



My BENEFITS

2023 EMPLOYEE GUIDE



PROMOTING YOUR HEALTH
AND WELLBEING

TABLE OF CONTENTS

THE BASICS

2023 HIGHLIGHTS	1
ELIGIBILITY	2
HOW TO ENROLL IN BENEFITS	3
PLAN ADMINISTRATOR INFORMATION	4

FOR YOUR HEALTH

MEDICAL	5-7
NETWORK PROVIDERS	8
Rx	9
DENTAL	10
VISION	11
FLEXIBLE SPENDING ACCOUNTS (FSA's)	12

FOR YOUR FUTURE

RETIREMENT BENEFITS	13
LIFE INSURANCE	14
PAY PROTECTION	15
VOLUNTARY BENEFITS	16

FOR YOUR WELL-BEING

TIME OFF & LEAVES OF ABSENCE.....	17
VOLUNTEER TIME OFF	18
REIMBURSEMENTS	19
PET INSURANCE	20
IDENTITY THEFT.....	21
DAILY PAY	22
KSB PERKS	23
EMPLOYEE ASSISTANCE PROGRAM (EAP)	24
CARING FRIENDS	25

GLOSSARY OF TERMS	26
-------------------------	----

2023 HIGHLIGHTS

\$0.00 PREMIUM INCREASE

There will be no increase for any of our benefit plans this year. In a time where everything is rising in cost, we are elated to keep costs right where they are for KSB employees.



ACCIDENT & CRITICAL ILLNESS INSURANCE

Accident and Critical Illness Insurance are a valuable add to KSB's benefit offering. These benefits allow money to be paid directly to you to cover out of pocket expenses that your KSB insurance doesn't cover, should you be in a covered accident or have a covered diagnosis.

LEGAL & FINANCIAL

We have added Legal and Financial Services through our EAP provider, Perspectives. You will receive a free 30 minute consultation per legal/financial matter and a discount on attorney fees/tax services.

ELIGIBILITY

Employees eligible for Plan coverage are all regular employees who are regularly scheduled to work a minimum of 20 hours per week; and, physicians per an employment agreement. You may also enroll your dependents in the Benefits Plan when you enroll.

WHO'S AN ELIGIBLE DEPENDENT?

- Your legal spouse or civil union partner (CU)
- Children up to age 26 including biological, adopted, foster, step and children under legal guardianship
- Unmarried adult disabled children

*If your spouse/CU is employed and eligible for coverage under their employer's group health plan but is not enrolled for such coverage, your spouse/CU is not eligible for KSB medical coverage.

WHEN CAN YOU ENROLL?

- New Hires
Your benefits are effective your 1st day of employment. You have 14 days from your date of hire to enroll in benefits.
- Annual Open Enrollment
November of each year
 - Any eligible employee that does not complete Open Enrollment selections, will maintain current benefit elections, except for any Flexible Spending Accounts (FSA's). FSA accounts must be re-enrolled in each year.

MAKING CHANGES

Generally, you can only change your benefit elections during the annual Open Enrollment period. However, you may be able to change your benefit elections during the plan year if you have a change in status including:

- Your marriage, divorce or legal separation
- Birth or legal adoption of a child, loss or gain of custody, by court order, of a dependent
- Death of your legal spouse/CU or covered child
- Commencement or termination of spouse's/CU employment with benefits eligibility
- Termination or commencement of coverage by you, your spouse/CU or dependent
- A change in job status from full-time to part-time (or vice versa) by you or your spouse/CU
- An unpaid leave of absence by you or your spouse/CU
- A significant change in your spouse's/CU medical coverage, attributable to your spouse's/CU employment such as a significant increase in the out-of-pocket amounts like deductibles, copays or insurance premiums
- You, your spouse/CU or dependent become entitled to or lose entitlement to Medicare or Medicaid

*You have 30 days from the qualifying event to make any necessary changes in benefit elections and provide required documentation. These changes are requested in Paycom under Benefits- Qualifying Events.

HOW TO ENROLL IN BENEFITS

STEP 1

Log in to Employee Self-Service on Paycom.com or the Paycom app. From the Notification Center or from the Benefits section click on "current year's Benefits Enrollment."

STEP 2

Review initial instructions and click "Start Enrollment." Then, enter your personal information and any dependents or beneficiaries.

STEP 3

After reading each benefit plan, choose your coverage, then elect to either enroll or decline.

STEP 4

Complete your enrollment - Click "Finalize" then "Sign & Submit."



You can scan this QR code to log in to Paycom Employee Self-Service!



PLAN ADMINISTRATOR INFORMATION



General Questions

Short-Term Disability

Paid Days Leave (PDL)

KSB Hospital - Human Resources

403 E. First Street

Dixon, IL 61021

Phone: (815) 285-5616



Vision Plan

EyeMed

Member Phone: (866) 800-5457

www.eyemed.com



Professional Benefit Administrators, Inc.

Health Care and Dental Plans

Flexible Spending Accounts (FSA)

Professional Benefit Administrators, Inc.

