



# BENEFIT OVERVIEW

Effective January 1, 2020



**Bethany St. Joseph Corporation**  
*Inspiring Life, Hope, and Healing*

**QUESTIONS?**

**Contact your Human Resources Department**

This piece is not a contract, but a summary of your benefits. Please refer to your contract (Summary Plan Description or Certificate of Coverage(s)) for more detailed information. In case of conflict, your contract will prevail for all claim adjudication.



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# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation

## HEALTH PLAN SUMMARY

**Effective January 1, 2020**, we will continue to offer a health plan through Quartz for all benefit-eligible employees (30 hours/week or more averaged in a 60-day period).

**About the Health Plan:** Preventive care is covered at 100% and no deductible applies. For other services, this plan requires a deductible before eligible services are paid by Quartz at 80% until you meet your maximum out of pocket.

Effective January 1, 2020	Quartz HMO
	In-Network
<b>Deductible</b> <i>per calendar year</i>	\$5,500 /single \$11,000/family
<b>Employee Coinsurance</b>	20%
<b>Maximum Out-of-Pocket</b> <i>per calendar year</i>	\$6,850 /single \$13,200/family
<b>Physician Services</b> <i>Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation</i>	You pay 20% after deductible
<b>Preventive Services</b> <i>Well child, Immunizations, Screenings</i>	You pay \$0
<b>Telehealth E-Visits</b> <i>UW CareAnywhere, GHP VirtualVisit</i>	You pay \$0
<b>Mental/Behavioral/Substance Use</b> <i>Outpatient</i>	You pay 20% after deductible
<b>Emergency Room</b>	You pay 20% after deductible
<b>Ambulance</b>	You pay 20% after deductible
<b>Hospital</b>	You pay 20% after deductible
<b>Diagnostic Services</b> <i>Radiology &amp; Laboratory</i>	You pay 20% after deductible
<b>Prescription Drugs</b> <i>Retail (30 day supply)</i>	
Tier 1 – Preferred Generic	\$10 copay
Tier 2 – Preferred Brand	\$35 copay
Tier 3 – Non-Preferred Generic/Brand	\$50 copay
Tier 4 – Specialty	\$200 copay

Please review your plan summary document for more detailed coverage information.



Quartz's provider finder lets you easily search for doctors, facilities, and pharmacies in your network. Use your preferences to scale down your search and find a provider that fits your needs. See pages 8 - 9 for more information on the Quartz website.

## SUMMARY OF BENEFITS COVERAGE

Refer to your Summary of Benefit Coverage (SBC) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

## QUESTIONS?

Call Customer Service at **800.362.3310** or call the phone number on the back of your ID card or visit [QuartzBenefits.com](http://QuartzBenefits.com).

Customer Service hours are:

- M – TH: 7 a.m. to 6 p.m.
- F: 7 a.m. to 5 p.m.

# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation

## QUARTZ'S PRESCRIPTION DRUG FORMULARY

Quartz Health's prescription drug formulary (list of covered drugs) provides coverage to members with safe, effective medications in an affordable manner. The Quartz's formulary applicable for BSJ members is called **Standard Choice**. Please refer to the formulary for the status of your prescriptions. Ways to access the formulary are on the right side of this page.

Not all drugs are covered by your prescription benefit and some are covered only under specific circumstances. Always check the Standard Choice formulary when you are prescribed a new medication, so you avoid any coverage misunderstandings. Categories of non-covered drugs are described below:

- **Exclusions** – Some drugs or groups of drugs are excluded from coverage under the drug benefit. An example is a drug for cosmetic purposes.
- **Restrictions** – Restricted drugs are those that require Prior Authorization or Step Therapy before you can receive coverage. Restricted drugs may be preferred or non-preferred. Restrictions are noted on the formulary.
- **Non-preferred drugs** – Some of your drug benefits provide coverage for non-preferred drugs at higher copays.
- **Non-formulary drugs** – Drugs that are not specifically listed in the formulary are not covered.

### What if my drug is not on the Formulary?

If your drug is not included in the formulary, you should first contact Customer Service and ask if your drug is covered now since the formulary changes periodically.

If you learn that it is not covered, you have two options:

- You can ask Customer Service (**800.362.3310**) for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask the doctor to prescribe a similar drug that is covered by Quartz.
- You can ask for an exception, so the drug is covered. Generally, your request for an exception is approved **only** when the alternative drugs included on the formulary are not effective in treating your condition and/or would cause you to have adverse medical effects. Call Customer Service or review the formulary PDF for more information on requesting an exception.



