



2024 BENEFITS ENROLLMENT GUIDE

Effective 1/1/2024 to 12/31/2024

Boone County Independent Living, Inc.
Hourly Employees

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Benefits Overview

As an employee of Boone County Independent Living, Inc., you are eligible to participate in a variety of employee benefit plans. Boone County Independent Living, Inc. knows how important it is to provide quality employee benefits to our employees and their dependents. We always strive to provide a total benefit package that meets your needs as well as the needs of the company.

ENROLLMENT ELIGIBILITY

During this enrollment period, you may request to add, change, or remove dependents to the benefit plan options offered by Boone County Independent Living, Inc., subject to the completion of the proper forms and approval by the insurance carriers. Full-time employees working at least 30 hours per week are eligible for benefits on the first of the month following 60 days of employment.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse
- Your children to age 26, regardless of student, marital, or tax-dependent status (including stepchild, legally adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian)
- Your dependent children over age 26 who are physically or mentally unable to care for themselves

WHEN TO ENROLL

Other than during the designated Open Enrollment period, you can enroll in benefits or change your elections at the following times:

- 30 days prior to your initial eligibility date (as a newly hired employee)
- During the annual benefits open enrollment period
- Within 30 days of experiencing a qualifying life event

CHANGING BENEFITS AFTER ENROLLMENT

You may pay your portion of your select coverages on a pre-tax basis. However, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying event, and election changes must be consistent with your life event.

To request a benefit change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order

Benefits Overview

BENEFIT OPTIONS

We offer a comprehensive benefits package consisting of:

- Medical Insurance
- Health Savings Account
- Dental Insurance
- Vision Insurance
- Basic Life and Accidental Death & Dismemberment Insurance
- Voluntary Life Insurance
- Voluntary Critical Care with Cancer Insurance
- Voluntary Accident Insurance
- Voluntary Hospital Care Insurance



Medical Insurance

CARRIER: Arkansas Blue Cross Blue Shield

Choosing the right medical plan is an important decision. Take the time to learn about your options to ensure you select the right plan for you and your family.

THINGS TO CONSIDER

1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?
2. Do you prefer to pay less out of your paycheck, but more when you need care?
3. What planned medical services do you expect to need in the upcoming year?
4. Do you or any of your covered family members take prescription medications on a regular basis?

Please refer to the official plan documents for additional information on coverage and exclusions.

COVERED BENEFITS	Option 1 HDHP Plan		Option 2 PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Year Deductible				
Individual / Family	\$5,000 / \$10,000	\$15,000 / \$30,000	\$2,500 / \$5,000	\$7,500 / \$15,000
Out-of-Pocket Maximum	<i>Includes deductible & coinsurance</i>		<i>Includes copays, deductible & coinsurance</i>	
Individual / Family	\$7,000 / \$14,000	\$30,000 / \$60,000	\$6,500 / \$13,000	\$17,000 / \$34,000
Coinsurance (You Pay)	20%	40%	20%	40%
Preventive Care	Plan pays 100%	20% after Deductible	Plan pays 100%	20% after deductible
Primary Care Physician	20% after deductible	40% after deductible	\$35 copay	40% after deductible
Specialty	20% after deductible	40% after deductible	\$70 copay	40% after deductible
Virtual Health	20% after deductible	40% after deductible	\$35 / \$70 Copay	40% after deductible
Urgent Care	20% after deductible	40% after deductible	\$70 copay	40% after deductible
Emergency Room	20% after deductible		20% after deductible	
Diagnostic Lab/X-Ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible
High-Tech Services (MRI/CT/PET)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient Hospital Facility	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Hospital Facility	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Prescription Drugs				
Generic	20% after deductible	Not Covered	\$15 copay	Not Covered
Preferred Brand	20% after deductible	Not Covered	\$35 copay	Not Covered
Non-Preferred Brand	20% after deductible	Not Covered	\$55 copay	Not Covered
Specialty	20% after deductible	Not Covered	\$110 copay	Not Covered

Medical Insurance Rates

CARRIER: Arkansas Blue Cross Blue Shield

Option 1 HDHP Plan Medical Rates				
COVERAGE LEVEL	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly (26 Pay Periods)
Employee Only	\$703.36	\$583.79	\$119.57	\$55.19
Employee + Spouse	\$1,375.68	\$583.79	\$791.89	\$365.49
Employee + Child(ren)	\$1,038.62	\$583.79	\$454.83	\$209.92
Employee + Family	\$1,758.66	\$583.79	\$1,174.87	\$542.25