PO Box 4687

Oak Brook IL 60522-4687

Phone: (800) 435-5694

Fax: (630) 655-3781

www.pbaclaims.com

Basic Term Life Insurance Coverage

AD&D Insurance Coverage

Supplemental Term Life Insurance

Supplemental AD & D Insurance

Voluntary Long-Term Disability

Accident Insurance

Critical Illness Insurance

G. Murphy and Associates

1911 W. Wilson St. #1057

Batavia, IL 60510

Phone: (630) 444-2062

optlife@advocacymodel.com

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP



Retirement Savings Plan (RSP)

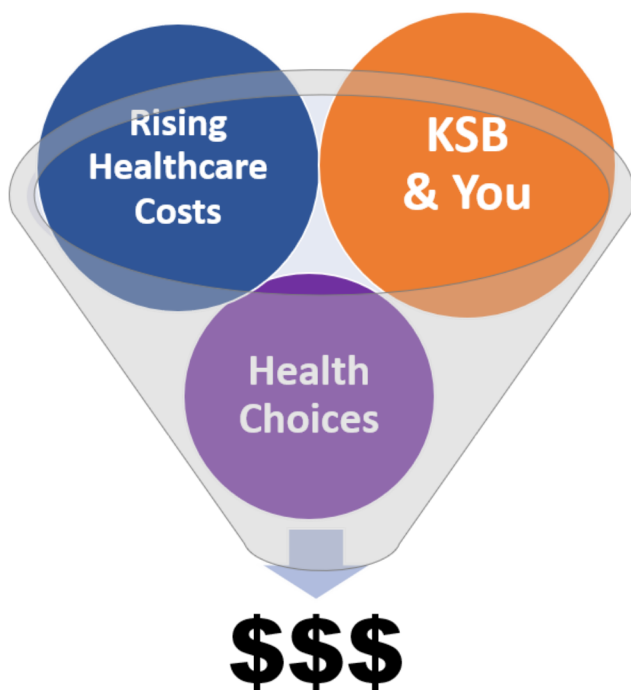
Retirement Direct

Phone: (800) 907-4636

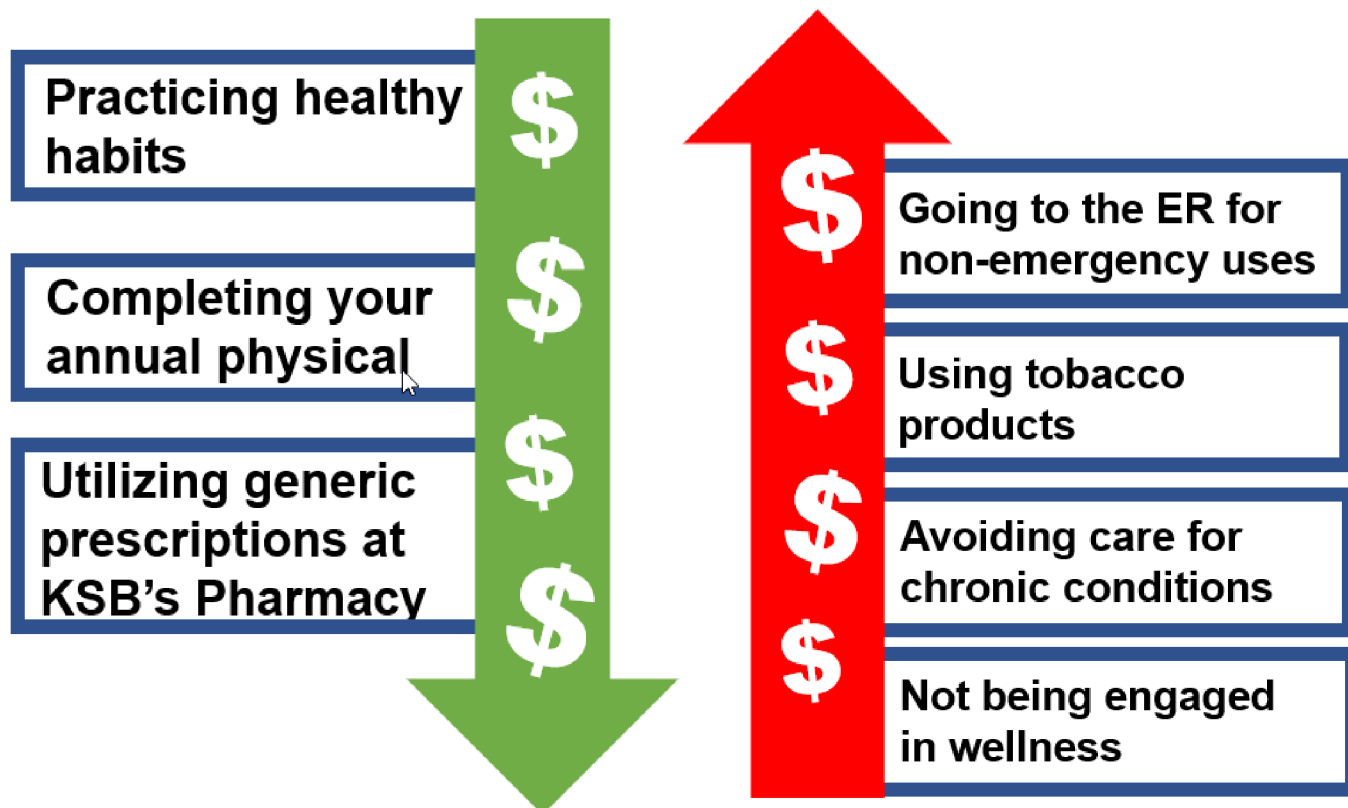
www.retdirect.net

HOW TO USE YOUR MEDICAL BENEFITS

What does cost sharing mean?