### HOW TO VIEW QUARTZ'S FORMULARY

- View the complete list in Quartz's up-to-date formulary PDF at [www.QuartzBenefits.com](http://www.QuartzBenefits.com). This is the easiest and fastest way to answer formulary questions such as whether or not your drug is on the formulary for your plan, if it requires Prior Authorization or has other restrictions, and what tier copay it is.
- Log into Quartz's secure member portal, [MyChart](#), and search Quartz's formulary. You can price-check individual drugs to see what your copay may be, based on your specific drug benefit. This tool provides more detail and member-specific information than the PDF formulary listing and is a more interactive process.
- Request an updated version from Quartz's Customer Service at **800.362.3310**.

# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation

## UTILIZATION MANAGEMENT (UM)

Utilization Management assists members in obtaining health care in the most efficient and economical manner. UM works with participating providers to help ensure decisions regarding treatment are based on appropriateness of care and service. The UM program protects members from unnecessary costs and helps them to be good stewards of plan resources for the benefit of all members.

All Quartz members and their health care services are managed by:

- Medical Management
- Quartz Pharmacy Program
- Behavioral Health Care Management

Quartz carefully reviews treatment plans and requests submitted by participating practitioners. This process of UM (sometimes called care management) is conducted by nurses with the support of physicians. The medical management staff works with your Primary Care Physician (PCP) to coordinate your care at three stages:

- **Pre-service review** – before you receive care or services
- **Concurrent review** – while care or services are being provided
- **Post-service review** – after care or services have been provided

If you have any concerns relating to utilization management, you may call the following numbers to address your concerns:

- **Medical Management**  
**608.821.4200** (Local)  
**888.829.5687** (Toll-free)
- **Behavioral Health Care Management**  
**608.640.4450** (Local)  
**800.683.2300** (Toll-free)
- **Quartz Utilization Management for Chiropractic Care**  
**800.362.3310** (Toll-free)
- **Quartz Pharmacy Program**  
**888.450.4884** (Toll-free)

Additional information about Utilization Management may be found at [www.quartzbenefits.com](http://www.quartzbenefits.com).



## COMPLEX CASE MANAGEMENT

Members with serious, complicated medical problem or diagnosis that require an extensive use of health care resources will have their treatment coordinated by Quartz Health. The professionals in this team work with you and your providers to navigate the health system and community resources that will best meet your needs. The goal of the complex case management team is to help you regain optimum health or improve your health to the greatest degree possible. You may contact the complex case management staff at **866.884.4601**.

## HEALTH COACHING

Any Quartz member over the age of 18 can request health coaching in areas such as eating habits, weight management, lowering stress, increasing physical activity, tobacco cessation, taking medication and more. To learn more, call **866.884.4601**.

# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation

## HEALTH MANAGEMENT PROGRAMS

Receive confidential support to better manage your conditions with the help of a healthcare practitioner, self-care tips, or other resources. Programs are free and are offered for:

- **Asthma Program:** Assistance in taking care of your asthma every day is important in feeling your best. Contact medical professionals at **866.884.4601** for more information and/or sign up for this program. You can also sign up online.
- **Diabetes Program:** Support that helps you to enjoy life by managing your diabetes symptoms. This program offers education, resources, and reminders that assist you in self-care of your condition. You can sign up online or call **866.884.4601, ext. 704966**.
- **Health Coaching** – Tool to help when making a change to healthier habits. You can connect to a trained health coach who will assist you along the way. Sign up or learn more either online or calling **866.884.4601**.
- **Tobacco Cessation:** An interactive, online workshop to get you started on your road to becoming tobacco free plus additional resources for the journey.
- **Low Back Pain:** Online information on the causes of low back pain, treatment options, strengthening exercises, and self-care.
- **Complex Case Management** – Coordination of care, services and resources for member who have complex medical and social needs. If interested, call Complex Case Management service at **866.884.4601**.

## HEALTH PLAN PREMIUM

Bethany St. Joseph Corporation pays the majority of your health care plan premiums. Bi-weekly premiums are based on hours paid. Please see the Quartz Health Insurance 2020 Withholding chart on the next page for the payroll deductions that apply to you.



