



2021 BENEFITS GUIDE

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Welcome

At Norwegian American Hospital, we strive to provide comprehensive benefits to support the health and well-being of our employees and their families. Your benefit package is an important part of your total compensation and is designed to offer both choice and value to meet your needs. This benefits guide highlights the benefit options available to you.

Eligibility

Employees scheduled a minimum of 60 hours per pay period are considered full-time employees (FTE 1.0-.75).

Employees working 40 to 59 hours per pay period are considered part-time employees and are eligible for a select portion of voluntary benefits outlined in the benefits guide.

Note: Employees' coverage begins on the first day of the calendar month following 30 days of service as an eligible employee. Disability, Basic Life, Paid Time Off, Education Reimbursement and Bereavement are effective after 90 days of continuous benefits eligibility.

Enrollment

Newly Eligible Employees must enroll within 30 days from date of hire.

In accordance with the Internal Revenue Service (IRS) Section 125 regulations, a change to your benefits can occur only during annual open enrollment or if you have one of the following changes to your family status:

- Marriage/Divorce/Legal Separation
- Birth or adoption of a child
- Death of a spouse or child
- Change in employment status of a participant, spouse, or dependent
- Termination or commencement of spouse's employment
- Significant change in other health care coverage resulting from spouse's employment
- Dependent child reaches age 26
- Termination of state benefits

If one of the above qualifying life events occurs, you have 30 calendar days from the date of the event to change your benefit election. Changes to coverage must be consistent with the change in family status. Documentation will be required by Human Resources to verify coverage status.

Coordination of Benefits

The Medical and Dental plans use the Birthday Rule for Coordination of Benefits. When your dependent child(ren) receives services, the parents' birthdays are used to determine which coverage is primary. The coverage of the parent whose birthday (month and day) comes before the other parent's birthday in the calendar year will be considered primary.

Health & Well-being: Medical Benefits

Medical Benefits

You have three choices for medical coverage: PPO Value, PPO and PPO Premier Plan, which are administered by Blue Cross Blue Shield of Illinois (BCBS) and have different networks based on the plan. The Value plan utilizes Blue Choice Select, a BCBS narrow network, and the PPO and PPO Premier plans share the same Blue PPO Network.

You do not have to designate a primary care physician or obtain a referral for specialty services.

Choosing to have services at NAH, enrollees receive the greatest coverage level. To find out if a provider is included in the BCBS Network, or to find a provider in your area, call BCBS at 800-346-7072 or visit www.bcbsil.com.

Medical Plan Features								
Network	BCBS PPO Value Blue Choice Select Network		BCBS PPO Blue PPO Network			BCBS PPO Premier Blue PPO Network		
Benefit	NAH/In- Network	Out-of- Network	NAH	In-Network	Out-of- Network	NAH	In-Network	Out-of- Network
Deductible								
Individual	\$2,000	\$8,000	None	\$2,000	\$8,000	None	\$750	\$3,000
Family	\$4,000	\$16,000	None	\$4,000	\$16,000	None	\$1,500	\$9,000
Annual Out-of-Pocket Maximum								
Individual	\$5,000	\$8,000	\$1,000	\$5,000	\$8,000	\$1,000	\$3,000	\$6,000
Family	\$10,000	\$16,000	\$3,000	\$10,000	\$16,000	\$2,000	\$6,000	\$18,000
Covered Services								
Physician	\$30 copay	60%	\$20 copay	\$30 copay	60%	\$15 copay	\$30 copay	50%
Specialist	\$60 copay	60%	\$40 copay	\$60 copay	60%	\$40 copay	\$40 copay	50%
Preventive	100%	60%	100%	100%	60%	100%	100%	50%
Diagnostic	100%	60%	100%	80%	60%	100%	80%	50%
Urgent Care	\$75 copay	60%	\$75 copay	\$75 copay	60%	\$75 copay	\$75 copay	50%
Emergency Care	\$200 copay	\$200 copay	\$200 copay	\$200 copay	\$200 copay	\$200 copay	\$200 copay	\$200 copay
Hospital Care*	80%	60%	100%	80%	60%	100%	\$250 copay then 80%	50%
Outpatient Surgery*	80%	60%	100%	80%	60%	100%	80%	50%
Prescription Benefits								
Retail								
Level 1	\$20		\$5	\$20		\$5	\$15	
Level 2	\$40	N/A	\$15	\$40	N/A	\$15	\$30	N/A
Level 3	\$80		\$30	\$80		\$30	\$60	
Mail Order (3 Month Supply)								
Level 1	\$40			\$40			\$30	
Level 2	\$80	N/A	N/A	\$80	N/A	N/A	\$60	N/A
Level 3	\$160			\$160			\$100	