Both you and KSB pay toward the total medical & prescription healthcare costs. The healthcare choices we all make as participants in any of the three medical plans have an impact on the total cost. Similar to how we watch our dollars when shopping at a store, do the same thing with your healthcare and help keep costs down for yourself & KSB.



MEDICAL PLAN PREMIUMS

Bi-Weekly Premiums:	KSB Plan	
	Full-time (64+hrs/pp)	Part-time (40-63 hrs/pp)
Employee	\$16.22 w/HIA*	\$66.50 w/HIA*
	\$39.30	\$89.58
Employee + Spouse	\$91.35 w/HIA*	\$283.19 w/HIA*
	\$114.43	\$306.27
Employee+ Child	\$40.15 w/HIA*	\$124.47 w/HIA*
	\$63.23	\$147.55
Employee + Children	\$54.03 w/HIA*	\$167.49 w/HIA*
	\$77.11	\$190.57
Employee + Family	\$129.15 w/HIA*	\$400.37 w/HIA*
	\$152.23	\$423.45

Bi-Weekly Premiums:	PPO Plan	
	Full-time (64+hrs/pp)	Part-time (40-63 hrs/pp)
Employee	\$48.42 w/HIA*	\$198.52 w/HIA*
	\$71.50	\$221.60
Employee+ Spouse	\$317.51 w/HIA*	\$984.27 w/HIA*
	\$340.59	\$1,007.35
Employee+ Child	\$134.11 w/HIA*	\$415.75 w/HIA*
	\$157.19	\$438.83
Employee + Children	\$183.32 w/HIA*	\$569.84 w/HIA*
	\$206.40	\$592.92
Employee + Family	\$452.91 w/HIA*	\$1,404.02 w/HIA*
	\$475.99	\$1,427.10

Bi-Weekly Premiums:	HDHP	
	Full-time (64+hrs/pp)	Part-time (40-63 hrs/pp)
Employee	\$24.81 w/HIA*	\$101.71 w/HIA*
	\$47.89	\$124.79
Employee + Spouse	\$162.67 w/HIA*	\$504.29 w/HIA*
	\$185.75	\$527.37
Employee + Child	\$68.71 w/HIA*	\$213.00 w/HIA*
	\$91.79	\$236.08
Employee + Children	\$94.18 w/HIA*	\$291.95 w/HIA*
	\$117.26	\$315.03
Employee + Family	\$232.05 w/HIA*	\$719.35 w/HIA*
	\$255.13	\$742.43

*KSB employees and their spouses who are on the KSB Plan will be eligible for a reduction in annual premiums upon completion of the Health Improvement Activity (HIA). The Health Improvement Activity for 2023 will be a Wellness Visit to your doctor. HIA Forms will be on the OC and will need to be turned into HR for credit.

**All premium amounts noted are per pay period.

MEDICAL PLAN COMPARISON



	KSB Plan			PPO Plan	HDHP
	KSB Providers	Services <u>not</u> available at KSB; In-Network	Available at KSB; Member chooses In-Network		
Deductible					
Individual In-Network	\$1,500	\$1,500	\$3,500	\$3,000	\$4,000
Family In-Network	\$2,500	\$2,500	\$6,500	\$5,000	\$7,000
Individual Out of Network	No Coverage Available			\$5,000	\$7,000
Family Out of Network	No Coverage Available			\$9,000	\$13,000
Co-Pay					
Office Visit	\$20	\$20	\$20	\$20	\$20
Urgent Care	\$75	\$75	\$75	\$75	\$75
Emergency Room	\$250	\$250	\$250	\$250	\$250
In Patient Admit In-Network	\$100	\$100	\$100	\$100	\$100
In Patient Admit Out of Network	No Coverage Available			\$500	\$500
Out of Pocket Maximum					
Individual In-Network		\$3,000	\$5,500	\$5,500	\$6,750
Family In-Network		\$5,500	\$10,500	\$10,500	\$13,000
Individual Out of Network	No Coverage Available			\$8,500	\$13,500
Family Out of Network	No Coverage Available			\$16,500	\$25,500
	*The KSB/PPO out-of-pocket limit for any individual family member will not exceed \$7,900.				
Coinsurance					
KSB Providers:					
Plan Pays	100%			90%	90%
Member Pays	0%			10%	10%
In-Network Providers:					
Plan Pays		80%	60%	80%	80%
Member Pays		20%	40%	20%	20%
Out of Network Providers:					
Plan Pays	No Coverage Available			60%	60%
Member Pays	No Coverage Available			40%	40%
Chiropractic Services:					
Plan Pays	80%			80%	80%
Member Pays	20%			20%	20%
Maximum Benefit Allowance	\$1,000 Limit per person, per year				

NETWORK OF PROVIDERS

ALL KSB HOSPITAL PROVIDERS ARE IN-NETWORK FOR ALL PLANS!

With a growing nationwide PPO network of more than 1 million health care professionals and more than 6,300 facilities, Cigna offers you a range of quality choices to help you stay healthy.

FEATURES ON MYCIGNA.COM ALLOW YOU TO:

- Narrow your results by distance, specialty and more.
- Email a copy of your search results.
- Find doctors in 22 different medical specialties, who meet certain quality and cost-efficiency measures and have been awarded the Cigna Care Designation.
- Estimate procedure costs based on Cigna's historical data.