## CONVENIENT, LOW-COST TELEHEALTH OPTIONS

Quartz now has two choices for you and your dependents to receive nonemergency health care virtually: **UW CareAnywhere** and **Gundersen VirtualVisit**. These programs allow you to have a video visit with a physician on a 24/7/365 basis from the comfort of your own home or work. Access these video visits via an app on your smartphone, tablet, or computer equipped with a web camera (app information is provided below by program). **NOTE:** Beginning in 2020, this service is **FREE** to BSJ members. Call Customer Service at **800.362.3310** for more info. Use these telemedicine services for:

- Abdominal pain
- Allergies
- Cough
- Fever
- Ear pain
- Stuffy/runny nose
- Sore throat
- Painful/difficult urination
- Nausea & vomiting
- Low back pain &/or joint pain
- Diarrhea
- Eye infections
- Sprains
- Headache
- Minor skin problem
- And other nonemergency issues

**UW CareAnywhere:** Get the mobile app called "Care Anywhere University of Wisconsin" from the App Store or Google Play. **NOTE: While members do not need a UW Health PCP to use this service, they must be in the state of Wisconsin to receive care.**

**Gundersen VirtualVisit:** Search Google Play or the App Store for Gundersen "VirtualVisit." Create an account so your information is stored securely for your visits. Before your visit begins, log in and review the available providers, their experience, and ratings. Choose the person who best fits your needs. Video chat with your selected provider. **This telemedicine service is not limited by being in Wisconsin; you can use while home or on vacation outside of Wisconsin.**

# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation



## HEALTH INSURANCE 2020 WITHHOLDING

Hours Per Pay Period (two-weeks)	BSJ Contribution Per Pay Period (Single)	Employee Withholding Per Pay Period (Single)	BSJ Contribution Per Pay Period (Family)	Employee Withholding Per Pay Period (Family)
0	\$0.00	\$341.76	\$0.00	\$773.95
30	\$0.00	\$341.76	\$0.00	\$773.95
32	\$116.20	\$225.56	\$232.18	\$541.76
34	\$123.46	\$218.30	\$246.70	\$527.25
36	\$130.72	\$211.04	\$261.21	\$512.74
38	\$137.99	\$203.77	\$275.72	\$498.23
40	\$145.25	\$196.51	\$290.23	\$483.72
42	\$152.51	\$189.25	\$304.74	\$469.21
44	\$159.77	\$181.99	\$319.25	\$454.70
46	\$167.04	\$174.72	\$333.77	\$440.18
48	\$174.30	\$167.46	\$348.28	\$425.67
50	\$181.56	\$160.20	\$362.79	\$411.16
52	\$188.82	\$152.94	\$377.30	\$396.65
54	\$196.08	\$145.68	\$391.81	\$382.14
56	\$203.35	\$138.41	\$406.32	\$367.63
58	\$210.61	\$131.15	\$420.83	\$353.11
60	\$217.87	\$123.89	\$435.35	\$338.60
62	\$225.13	\$116.63	\$449.86	\$324.09
64	\$232.40	\$109.36	\$464.37	\$309.58
66	\$239.66	\$102.10	\$478.88	\$295.07
68	\$246.92	\$94.84	\$493.39	\$280.56
70	\$254.18	\$87.58	\$507.90	\$266.05
72	\$261.45	\$80.31	\$522.42	\$251.53
74	\$268.71	\$73.05	\$536.93	\$237.02
75	\$290.50	\$51.26	\$580.46	\$193.49
78	\$290.50	\$51.26	\$580.46	\$193.49
80	\$290.50	\$51.26	\$580.46	\$193.49