Option 2 PPO Plan Medical Rates				
COVERAGE LEVEL	Total Monthly	Employer Monthly Contribution	Employee Monthly Contribution	Employee Bi-Weekly (26 Pay Periods)
Employee Only	\$885.35	\$664.01	\$221.34	\$102.16
Employee + Spouse	\$1,731.66	\$664.01	\$1,067.65	\$492.76
Employee + Child(ren)	\$1,307.38	\$664.01	\$643.37	\$296.94
Employee + Family	\$2,213.74	\$664.01	\$1,549.73	\$715.26



Health Savings Account

CARRIER: Consolidated Admin Services

If you enroll in the *High-Deductible Health Plan (HDHP)*, you may be eligible to fund a *Health Savings Account (HSA)*. An HSA is a personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax free and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account.

WHO IS ELIGIBLE?

You are eligible to open and fund an HSA if:

- You are enrolled in the HDHP plan
- You are not covered by a non-HSA plan, health care FSA, or health reimbursement arrangement
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare
- You have not received Veterans Administration Benefits in the last three months

MAXIMIZE YOUR TAX SAVINGS

- Contributions to an HSA are tax-free and can be made through payroll deduction on a pre-tax basis.
- This money in your HSA (including interest and investment earnings) grows tax-free.
- As long as you use the funds to pay for qualified medical expenses, the money is spent tax-free.

HSA EMPLOYER CONTRIBUTIONS

Boone County Independent Living will help you save by contributing \$750 to your HSA account. (\$250 for the month of January in 2024, then \$45.46 each month for the remaining 11 months). *If hired after January 2024, contribution will be prorated.*

- Contributions to a Health Savings Account (including the employee contributions) cannot exceed the annual IRS contribution maximums.
- Employees age 55+ by 12/31/2024 may contribute additional funds to their HSA (up to \$1,000 in 2024).
- You must open your HSA through Consolidated Admin Services to receive contributions.

\$4,150
INDIVIDUAL

\$8,300
ALL OTHER
TIERS

\$1,000
AGE 55+
CATCH-UP
CONTRIBUTION

Health Savings Account Cont.

CARRIER: Consolidated Admin Services

YOU INDIVIDUALLY OWN YOUR HSA

- You own and administer your HSA.
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses.
- You can change your contributions at any time during the plan year without a qualifying event.
- Like a bank account, you must have a balance in order to pay for eligible health care expenses.
- Keep all receipts for tax documentation.
- An HSA allows you to save and “rollover” money from year to year.
- The money in the account is always yours, even if you change health plans or jobs.
- There are no vesting requirements or forfeiture provisions.

ACCESSING YOUR HSA FUNDS

Debit Card: Draws directly from your HSA and can be used to pay for eligible expenses at your doctor’s office, pharmacy, or other locations where you purchase health related items or services.

Checkbook: Works just like your personal checkbook, with the exception that it draws from your HSA and can be used to pay for expenses you’ve paid out of your pocket. Checkbooks are issued upon request by Health Equity.

USE YOUR HSA TO PAY QUALIFIED MEDICAL EXPENSES

- You can use your HSA money to pay for eligible expenses now or in the future.
- Funds in your HSA can be used for your expenses and those of your spouse and eligible dependents, even if they are not covered by the Arkansas BCBS HDHP Plan.
- Eligible expenses include deductibles, doctor’s office visits, dental expenses, eye exams, prescription expense and LASIK eye surgery.
- A complete list of eligible expenses can be found at www.irs.gov.

Dental Insurance

CARRIER: Arkansas Blue Cross Blue Shield

- You will pay less out of pocket when you choose an in-network provider.
- Locate an in-network provider at www.arkansasbluecross.com.
- Be sure to ask for a pre-treatment estimate.
- Out-of-network providers can balance bill, or bill you for the difference between the provider's charge and the allowed amount.
- *Please refer to the official plan documents for additional information on coverage and exclusions.*



DENTAL RATES	BI-WEEKLY COST (26 Pay Periods)
Employee Only	\$13.56
Employee + Spouse	\$27.12
Employee + Child(ren)	\$36.78
Employee + Family	\$50.31