*After deductible

The Cost of Your Benefits

The benefits that Norwegian American Hospital offers are a valuable part of your overall compensation package. As we all know, the cost of healthcare is increasing, but NAH has worked hard to ensure that our employees' paychecks are protected.

One way that you can help lower your medical cost is to complete your wellness requirements (see page #5 for details) and receive a discount on your medical premiums. The tables below show the employee cost for medical premiums.



Employee Contributions	Wellness Compliant			Non-Wellness Compliant		
Rates Per Pay Period - FTE (.75-1.0)						
Pre-tax Contribution	Value	PPO	Premier	Value	PPO	Premier
Employee only	\$19.62	\$54.53	\$141.84	\$51.92	\$86.84	\$174.15
Employee & spouse	\$39.23	\$155.23	\$331.22	\$103.85	\$219.84	\$395.84
Employee & child	\$37.27	\$103.29	\$267.31	\$69.58	\$135.60	\$299.62
Employee & family	\$58.85	\$202.85	\$470.64	\$123.46	\$267.46	\$535.25
Domestic Partner Rates Per Pay Period - FTE (.75-1.0)						
Post-tax Contribution	Value	PPO	Premier	Value	PPO	Premier
Domestic Partner	\$19.62	\$100.70	\$189.38	\$51.92	\$133.00	\$221.69
Domestic Partner & child(ren)	\$39.23	\$148.32	\$328.80	\$71.54	\$180.62	\$361.10

Domestic Partner Eligibility

As an employee of NAH, you may enroll your domestic partner and/or domestic partner's child(ren) in NAH's medical, vision and dental plans. Prior to coverage, you will have to submit the following to Human Resources:

- Prior year tax document, filing together or,
- Mortgage or Lease and Checking or Savings account with both names included.

Dental Insurance

The BlueCare Dental PPO: The PPO Plan offers a national network of participating dentists. For full plan benefits, you may visit any dentist in the BCBS preferred provider network. Non-network dentists may be utilized at a reduced benefit.

BlueCare Dental HMO: Dental Cap is an HMO-type network with participating dentists nationwide. You will be asked to select a general dentist from the BCBS Dental Directory online. Your general dentist will make any referrals to a network specialist, if needed. You must obtain care from a participating dentist in the BCBS dental network to receive benefits.

To find out if a provider is included in the BCBS dental network, or to find a provider in your area, call BCBS at 800-367-6401 (PPO), 800-323-7201 (HMO) or visit www.bcbsil.com.

Dental Plan Features			
Benefit	PPO		DHMO
	In-Network	Out-of-Network	In-Network
Calendar Year Deductible			
Individual	\$50	\$50	None
Family	\$150	\$150	None
Benefit Maximum			
Annual	\$1,000	\$1,000	None
Lifetime	\$1,000	\$1,000	None
Orthodontia	\$1,000	\$1,000	None
Covered Services			
Diagnostic/ Preventive	100%	90%	100%
General	80%	70%	Fees based on services
Orthodontia	50%	50%	Fees based on services