# FOCUS ON BENEFITS 2020

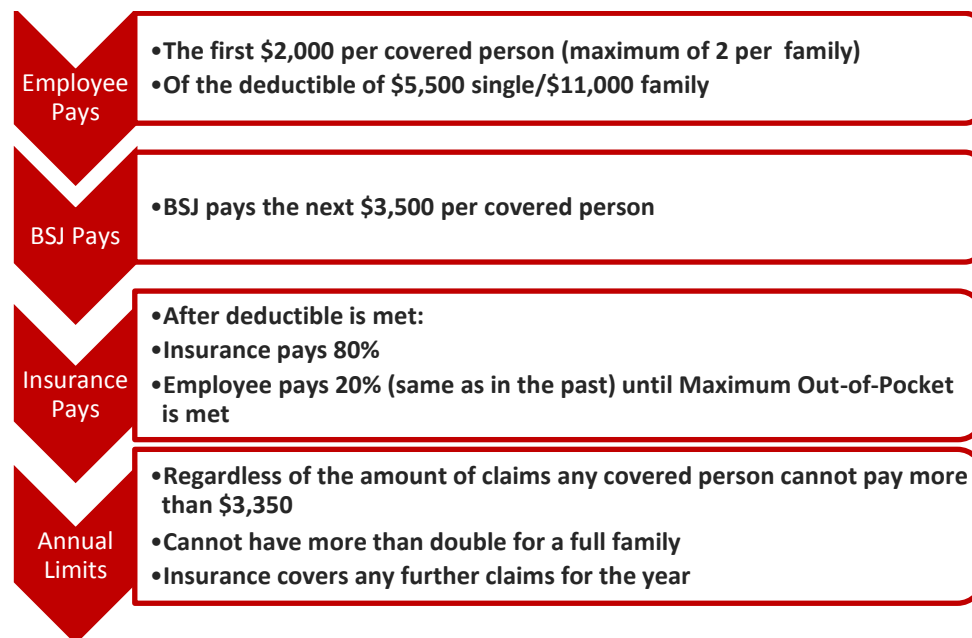
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## HEALTH REIMBURSEMENT ACCOUNT

### What is a Health Reimbursement Account? And how does it benefit me?

A Health Reimbursement Account (HRA) plan is a tax-favored benefit that helps both employers and their employees save money on the cost of medical expenses. This benefit is funded by employer money and allocated to employees to help defer healthcare costs. These types of plans help employers to decrease medical insurance premium by raising deductibles. These decreased premiums benefit both the employer and their employees by having lower monthly premiums/payroll deductions.

For 2020, the HRA works as follows:



The HRA plan is administered by **Benefit Plan Administrators (BPA)**, previously called 3PA. The process is automatic with claims being processed by the insurance company, data sent electronically to BPA, and BPA paying the provider directly. Employees will be notified of their financial responsibility, so they can pay their share of the costs. Please contact BPA at **715.832.5535** (local) or **800.236.7789** (toll-free) to answer questions concerning your HRA reimbursements.

## BE A SMART HEALTHCARE CONSUMER!



As noted on a prior page, you have different care options to choose. Gaining a better understanding of your options now can help you save both time and money when you need to seek care. Options for treatment include:

### Convenience Care, Online Care:

Located inside of retail stores or online, visit these for common ailments like strep throat, pink eye, bladder infection, etc.

**Cost: \$**

**Doctor's Office:** Staffed by doctors, PAs and nurses, visit this for care of illnesses, injuries, preventive care, etc.

**Cost: \$\$**

**Urgent Care Clinic:** Staffed by doctors, PAs and nurses, visit this for care of minor illnesses or injuries that require **immediate** attention.

**Cost: \$\$\$**

**Emergency Room:** Located inside of a hospital, visit this for serious illnesses, injuries or life-threatening issues, such as, chest pains, shortness of breath, burns, head injuries, etc.

**Cost: \$\$\$\$**

# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation

## DENTAL PLAN SUMMARY

**About the Dental Plan:** This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs.

**NOTE:** For the 2020 plan year, BSJ is opening enrollment in the dental plan. Thus, if you did not elect the Delta Dental plan previously, you and your dependents can enroll this year. Please note that only Diagnostic and Preventive Services will be covered in your first year on the plan. There will be a 12 month waiting period for all other dental services for new enrollees who previously declined dental coverage.

Features	In-Network Delta Premier	Out-of-Network
<b>Annual Maximum per Person*</b>	\$1,000	
<b>Annual Deductible</b> <i>Does not apply to preventive and diagnostics</i>	\$50/person \$150/family	
<b>Diagnostic &amp; Preventive*</b>	You pay \$0	
<b>Basic Restorative Care</b> <i>Amalgam &amp; Resin Fillings</i>	You pay 20% after deductible	
<b>Oral Surgery</b> <i>Simple Extractions</i>	You pay 20% after deductible	
<b>Endodontic Therapy</b> <i>Root Canal</i>	You pay 20% after deductible	
<b>Periodontics</b> <i>Gum disease</i>	You pay 20% after deductible	
<b>Major Restoratives</b> <i>Resins, Crowns</i>	You pay 20% after deductible	
<b>Prosthetics and Implants</b>	You pay 20% after deductible	
<b>Orthodontics</b> (Max. Lifetime Benefit = \$1,500)	You pay 50% (not subject to deductible)	

\*Diagnostic and Preventive Procedures do not count toward the Annual Maximum.