COVERED BENEFITS	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Deductible (per calendar year)	\$50 per person (3 per family)	\$50 per person (3 per family)
Annual Plan Benefit Maximum	\$1,500 per covered member	\$1,000 per covered member
Preventive Care Oral exams, cleanings, X-rays, fluoride, sealants	0%	10%
Basic Services Fillings, simple extractions	20%	30%
Major Services Periodontics, inlays, onlays, crowns, partials, dentures, endodontics, oral surgery, anesthesia, surgical extractions, implants	50%	60%

***Rollover Benefit** - Maximum Carryover - If at least one covered service is applied toward your maximum payment in a benefit year and the total benefit paid does not exceed \$700 in that benefit year, up to \$500 will carry over to the next benefit years maximum payment. This carryover amount will accumulate from one benefit year to the next, but will not exceed \$1,250.

Dental Insurance



Dental health has a significant, direct impact on our overall health. If you have health and dental coverage with Arkansas Blue Cross and Blue Shield, your employees can benefit from our integrated health and dental program, Dental Xtra. Through this unique, cost-saving offering, our health and dental plans work together to review medical claims to identify employees with eligible medical conditions (see table below) and enroll them automatically. Enrolled members receive additional preventive and periodontal services at no extra cost.

Driving better health and lower costs

A recent study by the Mayo Clinic, using data from Dental Xtra, found that enrolled members realized significantly lower healthcare costs when they followed the program's preventive dental care protocols. Those who stopped participating saw an immediate increase in medical expenses.¹

Automatic enrollment of members based on medical claims is key to realizing the cost savings and is a feature that only an integrated medical-dental carrier can provide.

Mayo Clinic researchers found that members enrolled in Dental Xtra for diabetes or coronary artery disease experienced **25%-36% lower inpatient medical costs.**¹

Dental Xtra services by medical condition	Two additional preventive visits, plus:	
	Periodontal scaling covered 100% ³	Cancer screenings; fluoride treatments
Chronic obstructive pulmonary disease ²	✓	
Coronary artery disease	✓	
Diabetes	✓	
End-stage renal disease ²	✓	
Head and neck cancers		✓
Metabolic syndrome ²	✓	
Oral cancer		✓
Pregnancy	✓	
Sjögren's syndrome		✓
Stroke	✓	

Questions?
Learn more at arkbluecross.com/dental-xtra or contact your Arkansas Blue Cross representative.



¹Borah, B.J., Brotman, S.G., Dholaikla, R., Dworzczak, S., Jansen, M.T., Murphy, E.A., Naessens, J.M. (2022, March) "Association Between Preventive Dental Care and Healthcare Cost for Enrollees With Diabetes or Coronary Artery Disease: 5-Year Experience." Compendium 2022;43(3):130-139.

²Starting Jan. 1, 2023.

³A member's plan must include periodontal coverage to receive this benefit.

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Vision Insurance

CARRIER: Arkansas Blue Cross Blue Shield/VSP Network

- You will pay less out of pocket when you choose an in-network provider.
- Locate an in-network provider at www.arkansasbluecross.com.
- Out-of-network providers can balance bill, or bill you for the difference between the provider's charge and the allowed amount.
- *Please refer to the official plan documents for additional information on coverage and exclusions.*



VISION RATES	BI-WEEKLY COST (26 Pay Periods)
Employee Only	\$2.89
Employee + Spouse	\$5.34
Employee + Child(ren)	\$5.77
Employee + Family	\$8.23



COVERED BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Eye Exam (every 12 months)	\$10 copay	\$45 allowance
Standard Plastic Lenses (every 12 months) Single / Bifocal / Trifocal / Lenticular	\$20 copay	\$30 / \$50 / \$65 / \$100 allowance
Frames (every 24 months)	\$150 allowance + 20% off balance	\$70 allowance
Contact Lenses (every 12 months in lieu of standard plastic lenses)		
Elective	\$150 allowance	\$105 allowance
Medically Necessary	Plan Pays 100%	\$210 allowance

Group Life Insurance

CARRIER: Sun Life Financial



LIFE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic Life and AD&D Insurance is **automatically provided to all benefits-eligible employees at no cost**. If you die as a result of an accident, your beneficiary would receive both the life and the AD&D benefit.

- **Life Insurance Amount:** \$25,000
- **AD&D Amount:** Equal to life insurance amount
- **Benefit Reduction Schedule:** 65% at age 65 and 50% at age 70
- **Coverage Ends:** Terminates at retirement or no longer eligible.
- *Please refer to the official plan documents for additional information on coverage and exclusions.*



REMINDER

Review your beneficiary designations

Voluntary Life Insurance

CARRIER: USAbLe Life

WHAT IS VOLUNTARY LIFE INSURANCE?