HOW TO FIND WHAT YOU NEED

1. Visit Cigna.com - Click on "Find a Doctor, Dentist, or Facility" (upper right)
2. Choose "Employer or School"
3. Enter the geographic location you want to search and select the search type
4. Either Login/Register for myCigna.com, OR "Continue as guest"
5. Fill in the "I Live in" field
6. Select "PPO, Choice Fund PPO"



PBA is where you will receive information regarding your Medical and Dental insurance. It takes PBA 7-10 days to process your enrollment, and they will send cards directly to your home once processed. You can log into PBA to download or print a temporary card until your card comes in the mail.

1. Visit www.pbaclaims.com - click Secure Login and choose employee- upper right
2. Use the Create a new account option under the Login box
3. Using your social security number and birthdate- you will fill out the information as directed to create a log in.
4. Once Finalized- you will have access to your account. You will see ID Card as an option along the top.



Rx

Employees on a KSB Health Plan can have their prescriptions filled through the KSB Pharmacy. Through this program, you benefit from the convenience of KSB's onsite pharmacy and prescription copays are markedly less than if they were filled at outside pharmacies.

PRESCRIPTION DRUGS BENEFITS SUMMARY

Prescription Class	KSB Pharmacy		Other Pharmacy
	30 Day Supply	90 Day Supply	30 Day Supply Only
Generic	\$15	\$30	\$25
Brand - Formulary	\$30	\$60	\$45
Brand - NonFormulary	\$75	\$150	\$100
Specialty Drugs	\$200	NA	NA

*For HDHP plan only, pharmacy coverage is not available until deductible is met.

REFILLS

Employees on a KSB Health Plan can have their prescriptions filled through the KSB Pharmacy. Through this program, you benefit from the convenience of KSB's onsite pharmacy and prescription copays are markedly less than if they were filled at outside pharmacies.

TRANSFER YOUR PRESCRIPTIONS

- You can fill out the electronic Prescription Transfer Form located on The OC.
- You may download a copy of the Prescription Transfer form from The OC or pick up a copy from Human Resources and e-mail to ksbpharmacy@ksbhospital.com.
- Prescriptions can also be called into the KSB Pharmacy at (815) 285-5586.

DENTAL

CLASSIFICATION OF SERVICES

Preventative	Basic	Major
Dental plan covers these services. Includes 2 exams, cleanings, and x-rays per person, per calendar year, and must be 6 months apart.	Dental plan will pay for a percentage of these services. Includes fillings, root and gum care, oral surgery, & extractions.	Dental plan will pay for a percentage of these services. Includes dentures, bridgework, & crowns.

Deductible	\$25 per person (up to 3 per family), per calendar year (preventative services have no deductible).	
Maximum Benefit	\$1,250, per person, per calendar year	
Preventative Services	Covered in full	
Basic Services	25% Employee / 75% Plan	
Major Services	50% Employee / 50% Plan	
Orthodontic Services	50%, up to \$1,000 lifetime max	
Employee Premiums		
	Full Time (64+ hrs/pp)	Part Time (40-63 hrs/pp)
Employee Only	\$9.84	\$14.41
Family	\$19.71	\$29.46



VISION



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses



Find an eye doctor

(Insight Network)
- eyemed.com
- EyeMed Members App
- For LASIK, call
1 (800) 988-4221

Heads up

You may have additional benefits!

Log in to eyemed.com/member to see all plans included with your benefits.



PREMIUMS PER PAY PERIOD			
Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$2.99	\$5.68	\$5.98	\$8.79
SUMMARY OF BENEFITS			
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT	
EXAM SERVICES			
Exam	\$10 copay	up to \$40	
Retinal Imaging	Up to \$39	Not covered	
CONTACT LENS FIT & FOLLOW-UP			
Fit & Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered	
Fit & Follow-up - Premium	10% off retail price	Not covered	
FRAME			
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$91	
STANDARD PLASTIC LENSES			
Single Vision	\$25 copay	Up to \$30	
Bifocal	\$25 copay	Up to \$50	
Trifocal	\$25 copay	Up to \$70	
Lenticular	\$25 copay	Up to \$70	
Progressive - Standard	\$90 copay	Up to \$50	
Progressive - Premium Tier 1	\$110 copay	Up to \$50	
Progressive - Premium Tier 2	\$120 copay	Up to \$50	
Progressive - Premium Tier 3	\$135 copay	Up to \$50	
Progressive - Premium Tier 4	\$90 copay, 80% of charge less \$120 allowance	Up to \$50	
LENS OPTIONS			
Anti Reflective Coating - Standard	\$45	Not covered	
Anti Reflective Coating - Tier 1	\$57	Not covered	
Anti Reflective Coating - Tier 2	\$68	Not covered	
Anti Reflective Coating - Tier 3	20% off retail price	Not covered	
Photochromatic - Non-Glass	\$75	Not covered	
Polycarbonate - Standard	\$40	Not covered	
Scratch Coating - Standard Plastic	\$15	Not covered	
Tint - Solid or Gradient	\$15	Not covered	
UV Treatment	\$15	Not covered	
CONTACT LENSES			
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$130	
Contact - Disposal	\$0 copay; 10% off balance over \$130 allowance	Up to \$130	
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$210	
OTHER			
Hearing Care from Amplification Network	Discounts on hearing exam and aids; call 1 (877) 203-0675	Not covered	
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1(800) 988-4221	Not covered	
FREQUENCY (plan allows member to receive either contacts and frame, or frame and lens services)			
Exam	Once every 12 months		
Frame	Once every 24 months		
Lenses	Once every 12 months		
Contacts Lenses	Once every 12 months		

FLEXIBLE SPENDING ACCOUNTS (FSA's)

A Flexible Spending Account (FSA) is a benefit that allows you to establish a savings account to pay for qualified medical and dependent care expenses. The amount KSB Hospital withholds is not subject to payroll taxes – so your payroll tax deduction would be lower! You choose an annual amount of how much you want to set aside for these expenses and, on each payroll date, your employer will set aside that amount for you to use.

