



CARTHAGE  
COLLEGE

January 1 - December 31, 2021

BENEFITS  
GUIDE

CLICK TO EXPLORE YOUR  
BENEFIT OPTIONS



# Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or his/her children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children, or children for whom you have legal custody (up to the age of 26). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the date of hire.  
If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2021.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit (26)
- ▶ Death of a spouse, DP, or child
- ▶ You lose coverage under your spouse's/DP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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# Enrollment

Go to <https://workforcenow.adp.com/login.html>. There, you will find detailed information about the plans available to you and instructions for enrolling.

# Medical Plans

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. All members will receive new ID cards this year.

To find an in-network provider, visit [www.anthem.com/find-doctor](http://www.anthem.com/find-doctor). For the PPO plan, select Blue Access (PPO) under Plan/Network. For the HSA plan, select Blue Preferred Plus (POS) under Plan/Network.

Following is a brief description of each plan.

## Anthem Blue Cross Blue Shield Traditional PPO Plan

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem Blue Cross Blue Shield network. The calendar-year deductible must be met before certain services are covered.

## Anthem Blue Cross Blue Shield Standard HDHP/HSA Plan

Like the PPO plan, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem Blue Cross Blue Shield network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars<sup>1</sup> to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental, and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. *NOTE: Benefits begin to be paid once one family member meets the individual embedded deductible.*
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. *NOTE: Once one family member meets the individual embedded out-of-pocket maximum, the plan pays covered benefits in full for that individual.*



- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$600 annually for individuals, \$900 for employee & spouse, and \$1,200 for families, to your HSA. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

**Important:** Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2021
Employee Only	\$3,600
Family (employee + 1 or more)	\$7,200
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>2</sup>, retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

<sup>1</sup> Tax free under federal tax law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA.

# Medical Plans

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

**Coinsurance percentages and copay amounts shown in the below chart represent what the member is responsible for paying.**

Key Medical Benefits	Anthem Blue Cross Blue Shield Traditional PPO Plan		Anthem Blue Cross Blue Shield Standard HDHP/HSA Plan		Anthem BlueCross BlueShield Catastrophic HDHP/HSA Plan	
	In-Network Only	Out-of-Network <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)						
Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,800 / \$2,800 <sup>2</sup> / \$5,600	\$5,600 / \$5,600 <sup>2</sup> / \$11,200	\$6,650 / \$6,650 <sup>2</sup> / \$13,000	\$13,300 / \$13,300 <sup>2</sup> / \$26,600
<b>Out-of-Pocket Maximum</b> (per calendar year)						
Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,600 / \$5,600 <sup>2</sup> / \$11,200	\$11,200 / \$11,200 <sup>2</sup> / \$22,400	\$6,650 / \$6,650 <sup>2</sup> / \$13,000	\$13,300 / \$13,300 <sup>2</sup> / \$26,600
<b>Company Contribution to Your Health Savings Account (HSA)</b> (per calendar year; prorated for new hires/newly eligible)						
Individual / Individual + Spouse or Child(ren) / Family	N/A		\$600 / \$900 / \$1,200		N/A	
<b>Covered Services</b>						
Office Visits (physician/specialist)	\$40 / \$60 copay	40%*	20%*	40%*	0%*	30%*
Routine Preventive Care	No charge	40%*	No charge	40%*	No Charge	30%*
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	20%*	40%*	0%*	30%*
Complex Imaging	20%*	40%*	20%*	40%*	0%*	30%*
Chiropractic	\$40 copay	40%*	20%*	40%*	0%*	30%*
Ambulance	20%*	20%*	20%*	20%*	0%*	0%*
Emergency Room	\$250 copay	\$250 copay	20%*	20%*	0%*	0%*
Urgent Care Facility	\$100 copay	40%*	20%*	40%*	0%*	30%*
Inpatient Hospital Stay	20%*	40%*	20%*	40%*	0%*	30%*
Outpatient Surgery	20%*	40%*	20%*	40%*	0%*	30%*
<b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3 / Tier 4)						
Retail Pharmacy (30-day supply)	\$15 / \$45 / \$80 / \$120	50%	20%*	50%*	0%*	30%*
Mail Order (90-day supply)	\$30 / \$90 / \$160 / \$240	N/A	20%*	N/A	0%*	N/A

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay. Benefits begin to be paid once one family member meets the individual embedded deductible. Similarly, once one family member meets the individual embedded out-of-pocket maximum, the plan pays covered benefits in full for that individual.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Benefits begin to be paid once one family member meets the individual embedded deductible. Similarly, once one family member meets the individual embedded out-of-pocket maximum, the plan pays covered benefits in full for that individual.