Voluntary Life Insurance is offered through an employer but is paid by employees.



WHY PURCHASE VOLUNTARY LIFE INSURANCE?

- This type of life insurance has limited underwriting required. This allows for people with health conditions or lifestyles that might otherwise disqualify them to qualify for life insurance.
- The group rates are lower than what you could purchase on your own.
- You may purchase a policy for your spouse and children IF you elect coverage for yourself.
- *Please refer to the official plan documents for additional information on coverage and exclusions.*

Employee

- **Benefit Amount:** \$10,000 increments up to a max of \$300,000 not to exceed 5x your annual earnings
- **Guarantee Issue Amount:** \$120,000
- **Benefit Reduction Schedule:** Reduces to 65% at age 65, Reduces to 50% at age 70
- Coverage terminated when you are no longer eligible or your retirement, whichever occurs first.
- Available to employee's age 69 or younger

Spouse

- **Benefit Amount:** \$5,000 increments up to a \$150,000 not to exceed 50% of employee benefit amount
- **Guarantee Issue Amount:** \$30,000
- **Benefit Reduction Schedule:** Reduces to 65% at age 65; Reduces to 50% at age 70
- Coverage terminated when you are no longer eligible or your retirement, whichever occurs first.
- Available to employee's age 69 or younger
- Employee must elect coverage in order to elect dependent coverage

Child(ren)

- **Benefit Amount:**
 - \$5,000 or \$10,000 for eligible children between the ages of 6 months and 26 years
 - \$1,000 for children from birth to age 6 months
- Employee must elect coverage in order to elect dependent coverage



REMINDER

Review your beneficiary designations

Voluntary Life Insurance Cont.