Please review your plan summary document for more detailed coverage information.

## DENTAL PLAN PREMIUM

Bethany St. Joseph Corporation pays the majority of the premium for single coverage and helps employees with contributions to family coverage. Bi-weekly premiums are based on hours paid. Please see the Delta Dental Insurance 2020 Withholding chart on the next page for the payroll deductions that apply to you.



Delta Dental administers our dental plan. Always use a Premier in-network provider to obtain the highest level of benefits.

When accessing care out-of-network, there are no provider discounts and the member is responsible for the difference between what is charged/billed over the Usual and Customary percentile.

## INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Dental Delta app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with toothbrush timer

## AMPLIFON HEARING HEALTHCARE

As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call **888.901.0132** or visit [www.amplifonusa.com/deltadentalWI](http://www.amplifonusa.com/deltadentalWI) for information.

## QUESTIONS?

Call customer service at **800.236.3712** or call the phone number on the back of your ID card or visit <http://www.deltadentalwi.com/>.

# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation



## DENTAL INSURANCE 2020 WITHHOLDING

Hours Per Pay Period	BSJ Contribution Per Pay Period (Single)	Employee Withholding Per Pay Period (Single)	BSJ Contribution Per Pay Period (Family)	Employee Withholding Per Pay Period (Family)
0	\$0.00	\$13.85	\$0.00	\$41.54
30	\$0.00	\$13.85	\$0.00	\$41.54
32	\$3.84	\$10.00	\$7.00	\$34.54
34	\$4.08	\$9.76	\$7.43	\$34.11
36	\$4.32	\$9.52	\$7.87	\$33.67
38	\$4.56	\$9.28	\$8.31	\$33.23
40	\$4.80	\$9.04	\$8.74	\$32.79
42	\$5.04	\$8.80	\$9.18	\$32.36
44	\$5.28	\$8.56	\$9.62	\$31.92
46	\$5.52	\$8.32	\$10.06	\$31.48
48	\$5.76	\$8.08	\$10.49	\$31.05
50	\$6.00	\$7.84	\$10.93	\$30.61
52	\$6.24	\$7.60	\$11.37	\$30.17
54	\$6.48	\$7.36	\$11.80	\$29.73
56	\$6.73	\$7.12	\$12.24	\$29.30
58	\$6.97	\$6.88	\$12.68	\$28.86
60	\$7.21	\$6.64	\$13.12	\$28.42
62	\$7.45	\$6.40	\$13.55	\$27.99
64	\$7.69	\$6.16	\$13.99	\$27.55
66	\$7.93	\$5.92	\$14.43	\$27.11
68	\$8.17	\$5.68	\$14.86	\$26.67
70	\$8.41	\$5.44	\$15.30	\$26.24
72	\$8.65	\$5.20	\$15.74	\$25.80
75	\$8.89	\$4.96	\$16.18	\$25.36
76	\$9.61	\$4.24	\$17.49	\$24.05
78	\$9.61	\$4.24	\$17.49	\$24.05
80	\$9.61	\$4.24	\$17.49	\$24.05

# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation

## VOLUNTARY VISION SUMMARY

This is a comprehensive plan for all vision services offered through Delta Dental of Wisconsin in conjunction with EyeMed utilizing the **Select Provider Network**. You may use any provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs. This is a voluntary plan, meaning you pay 100% of the premiums.

Features	In-Network	Out-of-Network Reimbursement
<b>Comprehensive Spectacle Exam</b> (once every 12 months)	You pay \$10	Up to \$35
<b>Contact Lens Fit &amp; Follow-up</b> (once every 12 months)		
<i>Standard</i>	You pay \$0	Up to \$40
<i>Premium</i>	10% discount off retail, plus \$40 allowance	Up to \$40
<b>Frames</b> (once every 24 months)	\$130 allowance, then 20% off balance	Up to \$65
<b>Standard Plastic Lenses</b> (once every 12 months)		
<i>Single</i>	You pay \$10	Up to \$25
<i>Bifocal</i>	You pay \$10	Up to \$40
<i>Trifocal</i>	You pay \$10	Up to \$55
<i>Standard Progressive</i>	You pay \$75	Up to \$40
<b>Lens Options</b> (once every 12 months)		
<i>UV, Tint, Scratch Resistance</i>	You pay \$15	Not covered
<i>Standard Polycarbonate</i>	You pay \$40	Not covered
<i>Standard Anti-Reflective</i>	You pay \$45	Not covered
<b>Contacts – in lieu of Spectacles</b> (once every 12 months)		
<i>Conventional</i>	\$120 allowance, then 15% off balance	Up to \$96
<i>Disposable</i>	\$120 allowance	Up to \$96
<i>Medically Necessary</i>	You pay \$0	Up to \$200
<b>Laser Vision Correction</b> (Lasik or PRK)	15% off retail price or 5% off promotional price	Not covered