Medical (Health Care) Expense FSA

The pre-tax contributions you choose to set aside for a Medical FSA can be used to pay for deductibles, co-payments, coinsurance and some expenses not covered by the health plan, such as dental and vision expenses. Generally, allowable items are the same as those qualifying for a medical tax deduction.*

2023 FSA limit is \$3,050

2023 Rollover is \$610

Dependent Care FSA

Pre-tax contributions can also be made to pay for certain expenses to care for dependents that live with you while you are at work. While this often means childcare, it can also apply to adult day care for senior dependents living with you, such as parents. It cannot be used for summer camps (other than “day” camps) or long-term care for parents who live elsewhere (such as a nursing home).

The Dependent Care FSA is federally capped at \$5,000 per year per couple.



*Before you enroll, spend some time estimating your anticipated eligible medical care expenses for the next year. This is a "use it or lose it" account, as you are only allowed to roll-over \$610 at the end of that Plan Year.

RETIREMENT SAVINGS PLAN

Invest in your retirement & yourself today, with help from KSB Hospital and your 403(b)!

Eligibility

You are eligible to make salary deferrals into the Plan the 1st of the month following 30 days of service as defined by the Plan. New employees are automatically enrolled in the plan at 3%.

Investments

You are allowed to direct the investment of your accounts. You have the option of diversifying your investments in a money market fund, bond funds and stock funds as well as through a self-directed brokerage account.

Contributions

Salary Deferral Contributions

You may defer from your pay up to the maximum dollar amount allowed by the IRS. For 2023, the limit is \$22,500. Limits may be adjusted for inflation annually. Adjustments in contributions may be made at any time in Paycom. For individuals who have reached age 50 by the end of the year, an additional \$7,500 "catch-up" contribution is allowed for 2023.

Roth Salary Deferral Contributions

You may elect to have your salary deferral contributions made as Roth after-tax contributions. Roth contributions will be included in income for federal and state income tax purposes. If you meet IRS guidelines, all earnings can be income tax free at distribution.

KSB Matching Contributions

Once you have been employed for a year, each pay period KSB will match 50¢ on the \$1.00, for the first 5% of pay you defer. You need to have worked 1000 hours in the previous calendar year (or your initial 12 months if you are a new hire) to receive KSB Matching contributions.

KSB Basic Contributions

Once you have been employed for a year, KSB will make a basic contribution of 2.5% of pay on an annual basis. You will receive this contribution if you have worked 1000 hours during the Plan Year and are still employed on the last day of the last pay cycle of the calendar year.

Employee Rollover Contributions

The Plan will accept rollovers from other qualified retirement plans or from an IRA.

Income and Social Security Taxes

You do not pay income taxes on your contributions (except for Roth contributions) and KSB's contributions until you withdraw money from the Plan. Social Security taxes are paid on your contributions but are not required for KSB's contributions.

Beneficiaries

If you are married, your primary beneficiary is automatically your spouse. Your spouse can waive their right if proper signature and notarization is provided to the Plan.

Normal Retirement Date

Your normal retirement date will be the first of the month following your 65th birthday.

Vesting

You are always 100% vested in the money you contribute to the Plan, and KSB's Matching Account. You are 100% vested in KSB's Basic Account if you retire at age 65, or while employed, die or become permanently disabled. Otherwise, KSB's Basic Account is subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vested %</u>
Under 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Termination Distributions

If you elect, you can receive a Lump Sum distribution of your account as soon as possible following the day you terminate employment.

If your vested account balance is less than \$1,000, KSB will distribute your account balance to you after providing 30 days notice. If your account balance is more than \$1,000 but less than \$5,000 and you do not elect to either receive or roll over the distribution, your balance will be rolled over into an Individual Retirement Account for your benefit, after providing 30 days notice. If your vested account balance is \$5,000 or more, you may elect to defer payment of your distribution. However, it may be deferred no later than April 1 of the calendar year after the year in which you reach 72 years old.

In-Service Withdrawals

You may withdraw all or any portion of your account, while still employed, after you reach age 59½ and are 100% vested in all of your accounts.

You may also be eligible to receive a hardship withdrawal from the money you contribute to the Plan, if you have an immediate and heavy financial need for one of the following reasons:

- purchase of principal residence,
- prevention of eviction from principal residence,
- uninsured medical expense,
- college tuition for you or your dependent.
- burial or funeral expenses for immediate family,
- casualty loss expenses to principal residence, or
- expenses and losses due to a disaster

Loans

You may borrow a minimum of \$1,000 from your account in the Plan. You may borrow no more than the lesser of 50% of your vested account balance or \$50,000. You are limited to one outstanding loan at a time. Your account will be charged \$75 to initiate a loan. You will also be charged a \$75 renewal fee for each year the loan remains outstanding. The interest paid on your loan is paid into your account.