CARRIER: USABLE Life

PREMIUMS BASED ON 26 PAYROLL DEDUCTIONS PER YEAR

BENEFIT UNITS	VGTL PREMIUMS												
	UNDER 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+		
Employee's Guaranteed Issue, up to age 69, is \$120,000	Applying for coverage over Guaranteed Issue will require evidence of medical insurability.										VADD RATE FOR EMPLOYEE, SPOUSE & CHILD PER \$1,000	\$0.01	
Spouse's Guaranteed Issue, up to age 69, is \$30,000											VGTL PREMIUMS FOR CHILD	\$5,000	\$0.35
Spouse premiums are determined by Spouse's age												\$10,000	\$0.71
\$10,000	\$0.36	\$0.41	\$0.60	\$0.75	\$1.05	\$1.81	\$2.74	\$3.92	\$5.00	\$7.49	\$17.74		
\$20,000	\$0.71	\$0.81	\$1.20	\$1.50	\$2.10	\$3.62	\$5.48	\$7.84	\$10.01	\$14.98	\$35.48		
\$30,000	\$1.07	\$1.22	\$1.80	\$2.24	\$3.16	\$5.43	\$8.22	\$11.76	\$15.01	\$22.47	\$53.22		
\$40,000	\$1.42	\$1.62	\$2.40	\$2.99	\$4.21	\$7.24	\$10.97	\$15.67	\$20.01	\$29.96	\$70.97		
\$50,000	\$1.78	\$2.03	\$3.00	\$3.74	\$5.26	\$9.05	\$13.71	\$19.59	\$25.02	\$37.45	\$88.71		
\$60,000	\$2.13	\$2.44	\$3.60	\$4.49	\$6.31	\$10.86	\$16.45	\$23.51	\$30.02	\$44.94	\$106.45		
\$70,000	\$2.49	\$2.84	\$4.20	\$5.23	\$7.37	\$12.66	\$19.19	\$27.43	\$35.02	\$52.44	\$124.19		
\$80,000	\$2.84	\$3.25	\$4.80	\$5.98	\$8.42	\$14.47	\$21.93	\$31.35	\$40.02	\$59.93	\$141.93		
\$90,000	\$3.20	\$3.66	\$5.40	\$6.73	\$9.47	\$16.28	\$24.67	\$35.27	\$45.03	\$67.42	\$159.67		
\$100,000	\$3.55	\$4.06	\$6.00	\$7.48	\$10.52	\$18.09	\$27.42	\$39.18	\$50.03	\$74.91	\$177.42		
\$110,000	\$3.91	\$4.47	\$6.60	\$8.22	\$11.58	\$19.90	\$30.16	\$43.10	\$55.03	\$82.40	\$195.16		
\$120,000	\$4.26	\$4.87	\$7.20	\$8.97	\$12.63	\$21.71	\$32.90	\$47.02	\$60.04	\$89.89	\$212.90		
\$130,000	\$4.62	\$5.28	\$7.80	\$9.72	\$13.68	\$23.52	\$35.64	\$50.94	\$65.04	\$97.38	\$230.64		
\$140,000	\$4.98	\$5.69	\$8.40	\$10.47	\$14.73	\$25.33	\$38.38	\$54.86	\$70.04	\$104.87	\$248.38		
\$150,000	\$5.33	\$6.09	\$9.00	\$11.22	\$15.78	\$27.14	\$41.12	\$58.78	\$75.05	\$112.36	\$266.12		
\$160,000	\$5.69	\$6.50	\$9.60	\$11.96	\$16.84	\$28.95	\$43.86	\$62.70	\$80.05	\$119.85	\$283.86		
\$170,000	\$6.04	\$6.90	\$10.20	\$12.71	\$17.89	\$30.76	\$46.61	\$66.61	\$85.05	\$127.34	\$301.61		
\$180,000	\$6.40	\$7.31	\$10.80	\$13.46	\$18.94	\$32.57	\$49.35	\$70.53	\$90.06	\$134.83	\$319.35		
\$190,000	\$6.75	\$7.72	\$11.40	\$14.21	\$19.99	\$34.38	\$52.09	\$74.45	\$95.06	\$142.32	\$337.09		
\$200,000	\$7.11	\$8.12	\$12.00	\$14.95	\$21.05	\$36.18	\$54.83	\$78.37	\$100.06	\$149.82	\$354.83		
\$210,000	\$7.46	\$8.53	\$12.60	\$15.70	\$22.10	\$37.99	\$57.57	\$82.29	\$105.06	\$157.31	\$372.57		
\$220,000	\$7.82	\$8.94	\$13.20	\$16.45	\$23.15	\$39.80	\$60.31	\$86.21	\$110.07	\$164.80	\$390.31		
\$230,000	\$8.17	\$9.34	\$13.80	\$17.20	\$24.20	\$41.61	\$63.06	\$90.12	\$115.07	\$172.29	\$408.06		
\$240,000	\$8.53	\$9.75	\$14.40	\$17.94	\$25.26	\$43.42	\$65.80	\$94.04	\$120.07	\$179.78	\$425.80		
\$250,000	\$8.88	\$10.15	\$15.00	\$18.69	\$26.31	\$45.23	\$68.54	\$97.96	\$125.08	\$187.27	\$443.54		
\$260,000	\$9.24	\$10.56	\$15.60	\$19.44	\$27.36	\$47.04	\$71.28	\$101.88	\$130.08	\$194.76	\$461.28		
\$270,000	\$9.60	\$10.97	\$16.20	\$20.19	\$28.41	\$48.85	\$74.02	\$105.80	\$135.08	\$202.25	\$479.02		
\$280,000	\$9.95	\$11.37	\$16.80	\$20.94	\$29.46	\$50.66	\$76.76	\$109.72	\$140.09	\$209.74	\$496.76		
\$290,000	\$10.31	\$11.78	\$17.40	\$21.68	\$30.52	\$52.47	\$79.50	\$113.64	\$145.09	\$217.23	\$514.50		
\$300,000	\$10.66	\$12.18	\$18.00	\$22.43	\$31.57	\$54.28	\$82.25	\$117.55	\$150.09	\$224.72	\$532.25		

Important Note: The above rates are subject to change. The rates shown here are meant as an illustration for you to determine the approximate deduction you may expect to see each paycheck. Due to the rounding of rates, these deductions will vary, though differences should be slight. This is not part of an insurance policy and only the actual provisions of an issued policy control. USABLE Life's policies set forth the rights and obligations of covered persons and USABLE Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully.

Voluntary Critical Illness Insurance

CARRIER: USABLE Life

Critical Illness Insurance supplements your existing medical insurance in case you are diagnosed with a covered condition, like a heart attack or stroke; medical insurance alone may not be enough to cover your expenses. The plan pays a cash benefit during the term of your coverage following a covered diagnosis.