Please review your plan summary document for more detailed coverage information.



Always use an in-network provider to obtain the highest level of benefits.

When accessing care out of network, you receive an amount that the provider will pay up to. You are then responsible for the difference.

### VISION PLAN PREMIUMS

This is a voluntary plan, participation is optional. You may waive this coverage if you don't need eyeglasses or contacts. Total monthly premiums for 2020 are:

Status	Bi-weekly Rates
<b>Employee only</b>	\$2.73
<b>Employee &amp; Family</b>	\$6.80

### QUESTIONS?

Call customer service at **844.848.7090** or access your vision benefit information 24/7 at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) or EyeMed's mobile app.

# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation

## FLEXIBLE BENEFIT PLAN

We sponsor a flexible benefit plan to help you pay for everyday expenses on a pre-tax basis. The flexible benefit plan year is January 1, 2020 through December 31, 2020. The flexible benefit plan helps you pay for everyday medical expenses on a pre-tax basis by:

- Premiums: Pre-tax contributions for medical, dental and vision premiums.
- Medical Flexible Spending Arrangement (FSA): You can set aside pre-tax contributions for medical, dental and vision expenses not paid by your (or your spouse's) insurance plans up to \$2,750 (minimum is \$500) depending on your election. As a reminder, you need to obtain a prescription for over-the-counter medications in order to use your medical FSA dollars for reimbursement (one prescription per OTC med, per year needed).
  - At the end of the plan year, \$500 may be carried over in the medical FSA. If you have any amount over \$500, it will be forfeited at the end of the plan year (i.e., "use it or lose it").
- Dependent care: You can set aside pre-tax contributions for dependent care expenses up to \$5,000 per plan year (minimum election is \$1,000). No dollars may be carried over into the next plan year.

Participants must enroll annually for the plan year effective on January 1.

Each component of the flexible benefit plan requires a separate election. Funds cannot be moved from one component to another. Contributions cannot be changed unless a qualifying life event occurs and must be made within 30 days of the event.



We offer our Flexible Benefit Plan through Benefit Advantage.

To file a claim, you can go online to <http://www.benefitadvantage.com/> or email your claims to [claims@benadvan.com](mailto:claims@benadvan.com) or fax your claim form and accompanying receipts to **920.339.0038**.

## QUESTIONS?

Call customer service at **800.686.6829** or call the phone number on the back of your ID card or visit <http://www.benefitadvantage.com/>.

# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation

## VOLUNTARY SHORT TERM DISABILITY

You are eligible to participate in the Principal Financial Group's Voluntary Short Term Disability Insurance plan if you are an active, full-time employee who works at least 30 hours per week. Benefits begin on the 15<sup>th</sup> day for either an accident or a sickness and have a maximum benefit payment period of up to 24 weeks. The weekly benefit amount payable is 60% of your pre-disability earnings to a maximum of \$1,000.

Pre-existing conditions apply; please refer to the Principal Benefit Booklet for details on how pre-existing conditions are handled. Please note that Proof of Good Health is required if you did not enroll when you were first eligible for the coverage. Please see Human Resources for the available weekly benefit amounts and the applicable payroll deductions. Note this benefit is 100% paid by you.

## LIFE INSURANCE

Life insurance options are available so you can offer financial stability to your loved ones. You are eligible to participate in the AXA Group Life insurance plan if you are an active employee who works at least 20 hours per week (40 hours per pay period).

**General Life/Accidental Death & Dismemberment (AD&D)** is an employer paid \$10,000 plan. There are no premiums associated with this coverage as long as 20 hours plus per week is maintained by you. You designate your beneficiary information to Human Resources.

**Voluntary Life Insurance** gives you the option to purchase additional Life insurance increments for yourself, your spouse, and your dependent children. There are premiums associated with additional Term Life Insurance based on increments of additional coverage and age range rates. Coverage cannot exceed five times your Basic Annual Earnings.