# Dental Plan

We are proud to offer you a dental plan.

**Delta Dental of Wisconsin DPPO:** With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms, and no deductibles. Reduced, pre-set charges apply to other services. If you are a new enrollee or adding/removing dependents, you will receive a new ID card.

To find an in-network provider, visit [www.deltadentalwi.com/provider-search/dental](http://www.deltadentalwi.com/provider-search/dental).

Following is a high-level overview of the coverage available. **Coinsurance percentages shown in the below chart represent what the member is responsible for paying.**

Key Dental Benefits	DPPO	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,500	\$1,500
<b>Covered Services</b>		
<b>Preventive Services</b>	No charge	No charge
<b>Basic Services</b>	20%*	20%*
<b>Major Services</b>	50%*	50%*
<b>Orthodontia</b> (Child only)	50%*	

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Vision Plan

We are proud to offer you a vision plan.

**Delta Dental of Wisconsin Powered by EyeMed:** The vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the EyeMed Insight network. If you are a new enrollee you will receive an ID card.

For a list of the most convenient Vision Care provider locations, you may visit the [Delta Dental website](#), or the [EyeMed Vision Care website](#), or call EyeMed customer service.

Following is a high-level overview of the coverage available. **Coinsurance percentages shown in the below chart represent what the member is responsible for paying.**

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$20	Up to \$35
<b>Materials Copay</b>	\$20	N/A
<b>Lenses</b> (once every 12 months)	No charge after materials copay	Up to \$25
Single Vision		Up to \$40
Bifocal		Up to \$55
Trifocal		
<b>Frames</b> (once every 24 months)	Covered up to \$150, then 20% off balance	Up to \$75
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$150, then 15% off balance	Up to \$120



# Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Diversified Benefit Services. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security, and Medicare taxes.

## Health Care FSA

For 2021, you may contribute up to \$2,750 to cover qualified health care expenses incurred by you, your spouse, and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

If you enroll in the HSA medical plan, you may not participate in the health care FSA.

## Dependent Care FSA

For 2021, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-schools, or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health care FSA:** Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will **NOT** be returned to you or carried over to the following year.

**Dependent care FSA:** Unused funds will **NOT** be returned to you or carried over to the following year.

# Life and AD&D Insurance

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Lincoln Financial.

<b>Benefit Amount</b>	1.25 times your base salary up to \$1,000,000 or elect flat \$50,000
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## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Guardian for yourself and your eligible family members.

	<b>Benefit Option</b>	<b>Guaranteed Issue*</b>
<b>Employee</b>	\$1,000 increments; up to \$1,000,000	\$200,000
<b>Spouse/DP</b>	\$1,000 increments; up to \$250,000	\$50,000
<b>Child(ren)</b>	Age 14 days to 23 years; up to \$10,000	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Short-Term Disability

Provided at **NO COST** to you through Lincoln Financial.

<b>Benefit Percentage</b>	60%
<b>Weekly Benefit Maximum</b>	\$2,500
<b>When Benefits Begin</b>	Benefits begin on 31 <sup>st</sup> day
<b>Maximum Benefit Duration</b>	26 weeks

## Long-Term Disability

Provided at **NO COST** to you through Lincoln Financial.

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$5,000
<b>When Benefits Begin</b>	Benefits begin on 211 <sup>th</sup> day
<b>Maximum Benefit Duration</b>	Social Security Retirement Age

# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Lincoln Financial-EmployeeConnect.

**The EAP can help with the following issues, among others:**

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to five (5) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

For more information, visit [www.guidanceresources.com](http://www.guidanceresources.com) or call 888-628-4824.