LIFE INSURANCE/ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)*



BASIC LIFE INSURANCE

Eligibility	Employee Hired at 40+ hours/pay period
Benefit	\$20,000 Term Life policy and AD&D
Cost	No cost to the employee
Effective Date	1st day of employment
*Please see the plan highlights for benefit details and exclusions	

SUPPLEMENTAL LIFE INSURANCE/ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Current employees may enroll for the 1st time or increase coverage without underwriting by up to \$100,000 (not to exceed total coverage of 5X salary OR \$350,000 if under age 60/\$175,000 if age 60 or older).

Eligibility	Available to employee, spouse, and dependent child(ren)
Benefit	Maximum of \$500,000, supplemental AD&D may be purchased in the amount equal to the supplemental Term Life policy
Cost	100% employee paid- available for purchase at group rates
Effective Date	1st of the month following an approved enrollment
*Please see the plan highlights for benefit details and exclusions	

PAY PROTECTION

Disability insurance provides partial income so you can pay your bills if you get too sick or injured to work. Short-Term Disability insurance is provided through PBA. Long-Term Disability insurance is offered through Reliance Standard.



SHORT-TERM DISABILITY

Eligibility	After 1 year of service for employees working 40+ hours/pay period
Benefit	60% of employee's base weekly pay
Maximum	\$2,300 per week
Waiting Period	After 14 consecutive days
Benefit Duration	11 weeks
Cost	No cost to the employee
*Please see the plan highlights for benefit details and exclusions	

LONG-TERM DISABILITY



Current employees may ONLY enroll in the Voluntary LTD during annual enrollment.

Eligibility	Effective 1st of the month following an approved enrollment for employees hired at 40+ hours/pay period
Benefit	60% of monthly earnings
Maximum	\$5000 per month
Waiting Period	After 90 consecutive days
Benefit Duration	Up to Social Security Age or age based starting at 62
Cost	100% employee paid- based on pay rate & hired hours
*Please see the plan highlights for benefit details and exclusions	

VOLUNTARY INSURANCE

NEW IN 2023

ACCIDENT INSURANCE

Voluntary accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

Some examples that pay out a cash benefit are:

- Burns
- Concussion
- Dental Injury
- Dislocation
- Fractures
- Lacerations

BI-WEEKLY PREMIUMS

COVERAGE	PREMIUM
EMPLOYEE	\$4.09
EMPLOYEE + SPOUSE	\$6.96
EMPLOYEE + CHILDREN	\$8.11
EMPLOYEE + FAMILY	\$13.65

Coverage is 100% Employee Paid

\$50 Wellness Screening Benefit

- Receive \$50 for visiting your primary for your wellness visit each year

CRITICAL ILLNESS INSURANCE

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

Eligibility	Effective 1st of the month following an approved enrollment for employees hired at 40+ hours/pay period
Benefit	Employee- Choose between \$5,000 - \$30,000 in \$1,000 increments Spouse- Choose between \$5,000 - \$30,000 in \$1,000 increments Child(ren)- 50% of approved employee election
Maximum	Employee- \$30,000 Spouse- \$30,000 -cannot exceed employee election Child(ren)- \$15,000 -will be 50% of employee election
Cost	100% Employee Paid- costs vary depending on amount of election
*Please see the plan highlights for benefit details and exclusions	

TIME OFF & LEAVES OF ABSENCE

You are at your best when you've had the opportunity to relax, rejuvenate, or take care of personal matters throughout the year!



Time-Off	FT Regular (64-80 hrs/pay period)	PT Regular (63-40 hrs/pay period)	PT Limited (> 40 hrs/pay period)	PRN (as needed)
Personal Time				
Paid Days Leave (PDL) (refer to policy for specific annual amounts)	●	●	●	
Bereavement	●	●	●	
Civic Duty				
Jury Duty	●	●	●	●
Volunteer Time Off	●			

Leave Types Available	FT Regular (64-80 hrs/pay period)	PT Regular (40-63 hrs/pay period)	PT Limited (>40 hrs/pay period)	Job Protected
Care of Self (Health)				
FMLA Personal Medical*	●	●	●	●
Personal Health (Non-FMLA)	●	●	●	
Domestic Violence (VESSA)	●	●	●	●
IL Pregnancy Act Leave	●	●	●	●
Care of Others (Health)				
FMLA Parental/Family Medical*	●	●	●	●
Personal Commitment (Self)				
Personal	●	●	●	
Military	●	●	●	●
FMLA Military Caregiver*	●	●	●	●

*The Family Medical Leave Act (FMLA) offers job protection for associates with one or more years of service who have worked at least 1,250 hours in the preceding 12 months and who are on an approved leave of absence (see Leave of Absence policy)

VOLUNTEER TIME OFF

KSB's DAY OF SERVICE

There's no doubt that volunteerism makes a difference in people's lives. When we give back and strengthen our communities, everyone wins. Through the KSB Day of Service, full-time KSB employees will receive 8 hours of Volunteer Time Off (VTO) to contribute to a worthy cause in our community.