- Critical Illness Insurance may not cover all types of cancer, but it does cover heart and vascular conditions, cancer-related conditions, and major organ failure.
- *Please refer to the official plan documents for additional information on coverage and exclusions.*

EMPLOYEE

- Benefit Amount: Increments of \$5,000 up to \$50,000, with medical evidence of insurability
- Benefits are paid as a lump sum benefit directly to you upon the qualified diagnosis of a critical illness or first diagnosis of cancer
- Benefit Reduction Schedule: Reduce to 50% at age 75; terminate when you are no longer eligible, or your retirement, whichever occurs first
- Available to employee's age 64 or younger

SPOUSE

- Benefit Amount: Increments of \$5,000 up to \$50,000, with medical evidence of insurability
- Coverage cannot exceed 100% of employee's benefit amount
- Benefit Reduction Schedule: Reduce to 50% at age 75; terminate when you are no longer eligible, or your retirement, whichever occurs first
- Available to employee's age 64 or younger
- Employee must elect coverage in order to elect in dependent coverage

CHILD(REN)

- Benefit Amount: \$5,000 or \$10,000 or dependent children between the ages of live-birth to 26 years
- Benefits terminate when they are no longer eligible or at the termination of the employee's eligibility, whichever occurs first
- Employee must elect coverage in order to elect in dependent coverage

HIGHLIGHTS OF THIS PLAN INCLUDE:

- Cancer Diagnosis and/or Bone Marrow Transplant: 100% of benefit
- Cancer Vaccine Benefit: \$75/1 per Lifetime
- Prostate Cancers and/or Carcinoma in Situ: 30% of benefit
- Skin Cancer Diagnosis: 10% of benefit
- Miscellaneous Diseases*: 100% of benefit
- Heart Attack/Stroke: 100% of benefit
- End Stage Renal Failure: 100% of benefit
- Burns (34th degree over at least 50% of body): 100% of benefit
- Major Organ Transplant (Including Heart): 100% of benefit
- Coronary Artery Bypass Surgery: 30% of benefit
- Alzheimer's Disease: 30% of benefit
- Angioplasty/Stent: 10% of benefit
- Wellness Benefit: \$75
- Recurrent Benefit

*Miscellaneous diseases: ALS (Lou Gehrig's Disease); Anthrax; Cholera; Encephalitis; Meningitis; Rocky Mt. Spotted and Typhoid Fevers; Tuberculosis; Primary Sclerosing Cholangitis (Walter Payton's Disease)

Voluntary Critical Illness Insurance

CARRIER: USABLE Life

Critical Care with Cancer | Boone County Independent Living Based on 26 Payroll Deductions Per Year

EMPLOYEE | NON TOBACCO

Employee Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
UP TO 29	\$1.95	\$2.64	\$3.33	\$4.02	\$4.71	\$5.40	\$6.09	\$6.77	\$7.46	\$8.15
30-39	\$2.77	\$4.23	\$5.68	\$7.14	\$8.60	\$10.06	\$11.51	\$12.97	\$14.43	\$15.89
40-49	\$4.32	\$7.24	\$10.16	\$13.08	\$15.99	\$18.91	\$21.83	\$24.75	\$27.66	\$30.59
50-59	\$7.26	\$12.93	\$18.60	\$24.26	\$29.93	\$35.59	\$41.26	\$46.92	\$52.59	\$58.26
60-64	\$13.63	\$25.30	\$36.97	\$48.64	\$60.31	\$71.98	\$83.65	\$95.32	\$106.99	\$118.66

EMPLOYEE | TOBACCO

Employee Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
UP TO 29	\$3.01	\$4.60	\$6.19	\$7.79	\$9.38	\$10.97	\$12.56	\$14.16	\$15.75	\$17.33
30-39	\$5.04	\$8.54	\$12.04	\$15.54	\$19.04	\$22.54	\$26.04	\$29.54	\$33.04	\$36.54
40-49	\$8.93	\$16.08	\$23.24	\$30.40	\$37.56	\$44.72	\$51.88	\$59.04	\$66.19	\$73.35
50-59	\$16.08	\$29.90	\$43.72	\$57.54	\$71.37	\$85.19	\$99.01	\$112.84	\$126.66	\$140.48
60-64	\$30.00	\$56.86	\$83.70	\$110.56	\$137.41	\$164.26	\$191.11	\$217.96	\$244.81	\$271.67