Dental Rates Per Pay Period (FTE .75 - 1.0)		
Pre-tax Contribution	DPPO	DHMO
Employee only	\$6.56	\$3.99
Employee & spouse	\$11.76	\$7.42
Employee & child(ren)	\$12.36	\$7.85
Employee & family	\$19.42	\$11.52
Post-tax Contribution	DPPO	DHMO
Domestic Partner	\$5.20	\$3.43
Domestic Partner & child(ren)	\$12.86	\$7.53

Vision Insurance

This voluntary program is offered through VSP and is available for all benefit-eligible employees. You must enroll in this program, which is paid through pre-tax deductions. In order to maximize your benefits coverage, you will need to obtain services from a VSP participating provider. To find a network provider, contact VSP at 800-877-7195 or visit www.vsp.com.

Vision Plan Features		
Covered Services	In-Network	Out-of-Network
Vision Examination		
Every 12 months	\$20 copay	Up to \$45
Eyeglasses every 12 months		
Frames every 24 months	Up to \$120, then 20% savings over allowance	Up to \$70
Lenses	\$20 copay	Up to \$65
Contact Lenses		
Elective	\$100 allowance, \$60 copay	Up to \$105
Medically Necessary	Covered in full	Up to \$210

Vision Rates Per Pay Period (FTE .75 - 1.0)	
Pre-tax Contribution	VSP
Employee only	\$2.47
Employee & spouse	\$3.96
Employee & child(ren)	\$4.04
Employee & family	\$6.52
Post-tax Contribution	VSP
Domestic Partner	\$1.49
Domestic Partner & child(ren)	\$4.04

Wellness

At Norwegian American Hospital, we want our patients and our employees to be and stay well, which is why we are proud to offer incentives to your health insurance premiums to help keep you and your family healthy and focused on wellness. You can learn more about the Wellness program by logging into the Wellness Portal.

To enroll in the Wellness program, current employees must log into the Wellness Portal and complete the steps listed. As a new hire, you automatically receive the wellness rates for your medical premiums. The 2021 Program will run from December 1, 2020 - November 30, 2021.

Wellness Portal

Log into the Wellness Portal

1. Go to www.wellworksforyoulogin.com
2. Your account credentials are listed below
Username: Your NAH_Employee ID
Password: Your birthday MMDDYYYY

How to Locate my Employee ID

1. To locate your Employee ID number, log on to Ultipro at <https://ew42.ultipro.com/Login>
2. Go to "Employee Summary" and scroll down until you see Employee Number.
3. Your username for Ultipro is your NAH email (i.e., Jane Doe is Jdoe@nahospital.org)

If you need your password reset, contact HRRequests@nahospital.org. If this is your first time logging in to Ultipro, your default password is your birthday (mmddyyyy).

Having Trouble Logging into the Wellness Portal?

You can contact 800-425-4657 for assistance logging in to your Wellness Portal account. You can also reset your password from the login page or contact Wellworks For You to have a temporary password set.

View and Download Documents for Completion*

All required forms are located on the Wellness Portal under *My Profile > Wellness Toolbar*. Participants can download and print all PDF forms for completion.

*After submission of your Wellness Forms it can take up to 5-10 business days before receiving a confirmation email.

View your Participation on the Wellness Portal

1. Log into your Wellness Portal
2. Go to *My Profile > ResultsNow*

Wellworks For You

Wellworks For You provides employee wellness resources, such as confidential online and telephonic health coaching for stress management, tobacco cessation, sleep health, diabetes prevention, cardiovascular disease prevention and other health concerns. Wellness programs help you and your family members maintain a healthy lifestyle that encompasses the mind, body and spirit.

Contact Wellworks For You at 800-425-4657 or online at www.wellworksforyoulogin.com for more information about program details.





Flexible Spending Accounts

NAH provides three Flexible Spending Accounts - the Health Care, Dependent Care, and Transit Spending Accounts. These accounts allow you to set aside money from your paycheck on a pre-tax basis for your eligible health, child care, and transportation expenses.