For a complete list of the disability benefit provisions, the benefit restrictions, and the pre-existing condition limitations, please refer to the Principal Short Term Disability Benefit Booklet.

## SURVIVOR BENEFIT

A Survivor Benefit is a lump sum payment issued to your survivors, should you die while receiving disability benefits. The benefit payment is equal to three weeks of pre-tax primary benefits.

# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation

## ADDITIONAL BENEFITS

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

Bethany St. Joseph Corporation recognizes that work performance can be affected by problems related and unrelated to your job. An Employee Assistance Program (EAP) is provided to you and your immediate family members by BSJ. The EAP is through Gundersen Health System and provides professional, confidential assistance to help individuals resolve concerns that affect their personal lives or work performance. The EAP can help with all types of problems such as depression, marital difficulties, financial concerns, family conflicts, alcohol and drug problems, and work-related problems. There is **no cost** to you for using the EAP.

Confidentiality is the foundation of the EAP, so no information may be released to any other person about your participation in the program without your written consent. The EAP is accessible 24 hours a day, seven days a week. If you would like more information about EAP or would like to schedule an appointment, please call **608.775.4780** or **800.327.9991**, email [eap@gundersenhealth.org](mailto:eap@gundersenhealth.org) or go online at <https://www.gundersenhealth.org/services/worksites-wellness/employee-assistance-program-eap/>.

Locations for in-person EAP Visits are listed to the right of this page. Note days when in-person appointments are available by location.

### Gundersen Health System EAP Locations

- La Crosse Employee Assistance Program office  
914 Green Bay Street  
La Crosse, WI 54601  
**Appointments available everyday**
- Onalaska Employee Assistance Program office  
3111 Gundersen Drive  
Onalaska, WI 54650  
**Appointments available on Tuesdays**
- Prairie du Chien Behavioral Health  
610 E. Taylor Street  
Prairie du Chien, WI 53821  
**Appointments available on Thursdays**
- Tomah Behavioral Health  
601 N. Superior Avenue  
Tomah, WI 54660  
**Appointments available on Thursdays**
- Viroqua Behavioral Health  
407 S. Main Street Suite 200  
Viroqua, WI 54665  
**Appointments available every other Wednesday**
- Winona Specialty Services  
111 E. Riverfront Street  
Winona, MN 55987  
**Appointments available every other Wednesday**

# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation

## ADDITIONAL BENEFITS (CONT'D)

### PAID LEAVE VALUE (PLV)

PLV is a unique benefit program that replaces traditional vacation, holiday, bereavement and sick time benefits with a dollar value payment earned with each payroll. All employees enjoy this benefit.

The PLV rate, as defined below, is multiplied by hours (up to 80), times wage rate. The resulting dollar value is accumulated in a PLV bank.

<b>Cumulative</b>	<b>PLV Rate per</b>	<b>Cumulative</b>	<b>PLV Rate</b>
<b>Hours Paid</b>	<b>Hours Paid</b>	<b>Hours Paid</b>	<b>Hours Paid</b>
1-2080	.0577	24961-29120	.1308
2081-6240	.0731	29121-33280	.1346
6241-8320	.0885	33281-37440	.1385
8321-10400	.0923	37441-41600	.1423
10401-12480	.1038	41601-45760	.1461
12481-14560	.1077	45761-49990	.1499
14561-16640	.1115	49991-54080	.1538
16641-18720	.1154	54081-58240	.1576
18721-20800	.1192	58241-62400	.1615
20801-24960	.1269	62401+	.1653

The employee earns PLV on hours paid up to 80 per pay period. The rate at which PLV is earned is based on the total hours paid since starting with the Corporation. Refer to the schedule above.

The employee accumulates as much as he or she wants in the PLV bank. After employment ends, accumulated PLV is paid out 100% to the employee on his or her last direct deposit.

PLV hours do not count as “working hours” for purpose of overtime.

### VOLUNTEER TIME OFF (VTO)

Bethany St. Joseph Corporation offers paid “volunteer time” to our employees. The purpose of Volunteer Time off is to support programs and activities that enhance and serve the communities in which we live and work. This program is a way in which we can support our employees in their effort to make a difference in the community. See policy for more information.