SPOUSE | NON TOBACCO

Spouse Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
UP TO 29	\$1.92	\$2.59	\$3.25	\$3.92	\$4.58	\$5.25	\$5.91	\$6.58	\$7.24	\$7.91
30-39	\$2.72	\$4.13	\$5.54	\$6.95	\$8.36	\$9.77	\$11.18	\$12.59	\$14.00	\$15.40
40-49	\$4.26	\$7.14	\$10.00	\$12.87	\$15.74	\$18.61	\$21.48	\$24.34	\$27.21	\$30.08
50-59	\$7.26	\$12.92	\$18.59	\$24.26	\$29.92	\$35.59	\$41.25	\$46.92	\$52.59	\$58.26
60-64	\$13.62	\$25.29	\$36.96	\$48.63	\$60.30	\$71.97	\$83.64	\$95.31	\$106.98	\$118.65

SPOUSE | TOBACCO

Spouse Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
UP TO 29	\$3.05	\$4.69	\$6.33	\$7.97	\$9.60	\$11.24	\$12.88	\$14.52	\$16.16	\$17.80
30-39	\$5.06	\$8.58	\$12.10	\$15.63	\$19.06	\$22.56	\$26.06	\$29.56	\$33.06	\$36.77
40-49	\$8.89	\$16.03	\$23.16	\$30.30	\$37.43	\$44.57	\$51.70	\$58.83	\$65.97	\$73.09
50-59	\$16.07	\$29.89	\$43.71	\$57.54	\$71.36	\$85.18	\$99.00	\$112.83	\$126.65	\$140.47
60-64	\$30.00	\$56.85	\$83.70	\$110.55	\$137.40	\$164.26	\$191.11	\$217.96	\$244.81	\$271.66

CHILD | NON TOBACCO

Employee Age	\$5,000	\$10,000
UP TO 29	\$0.66	\$1.13
30-39	\$0.72	\$1.26
40-49	\$0.51	\$0.89
50-59	\$0.41	\$0.72
60-64	\$0.31	\$0.55

CHILD | TOBACCO

Employee Age	\$5,000	\$10,000
UP TO 29	\$0.66	\$1.13
30-39	\$0.67	\$1.16
40-49	\$0.51	\$0.89
50-59	\$0.38	\$0.66
60-64	\$0.34	\$0.60

Voluntary Accident Insurance

CARRIER: USABLE Life

Accident Insurance supplements your existing medical insurance in case you have an accident; medical insurance alone may not be enough to cover your expenses. The plan pays a cash benefit during the term of your coverage following a covered accident and could help cover:

- Out-of-pocket expenses such as copays and deductibles
- Transportation
- Lodging costs
- Emergency room expenses
- *Please refer to the official plan documents for additional information on coverage and exclusions.*



HIGHLIGHTS OF THE BASIC PLAN INCLUDE:

- Physician Office Visit: \$125/2 visits
- Initial Hospitalization: \$1,000
- Ambulance (Air/Ground): \$1,250/\$200
- Physical Therapy: \$100/6 visits
- Transportation (for non-local treatment): \$400/5 trips
- Wellness Benefit: \$60

HIGHLIGHTS OF THE ULTRA PLAN INCLUDE:

- Physician Office Visit: \$125/2 visits
- Initial Hospitalization: \$1,600
- Ambulance (Air/Ground): \$2,000/\$320
- Physical Therapy: \$160/6 visits
- Transportation (for non-local treatment): \$700/5 trips
- Wellness Benefit: \$105

COVERAGE LEVEL	BASIC PLAN COST Per Pay Period (26)	ULTRA PLAN COST Per Pay Period (26)
Employee Only	\$4.52	\$6.74
Employee + Spouse	\$9.04	\$13.49
Employee + Child(ren)	\$10.50	\$16.00
Employee + Family	\$15.02	\$22.74

Voluntary Hospital Indemnity Insurance

CARRIER: USABLE Life

Hospital Indemnity Insurance helps protect your finances if an unexpected hospital stay occurs and those expenses are not covered by your health plan. This benefit would pay in addition to any other coverage(s) you may already have. Benefits are payable for hospital stay due to:

- Sickness
- Mental and nervous disorders
- Substance abuse
- Accidents*
- Routine pregnancy**
- *Please refer to the official plan documents for additional information on coverage and exclusions.*



HIGHLIGHTS OF THE BASIC PLAN INCLUDE:

- Hospital Admission (10/year): \$500
- Hospital Confinement (10/year) \$100 per day
- Intensive Care Confinement: \$150 per day, up to 15 days
- Ambulance – Air/Ground (3/year): \$500/\$80
- Wellness: \$30

BASIC PLAN COST PER PAY PERIOD (26)

Age	Employee	Spouse	Child
Up to 49	\$5.82	\$5.78	\$2.99
50 – 54	\$8.43	\$8.41	\$2.61
55 – 59	\$10.05	\$9.99	\$2.28
60-64	\$12.33	\$12.27	\$1.98

HIGHLIGHTS OF THE ULTRA PLAN INCLUDE:

- Hospital Admission (10/year): \$750
- Hospital Confinement (10/year) \$150 per day
- Intensive Care Confinement: \$225 per day, up to 15 days
- Ambulance – Air/Ground (3/year): \$750/\$120
- Wellness: \$60

ULTRA PLAN COST PER PAY PERIOD (26)

Age	Employee	Spouse	Child
Up to 49	\$17.54	\$17.47	\$13.28
50 – 54	\$24.60	\$24.57	\$11.61
55 – 59	\$28.67	\$28.56	\$10.16
60-64	\$34.07	\$33.96	\$8.83

Important Contacts

BENEFIT	CARRIER	PHONE	WEBSITE
Medical Insurance	Arkansas Blue Cross Blue Shield	800-238-8379	www.arkansasbluecross.com
Health Savings Account	Consolidated Admin Services	877-941-5956	www.consolidatedadmin.com
Dental Insurance	Arkansas Blue Cross Blue Shield	800-238-8379	www.arkansasbluecross.com
Vision Insurance	Arkansas Blue Cross Blue Shield	800-238-8379	www.arkansasbluecross.com
Basic Life and AD&D Insurance	Sun Life Financial	800-247-6875	www.sunlife.com/us
Voluntary Life Insurance	USABLE Life	800-370-5856	www.usablelife.com
Critical Care with Cancer Insurance	USABLE Life	800-370-5856	www.usablelife.com
Accident Insurance	USABLE Life	800-370-5856	www.usablelife.com
Hospital Care Insurance	USABLE Life	800-370-5856	www.usablelife.com
Human Resources	Jennifer Wheeler	870-741-6909	jennifer.wheeler@i-living.org

YOUR CADENCE INSURANCE ACCOUNT REPRESENTATIVE:

Vatsana Ferrell

501-614-1192

vatsana.ferrell@cadenceinsurance.com

Glossary

Coinsurance: Your share of the cost of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service, typically after you meet your deductible. For instance, if your plan's allowed amount for an office visit is \$100 and you've met your deductible (but haven't yet met your out-of-pocket maximum), your coinsurance payment of 20% would be \$20. Your plan sponsor or employer would pay the rest of the allowed amount.

Copay: The fixed amount, as determined by your insurance plan, you pay for health care services received.

Deductible: The amount you owe for medical services before your medical insurance or plan sponsor (employer) begins to pay its portion. For example, if your deductible is \$3,000, your plan does not pay anything until you've met your \$3,000 deductible for covered health care services. This deductible may not apply to all services, including preventive care. Preventive care is 100% covered by the plan.

Employee Contribution: The per pay period amount you pay for your insurance coverage.

Explanation of Benefits (EOB) / Personal Health Statement (PHS): A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.

Health Care Cost Transparency: Also known as Market Transparency or Medical Transparency. Health care provider costs can vary widely, even within the same geographic area. To make it easier for you to get the most cost-effective health care products and services, online cost transparency tools, which are typically available through health insurance carriers, allow you to search an extensive national database to compare costs for everything from prescription drugs and office visits to MRIs and major surgeries.

Health Savings Account (HSA): A personal health care bank account funded by you or your employer's tax-free dollars to pay for qualified Medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable, meaning if you change jobs, your account goes with you.

High Deductible Health Plan (HDHP): Plan option that provides choice, flexibility and control when it comes to spending money on health care. Preventive care is covered at 100% with in-network providers, there are no copays, and all qualified employee-paid Medical expenses count toward your deductible and your out-of-pocket maximum.

In-Network: In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide health care services at discounted rates.

Out-of-Network: Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate and your cost sharing (deductibles and coinsurance) will increase.

Out-of-Pocket Maximum: The maximum amount of money you will pay for medical services during the plan year. The out-of-pocket maximum is the sum of your deductible and coinsurance payments.