Health Care Spending Account

You may elect up to \$2,750 per year, with a minimum election of \$50 a calendar year, into this account to reimburse yourself for eligible health care expenses incurred during the plan year that are not paid by the medical, dental, vision or prescription provider(s). You can carry forward up to \$500 of health care FSA funds from the previous calendar year to the current year.

Eligible expenses must be incurred between January 1 and December 31 and submitted for reimbursement within 90 days after the end of the plan year.

Examples of eligible expenses:

- Copayments
- Coinsurance and deductibles
- Expenses that exceed medical, dental or vision plan limits, eye exams, glasses and contact lenses and diabetic supplies for you and your eligible dependents.

Dependent Care Spending Account

You may elect up to \$5,000 per year into this account to reimburse yourself for eligible child care expenses. To be eligible for the spending account, you or your spouse must work outside your home. All invoices and the caregiver's tax identification number must be submitted to receive dependent care reimbursement.

Examples of eligible expenses:

- Child care at a day camp
- Nursery school, a private sitter, before- and after-school care
- Care of an incapacitated adult who lives with you at least eight hours a day

Transportation

You may elect up to \$270 per month into this account to reimburse yourself for eligible transportation/transit and parking expenses. You can enroll and/or make changes anytime throughout the calendar year.

Debit Card

Employees may choose to use an Ameriflex debit card to pay for eligible health care purchases. The funds are automatically deducted from the FSA account. For more details, contact Ameriflex at 888-868-3539 or visit www.myameriflex.com.

Retirement Planning

Retirement Plan 403(b)

NAH provides a 403(b) Profit Sharing Plan through Transamerica Investments to all employees.

403(b) Contributions

Your individual contribution for 2021 cannot exceed the annual Internal Revenue Services (IRS) limit of \$19,500, catch up \$6,500. You can enroll and/or make changes anytime throughout the calendar year.

403(b) Matching Contribution

NAH automatically makes a matching contribution to your account. In order to receive this contribution, you must be employed on December 31 and have worked at least 1,000 hours during the calendar year. The contribution amount is 50% on the dollar up to the first 4% of pay you contribute to the plan. You are always vested in your own contributions. You are vested in the company match after 4 years of service, with a partial vesting schedule.

403(b) Contributions	
Years of Vesting Service	Vesting Percentage
0-1	0%
2	50%
3	75%
4	100%

The matching contribution is typically put into your account the following year in late December. For example, if you qualify for 2021 matching contribution, your account will be funded in December 2022 one year in arrears.

To elect or change your deferral percentage or flat amount and to review a variety of investment options that are available to you, contact Transamerica at 800-755-5801 or visit www.trsrretire.com.

Disability Protection

Short-Term Disability (STD) Insurance

STD Insurance is offered through **The Hartford** to regular full-time employees as described under the Eligibility section on page one. You are eligible for employer-funded disability coverage the first of the month following your first 90 days of benefits-eligible employment with NAH.

The plan pays a benefit equal to 50% of your weekly base pay, up to a maximum benefit of \$2,000 per week for up to 13 weeks. You are eligible for coverage after you have utilized five consecutive Paid Time Off days for your non-work related illness or injury.

In the event you need to take a leave of absence for yourself or a family member for Short-Term Disability or Family Medical Leave Act (FMLA), contact **The Hartford** at 888-301-5615.





NAH Sponsored Benefits

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Your employer-funded Basic Life Insurance is equal to one times your annual base salary, to a maximum of \$300,000. NAH pays for this coverage for benefit-eligible employees as described under the Eligibility section on page one. Imputed income equivalent to the annual premium value is added to employees' annual W-2 for policies above \$50,000 (per IRS guidelines).