### TUITION REIMBURSEMENT

BSJ Corporation recognizes that educational development is important to our employees’ professional and personal development. The tuition reimbursement program will provide financial assistance to employees in continuing their educational endeavors. BSJ Corporation will reimburse up to \$3,000 of tuition costs each year. See policy for complete details.



# FOCUS ON BENEFITS 2020

Bethany St. Joseph Corporation

## RETIREMENT PLAN GENERAL INFORMATION FOR 2020

BSJ Corporation offers, to eligible persons, a 403(b) plan or TSA (Tax Sheltered Annuity). The Plan allows a person to deduct an amount from each paycheck. You pay lower current tax on a lower gross income because the contribution comes out of the paycheck before the income is taxed. You also have the choice of the 403(b) ROTH option where taxes are withheld first from your income and then your contribution is made.	
When to enroll?	Employees can enroll at date of hire or any time thereafter.
Who is excluded?	Independently contracted people. (All staff are eligible to enroll.)
How to enroll?	Acquire the enrollment packet from your facility or human resources designated person. Complete the enrollment form by choosing what percentage of your wages to contribute and which funds to distribute the monies to.
How much can I contribute?	An amount that does not exceed \$19,500 total for 2020. The limits may be adjusted each year.
Are other contributions allowed?	If you are 50 years or older, the IRS allows an additional catch-up contribution of \$6,500 (for 2020). This amount may be adjusted each year.
Does the company match my contributions?	The company, at its discretion, matches a percentage of what you contribute. For 2020, the company recognizes up to 4% contributed and matches it by half. (Example: contribute 4% of wages and the company gives 2%; contribute 3% of wages and the company gives 1.5%)
When am I eligible to receive the company match?	You need to have been employed cumulatively for 1 year and be at least age 21. The match starts the first calendar quarter after reaching the criteria.
Am I vested?	You are vested 100% in the amount you contribute and the earnings you earn. You are also vested 100% in the company match contributions as they are distributed.
What are my investment options?	The corporation has several fund options to pick from. See list of funds with the enrollment materials.
What is my risk?	These funds are subject to changes in the investment environment. Potential gains and losses may occur with the funds throughout the course of time that you are an enrolled participant.
How do I know my account balances?	Quarterly online statements are available, or you can request to have a paper statement sent to you. Balances can also be checked by using the automated telephone system through Newport Group.
Can I change my contribution percentage?	Yes, with any payroll by completing the required Deferral Change Form and submitting it to the Assistant to the Exec Dir.
How do I change the funds my contributions are going into?	An automated process is available either by a web access system at <a href="http://www.newportgroup.com">www.newportgroup.com</a> or by a voice response system using a touch tone telephone at 1-844-749-9981. Both methods require the use of your acquired Personal Identification Number. Contact Newport for your P.I.N. and initial password.
What information do I receive?	You will receive a copy of the Retirement Plan's Summary Plan Description. Fund information can be obtained by visiting websites such as <a href="http://americanfunds.com">americanfunds.com</a> or <a href="http://quicktake.morningstar.com">quicktake.morningstar.com</a> or <a href="http://vanguard.com">vanguard.com</a> or <a href="http://schwab.com">schwab.com</a> . The Newport Group website is also a source to view your account's current status and other related reports.
What if I have questions?	See your Business Administrative Assistant. If further information is needed, he/she will contact the corporation's designated Retirement Plan contact person.

Note: 1. The Plan is intended to be a plan described in Section 404 (c) of the Employee Retirement Income Security Act, and Title 29 of the Code of Federal Regulations Section 2550.404.c-1.

For an enrollment packet, see your Business Administrative Assistant or contact the Asst to the Executive Director at 608-788-5700 or [gbruessel@bsjcorp.com](mailto:gbruessel@bsjcorp.com).





This Focus on Benefits provides a brief summary of your benefits. It does not contain all of the details described in the official plan documents and contracts. If there is any discrepancy between what is summarized here or any verbal descriptions of the plan and the official plan documents and contracts, the plan documents and contracts will govern.

Bethany St. Joseph Corporation reserves the right to change, amend, suspend, or terminate any or all of the plans described in the guide at any time and for any reason. This Focus on Benefits is not a contract, and participation in any of the plans does not guarantee employment.

Information provided by Associated Benefits and Risk Consulting. Associated Benefits and Risk Consulting is a marketing name used by Associated Financial Group, LLC (d/b/a Associated Benefits and Risk Consulting in New York and ABRC Insurance Solutions in California).