How VTO works:

- All Full-time employees (64 hours per pay period or above) will be allotted 8 hours of Volunteer Time Off each year to make an impact in the communities we serve.
- Team members can take Volunteer Time Off in increments between 1 and 8 hours with manager approval through the Paycom system. In the request, please make sure to put what opportunity or organization you'll be volunteering for.
- A short impact statement will be returned to the HR team upon completing volunteer work.
- VTO Benefits run from July 1st through June 30th of each year. Unused VTO does not rollover if unused by June 30th.
- VTO can be used to support any charitable organization supporting causes important to you but must be within the communities KSB serves.

"One of the reasons I wanted to join the KSB organization was its presence in the community. KSB is known for supporting local people, not just as a healthcare provider but also as a major employer. After joining the team, I was so excited when the Volunteer Time Off Program was announced! What a gift to the community!"

-Natalie Winebaugh, Clinical Talent Manager



REIMBURSEMENTS

TUITION REIMBURSEMENT

KSB Hospital invests in your future by providing tuition assistance for employees who voluntarily take job/degree-related or health care related college courses. Assistance is granted on the guidelines set forth in the policy.

All part-time regular and full-time regular employees that have completed one year of service in a benefit eligible position are eligible to apply for tuition assistance. The Tuition Reimbursement Request Form can be found on The OC - HR Links – Career Growth.

If you should have any questions or need clarification on the policy, you may contact your Department Director or the Human Resources Department at (815) 285-5616.

CHILDCARE REIMBURSEMENT

KSB pays 50%, up to a maximum of \$25 per week, per child, at the following approved non-profit, licensed day care centers:

Dixon

Family YMCA Lovett Child Development Center

Open Sesame/Bright Beginnings

*Contact Human Resources for additional participating childcare facilities.



on your side

Pet insurance from Nationwide®

Fetch the best health coverage for your pet this open enrollment. With two budget-friendly options, there's never been a better time to sign up for My Pet Protection®, available only through your workplace benefits program.

- ✓ **Get cash back on eligible vet bills:** Choose 50% or 70% reimbursement [1]
- ✓ **Just for employees:** Preferred pricing offered only through your company
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals

Did you know? Nationwide is the only insurer with coverage plans for birds and exotic pets. To enroll your bird, rabbit, reptile or other exotic pet, call 877-738-7874.



How to use your pet insurance plan

1 Visit any vet,
anywhere.

2 Submit
claim.

3 Get reimbursed for
eligible expenses.

[1] Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2022 Nationwide. 22GRP8795Q

IDENTITY FRAUD PROTECTION



Identity Fraud Expense Reimbursement Coverage

Identity fraud is one of the fastest growing crimes in the country today. According to the 2010 Identity Fraud Survey report released by the Better Business Bureau and Javelin Strategy & Research, about 11 million people were victims of identity fraud during 2009. This means that one in every 28 consumers fell victim to the crime, with total out-of-pocket expenses exceeding \$4.9 billion.

Katherine Shaw Bethea Hospital has purchased the Identity Fraud Expense Reimbursement policy from Travelers Bond & Financial Products in order to provide you, your spouse, qualified domestic partner, children under 18 and parents with this valuable coverage.

Your Policy Number is: 105539622

Your Coverage Limit is: \$10,000

Your Deductible is: \$0

If you are a victim of Identity Fraud, please call Travelers to report your claim: 800.842.8496

The coverage reimburses identity fraud victims for the following:

- Lost wages as a result of time taken off from work to meet with, or talk to, law enforcement agencies, credit agencies and/or legal counsel, to complete fraud affidavits, or due to wrongful incarceration arising solely from someone having committed a crime in the insured person's name, up to \$1,000 per week for five weeks up to the policy limit.
- Notary and certified mail charges for completing and delivering fraud affidavits.
- Fees to re-apply for loans that were denied because of erroneous credit information due to the identity fraud.
- Long distance telephone charges for calling merchants, law enforcement agencies or credit grantors to discuss an actual identity fraud.
- Attorney fees incurred, with Travelers' prior consent, for:
 - Defending suits brought incorrectly by merchants or their collection agencies
 - Removing criminal or civil judgments wrongly entered against the victim
 - Challenging information in a credit report
 - Release of medical records in cases of medical identity fraud
 - Contesting wrongfully incurred tax liability
 - Contesting the wrongful transfer of ownership of an insured person's tangible property
- Costs for daycare and eldercare coverage, if that coverage is necessary for an insured person to attend meetings or otherwise have the ability to restore financial health and credit history as a result of identity fraud.
- Travel and accommodations expense up to \$1,000 per week up to five weeks.
- Expenses and fees for new government issued identification such as passports, drivers license and social security cards.
- Expense and fees for copies of health records for purpose of investigating medical identity fraud.

Becoming a victim of identity fraud is a frightening, frustrating experience. It can happen to anyone at any time. Our identity fraud specialists can help victims during this difficult time. Not only will we pay for expenses associated with clearing up your credit, but we will also provide you with detailed information on how to fix your credit and resolve other identity fraud issues.

Make Any Day Payday

Access your earned pay when you need it.