Other Benefits

- Travel Assistance
- Funeral Planning
- Estate Planning

Supplemental Life Insurance

Employee Life Insurance

You may elect to add to your Basic Life Insurance coverage by purchasing Supplemental Life Insurance up to \$500,000 equal up to five times your annual base salary. The total amount of your combined Basic and Supplemental Life Insurance coverage cannot exceed \$800,000. The Supplemental Life Insurance you purchase is not subject to imputed income tax. The additional coverage will not become effective until the carrier approves it. You must be actively at work before coverage or increased coverage becomes effective. Evidence of Insurability (EOI) forms must be completed at the time coverage is elected. New Hires are eligible up to \$150,000 guaranteed Issue.

Dependent Life Insurance (Spousal and Child)

NOTE: You must elect supplemental life insurance for yourself before electing dependent life insurance coverage. You may elect to purchase life insurance for your family under the Dependent Life benefit as follows:

Dependent Life Insurance		
Individuals Covered	Total Coverage	Guaranteed Issue for New Hires
Spouse	Up to \$250,000	\$25,000
Child(ren)	\$10,000	\$10,000

Additional Benefits

You are eligible to participate in the Paid Time Off (PTO), Education Reimbursement Plan and Bereavement Leave the first of the month after completing 90 days of benefits-eligible employment with NAH. All other Work Life Benefits start on your first day of benefits-eligible employment.

Paid Time Off (PTO)

This plan provides paid-time off to be used for holidays, sickness, vacation and personal business and is available to all regular full-time and part-time employees scheduled to work at least 20 hours per week. Holiday schedule is part of PTO and will be subtracted from your accrued bank the paycheck to which the holiday falls. Holidays include New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

Paid Time Off		
Years of Service	Non-Management	Management
0-3 years	23 days/.088 per hour	28 days/.108 per hour
3+ years	28 days/.108 per hour	28 days/.108 per hour
7+ years	33 days/.127 per hour	33 days/.127 per hour

Education Reimbursement

Education reimbursement will be made upon satisfactory completion and payment of your courses. Participants must remain employed to receive payment and in order to apply, employees must have completed their 90 day probationary period. Regular full-time and part-time employees scheduled to work at least 20 hours per week are eligible for this benefit and can earn up to \$5,000 per year, based on years of service.

Annual Maximum Benefit (based on a calendar year)		
Years of Service	Full-Time Employees	Part-Time Employees
91 Days -1 Year	\$3,000	\$1,500
1-2 Years	\$4,000	\$2,000
2-3 Years	\$5,000	\$2,500

Bereavement Leave

Regular Full-Time and Regular Part-Time employees are eligible to receive paid bereavement leave for up to three scheduled work days that fall within the seven-day period beginning with the day after the death of immediate family members.

Employee Assistance Program (EAP)

Personal concerns, planning for life events or simply managing daily life can affect your work, health and family. **Carebridge** provides support, resources and information for personal and work-life concerns. **Carebridge** is company-sponsored, confidential and provided at no charge to you and your family.

Use of the EAP is entirely voluntary and begins with a phone call to **Carebridge** at 800-437-0911 open 24/7. You can also utilize the service online by visiting www.myliferesource.com, access code TWBES.

Working Advantage Discount Website

Looking to save money on event tickets, travel and more? Log on to www.workingadvantage.com, access code 156278125. This is a free service to all NAH employees.

Pre-paid Legal Service - MetLife Legal Plans

This voluntary program provides unlimited consultations with an attorney, including estate planning, real estate matters and family law at \$22.50 per month.

Voluntary Short Term Disability Insurance (STD)

Short Term Disability coverage through Guardian can help protect your income if you are unable to work due to injury or illness. This plan pays you a benefit of up to 60% of your base salary, not to exceed \$1,000 per week. Coverage begins after you have been disabled for 14 or 30 calendar days and can last up to 26 weeks.

Voluntary Long Term Disability (LTD)

Insurance offered through Unum can help you protect your income should you become disabled and are unable to work for more than 180 days. The policy can pay you up to 60% of your monthly income. This benefit is only available during the annual open enrollment period.