# TravelConnect

TravelConnect is a comprehensive program that can bring help, comfort, and reassurance if you face a medical emergency while traveling 100 or more miles from home. Whether traveling for business or leisure, if you are enrolled in life and/or AD&D insurance, you and your loved ones can count on TravelConnect for responsive and caring support — 24 hours a day, 7 days a week. You can count on TravelConnect to:

- ▶ Coordinate and provide transportation
- ▶ Coordinate travel and airfare
- ▶ Assist in services related to medical care

For a complete list of TravelConnect services, go to [www.mysearchlightportal.com](http://www.mysearchlightportal.com) and enter your group ID: LFGTravel123.

# LifeKeys

No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. When they do, it's reassuring to know that help and support are close at hand — thanks to LifeKeys services from Lincoln Financial Group. If you are enrolled in life and/or AD&D insurance, this program provides access to a wide array of services to help you and your loved ones through life's ups and downs — and prepare you for whatever lies ahead. LifeKeys services include:

- ▶ Online will preparation
- ▶ Information on important life matters
- ▶ Protection against identity theft
- ▶ Guidance and support for your beneficiaries

It's easy to access LifeKeys services. Just call (855) 891-3684 or visit [www.guidanceresources.com](http://www.guidanceresources.com) (First-time user:enter Web ID LifeKeys).

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Injury	Benefit Amount
Hospital Confinement	Admission \$500; Daily: \$100
ICU Confinement	\$200
Ambulance	\$200
Urgent Care	\$100
X-ray	\$100
Concussion	\$100
Coma	\$5,000
Dislocations	\$160 - \$1,900
Fractures	\$160 - \$2,000

## Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000<sup>1</sup>—and the average length of a stay is 4.8 days<sup>2</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

Injury	Benefit Amount
Hospital Confinement	First day benefit - \$500; annual maximum is 1 day
Hospital Confinement	Daily benefit - \$100; annual maximum is 31 days
ICU Confinement	Daily benefit - \$200; annual maximum is 31 days

1. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.

2. National Hospital Discharge Survey: 2010

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

You can elect a payout in the amount of either \$10,000 or \$20,000.

Typical Covered Conditions include:

- ▶ Heart Attack
- ▶ Benign Brain Tumor
- ▶ Stroke
- ▶ Blindness
- ▶ Cancer
- ▶ Major Organ Failure

## Pet Insurance

Pet insurance reimburses all or part of the cost of covered veterinary expenses, either as a percentage of your cost or based on a schedule of set dollar amounts.

## Valuable Extras

We also offer the following additional benefits:

- ▶ TIAA/CREF Retirement Plan
- ▶ Tuition Assistance
- ▶ Free Parking
- ▶ Free access to the state of the art TARC fitness center
- ▶ Platinum Mortgage Program

# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

## Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical / Rx	Anthem Blue Cross Blue Shield	PPO: (800) 490-6201 HSA: (800) 490-6201 Rx: (866) 333-0576	<a href="http://www.anthem.com">www.anthem.com</a>
Dental	Delta Dental of Wisconsin	(800) 236-3712	<a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
Vision	Delta Dental of Wisconsin	(844) 848-7090	<a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
Flexible Spending Accounts (FSAs)	Diversified Benefit Services	(262) 367-3300	<a href="http://www.dbsbenefits.com">www.dbsbenefits.com</a>
Life/AD&D	Lincoln Financial	(800) 423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Disability	Lincoln Financial	(800) 423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Employee Assistance Program (EAP)	Lincoln Financial- EmployeeConnect	(888) 628-4824	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> User Name: LFGsupport Password: LFGsupport1
Pet insurance	SPOT Pet Insurance	877-283-0796	<a href="https://spotpetins.com/employeebenefits/carthage-college/">https://spotpetins.com/employeebenefits/carthage-college/</a>
Voluntary Benefits	Anthem BlueCross BlueShield	(800) 604-4381	<a href="http://www.anthem.com">www.anthem.com</a>
Platinum Mortgage Program	Guaranteed Rate	773-290-0586	<a href="mailto:matt.zontini@rate.com">matt.zontini@rate.com</a>

### Benefits Website

Our benefits website <https://workforcenow.adp.com/login.html> can be accessed anytime you want additional information on our benefits programs.

### Questions?

If you have additional questions, you may also contact:  
Human Resources at (262) 551- 5774  
or [humanresources@carthage.edu](mailto:humanresources@carthage.edu).

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.  
**Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

