an undergraduate degree. Pro-rated TRG is available for employees who work at least 20 hours per week for 12 months of the year. Part-time employees are only eligible for TRG for themselves and not their dependents. Be sure to watch your email and Bethel feed in January/February for the 2018-2019 TRG policy and form. If you miss the deadline for submitting your form, you will not be eligible for TRG benefits for the 2018-2019 academic year. No late applications are accepted.

2018 Employee Payroll Deductions

Bi-Weekly Premium Payroll Deductions

Payroll Deductions are deducted on a bi-weekly basis.

Plan	Based on 26 Pay Periods Per Year	
Medical	**Anthem HDHP**	**Anthem PPO**
Employee Only	$.46	$77.54
Employee /Spouse	$63.14	$120.92
Employee/Child(ren)	$60.84	$120.92
Employee/Family	$78.47	$133.89
Dental	**HRI Dental**	
Employee Only	$9.20	
Employee/Spouse	$18.50	
Employee/Child(ren)	$16.00	
Employee/Family	$28.50	
Vision	**VSP Vision**	
Employee Only	$3.83	
Employee/Spouse	$6.45	
Employee/Child(ren)	$6.59	
Employee/Family	$10.62	
Life / Disability	**Mutual of Omaha**	
Basic Life / LTD	Employer Paid	
Voluntary Life	Refer to Intranet	

Accident	Allstate – Option 1	Allstate – Option 2
Employee Only	$5.56	$7.66
Employee/Spouse	$8.62	$12.02
Employee/Child(ren)	$13.02	$18.14
Employee/Family	$16.32	$22.72

Critical Illness	Allstate – Option 1 ($10,000)			
	Non-Tobacco Users		Tobacco Users	
Employee Age	EE or EE + CH	EE + SP or Family	EE or EE + CH	EE + SP or Family
18-29	$2.02	$3.34	$2.64	$4.26
30-39	$3.92	$6.26	$5.48	$8.62
40-49	$7.36	$11.60	$11.22	$17.40
50-59	$12.64	$19.76	$19.70	$30.36
60-64	$16.86	$26.26	$26.72	$41.04
65+	$27.18	$41.96	$42.40	$64.78

Critical Illness	Allstate – Option 2 ($20,000)			
	Non-Tobacco Users		Tobacco Users	
Employee Age	EE or EE + CH	EE + SP or Family	EE or EE + CH	EE + SP or Family
18-29	$3.40	$5.40	$4.62	$7.26
30-39	$7.00	$10.90	$10.14	$15.60
40-49	$13.54	$20.86	$21.26	$32.46
50-59	$23.64	$36.26	$37.78	$57.48
60-64	$31.80	$48.64	$51.48	$78.18
65+	$52.00	$79.16	$82.42	$124.80

2018 Holidays

Here are the 2018 Holidays with the day in parenthesis of when the holiday will actually be recognized at Bethel:

New Year's Celebration (January 1)

Good Friday (March 30)

Memorial Day (May 28)

Independence Day (July 4)

Labor Day (September 3)

Day Before Thanksgiving (November 21)

Thanksgiving (November 22)

Day after Thanksgiving (November 23)

Christmas Eve (December 24)

Christmas Day (December 25)

Christmas Recess (December 26 – December 31)

Contact Information

Here you can review and reference important contact information for the many benefit providers that manage our employee benefit offerings. Refer to this chart to contact your benefits providers.

Plan	Customer Service	Web Site
Medical		
Anthem	1-800-997-1654	www.Anthem.com
Dental		
HRI	1-800-727-1444	www.insuringsmiles.com
Vision		
VSP	1-800-877-7195	www.vsp.com
Life / Vol Life / LTD		
Mutual of Omaha	1-800-775-8805	www.mutualofomaha.com
FSA / COBRA		
Infinisource	1-800-300-3838	www.infinisource.com
Accident / Critical Illness		
Allstate	1-877-810-8973	www.allstate.com

Glossary of Terms

Term	Definition
Deductible	The amount you owe for major medical services before your health insurance benefits begin. For example, if your deductible is $1,000, you are responsible for the first $1,000 of your healthcare costs, excluding claims covered at 100% (preventive) or with copays (for example, Rx).
Co-Pay	A co-payment, or co-pay, is the amount the insured person pays every time he or she receives a health service. For instance, if your co-pay to see a doctor is $25, you pay that amount each time you see him or her. The insurance takes care of the rest.
Co-Insurance	Your part of the costs of a health service that is covered by insurance. It is calculated as a percentage and you pay this portion in addition to whatever deductible you may owe. For example, if your plan allows $100 for a doctor visit and you've already met your deductible, your co-insurance payment of 20% would be $20. The insurance plan picks up the rest of the cost ($80).
Out-of-Pocket Maximum	The most you pay during the period of your policy (most policies go for a year) before your insurance plan begins to pay 100% of the allowed amount. This total does not include your balance-billed charges, your premium, or your health care services your plan doesn't cover. Other charges may be excluded from this as well, so read the plan instructions and Summary of Benefits and Coverage carefully.
Premiums	The amount you must pay for your insurance plan, typically through payroll deductions on a regular basis.
Claim	The bill you, your doctor, or health care provider submits to your health insurance company.
Allowed Amount	This may also be called an "eligible expense" or "negotiated rate" or "payment allowance." It is the maximum amount on which payment is based for health care services that are covered by your insurance.
In-and out-of-network	An in-network provider is a health care office that has contracted with the health insurance company to provide services for people on that insurance plan. An out-of-network provider is someone who does not have such a relationship with the insurance company. Typically, insurance will only cover the cost of services from health care providers who are "in-network," or do so at a substantially lower cost
Preventive Care	Routine health care that includes regular checkups, patient counseling and screenings to prevent disease, illness and other health complications.
Usual, Customary, and Reasonable	The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.
Qualified High Deductible Health Plan	A plan that features higher deductibles than traditional insurance plans. High deductible health plans (HDHP) can be combined with a health savings account to allow you to pay for qualified out-of-pocket medical expenses on a pre-tax basis.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.