LifeTime Benefit Term with Long Term Care (LTC)

We are proud to offer LifeTime Benefit Term Insurance with Long Term Care Coverage through Chubb. This policy features premiums guaranteed for life and coverage for qualified long term care expenses like nursing home, assisted living, or home care. As Life Insurance, LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

Accident Insurance

When you suffer an accident (on and off-the-job) such as a burn or broken bone, Accident insurance from Guardian provides a lump-sum cash benefit based on your injury(s) and the treatment you receive. These benefits are paid on top of what your health insurance covers, and can be used at your own discretion. With two levels of coverage available, you can select the program that best meets your needs.

Hospital Indemnity Insurance

Even with health insurance, a stay in the hospital can become very costly very quickly as out-of-pocket charges begin to add up. Hospital Indemnity insurance from Guardian can reduce the financial and emotional stress of a hospital stay by providing a lump-sum cash benefit directly to you that can be used however you need, whether that's for coinsurance or childcare.

Critical Illness Insurance

No one can be completely prepared for when critical illness strikes, but if you or a loved one is diagnosed with a covered condition such as cancer, stroke, or heart attack, Critical Illness Insurance through Guardian provides a lump-sum cash benefit to help pay for out-of-pocket medical expenses or any other bills that need attention, including rent or groceries.

Additional Benefits

Enrolling in voluntary benefits through Guardian provides you access to TravelAid Services and a College Tuition Benefit.

Current employees can enroll in voluntary benefits during the annual open enrollment period. Newly Eligible Employees must enroll within 30 days from date of hire.

This overview provides a highlight of the plans offered by your employer and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this overview and the plan documents or Company Policy, the plan documents or policies shall govern.

Benefit Contact Information			
Plan	Plan Provider	Phone Number	Website
Medical	BCBS	800-346-7072	www.bcbsil.com
Dental	BCBS	800-367-6401 (PPO) 800-323-7201 (HMO)	www.bcbsil.com
Vision	VSP	800-877-7195	www.vsp.com
Basic Life	The Hartford	888-563-1124	www.thehartford.com/employee-benefits
Basic Short Term Disability Leaves of Absence	The Hartford	888-301-5615	www.thehartford.com/employee-benefits
Long Term Disability	The Hartford	888-301-5615	www.thehartford.com/employee-benefits
Employee Assistance Program (EAP)	Carebridge	800-437-0911	myliferesource.com Access code: TWBES
Travel Assistance	Generali Global Assistance, Inc.	U.S.: 800-243-6108 Overseas: 202-828-5885	www.us.generaliglobalassistance.com Travel Assistance ID #: GLD-09012
Funeral Planning Assistance	Everest	866-854-5429	www.everestfuneral.com/Hartford Access code: HFEVLC
Flexible Spending Accounts	AmeriFlex	888-868-3539	www.myameriflex.com
Voluntary Term Life Insurance	The Hartford	888-563-1124	www.thehartford.com/employee-benefits
LifeTime Benefit Term with Long Term Care	Chubb	855-241-9891	www.chubb.com
Short Term Disability Buy Up	Guardian	800-627-4200	www.guardiananytime.com
Accident Insurance	Guardian	800-627-4200	www.guardiananytime.com
Critical Illness Insurance	Guardian	800-627-4200	www.guardiananytime.com
Hospital Indemnity	Guardian	800-627-4200	www.guardiananytime.com
Voluntary Long Term Disability	Unum	800-635-5597	www.unum.com
Legal Service	MetLife Legal Plans	800-821-6400	www.legalplans.com
Discount Website	Working Advantage	n/a	www.workingadvantage.com Access code: 156278125
403(b) Retirement Plan	Transamerica Retirement Solutions	800-755-5801	www.trretire.com
Wellness	Wellworks For You	800-425-4657	www.wellworksforyoulogin.com
Pension	Principal	800-247-7011	www.principal.com/rps

This brochure provides a highlight of the plans offered by your employer and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents or NAH Policy, the plan documents or policies shall govern. All Summary Plan Descriptions are available through Human Resources. We reserve the right to modify any of these plans at anytime.