Get started today!



or text **START** to **66867**

Benefits of DailyPay
include the ability to:



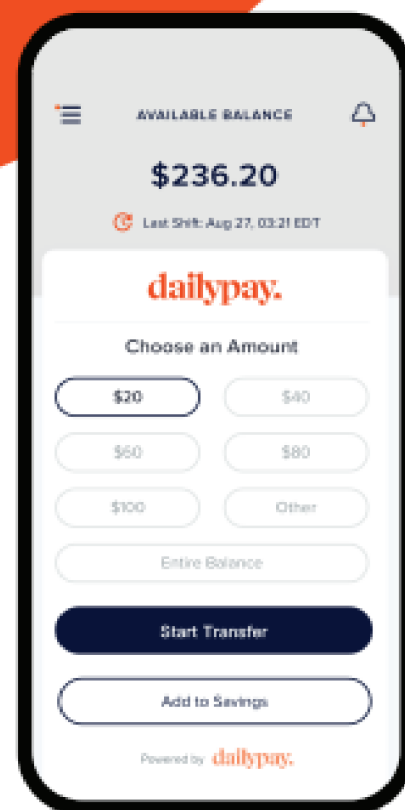
Track your daily income with updates after every shift you work



Transfer your earnings instantly or next-day



Automatically save a portion of your paycheck



SCAN HERE



dailypay.tm/new21

dailypay.

KSB PERKS

Your KSB Hospital badge opens many doors and now it scores plenty of deals with KSB Perks!



CREDIT UNION

The HealthCare Associates Credit Union (HACU) is a benefit for all employees to utilize for their financial service needs. Visit www.hacu.org.



VERIZON WIRELESS

22% discount off of Monthly Access Fees. 2-year line term on eligible Calling Plans \$34.99 or higher required.



KEN NELSON AUTO GROUP

Free vehicle pick up & drop off when using Ken Nelson Auto Group for all your vehicle services.



OREGON PARK DISTRICT

Membership discount



OLIVERS CORNER MARKET

\$5 grocery delivery



DIXON FAMILY YMCA

Membership discount



SAUK VALLEY CLEANERS

Free clothing pick up & drop off when using Sauk Valley Cleaners for all of your dry-cleaning needs.

**Introducing the 2023 KSB Employee Perks Card
for great discounts from our local partners!**

EMPLOYEE ASSISTANCE PROGRAM (EAP)

FREE Help!
Who Doesn't
Like That?

We want you to think of Perspectives as the "Everyday Assistance People." Our employee assistance program (EAP) provides support, counseling and resources for life issues that can take a toll on your emotional well-being or take time away from the things you value most, like work and family. Our services are confidential, no cost to you and available when you need them!

We Help With Issues That Impact Life

We can help you resolve stressful personal and family issues, or direct you to Legal, financial or child care resources when you need them most.

Common issues we help
people with everyday include:

- Alcohol and Drug Abuse
- ADD
- ADHD
- Addictions
- Adoption
- Anger Issues
- Anxiety
- Budgeting
- Child Care Resources
- College Planning
- Communications Issues
- Coping with Change
- Depression
- Divorce
- Domestic Violence
- Eating Disorders
- Effective Communication
- Elder Care Resources
- Emotional Issues
- Family Issues
- Financial Resources
- Grief
- Legal Resources
- Leisure Travel Time
- Marital & Couples Counseling
- Mental Health
- Parenting
- Pet Care Resources
- Post Traumatic Stress
- Relationship Issues
- Stress

We're Available When You Need Us!

Three ways to access to EAP Perspectives 24/7:

OVER THE PHONE

Masters and Doctorate level EAP counselors are available 24/7 to answer your questions, provide counseling or assist you with useful appropriate resources. Call 1 (800) 456-6327 anytime!

IN PERSON

Counselors will listen to your concerns, assess the situation and help you develop an action plan best suited to your needs. When appropriate, this plan may include further in-person sessions with Perspectives or a referral to another qualified professional. Call 1 (800) 456-6327, 8 a.m.-6 p.m. weekdays to schedule an appointment.

ONLINE

Perspectives Online is a special website for everyone with Perspectives EAP. It provides information, resources and tools for a vast number of issues, ranging from parenting and child care to health and wellness, career development, workplace training and more. Just visit www.perspectivesltd.com and log in with your username and password!

NEW IN 2023 - LEGAL AND FINANCIAL SERVICES

At some point in life, we all find ourselves in need of legal or financial advice. Whether we're planning for retirement or college, or facing a divorce or potential legal battle, it's often hard to know where to start. Perspectives Legal / Financial Services provide you with phone access to specialists who can help you understand your options and point you in the right direction for the help you need. If you do require an attorney, you will be given a referral to our network that includes a FREE 30 minute consultation and 25% reduction in attorney fees.

PLEASE TAKE A MINUTE TO LOG IN TO YOUR ACCOUNT
TO SEE THE BENEFITS OF PERSPECTIVES EAP.

USERNAME:

KSB500

PASSWORD:

perspectives

CARING FRIENDS



What is Caring Friends?

- Our primary purpose is to assist KSB staff, volunteers and medical staff, who meet predetermined criteria and are experiencing a hardship with financial assistance.
- We are dedicated to promoting health, safety and general welfare of KSB Staff.
- We are organized exclusively for charitable purposes in accordance with 501 (c)(3) of the Internal Revenue Service.
- Our funding comes 100% from donations which can be done via payroll deduction and/or participating in our miscellaneous fund raisers.

Applications for Assistance are available as follows:

- The OC Employee Links – Caring Friends Application for Assistance (printable form).
- Paper applications are available to pick up in the HR Dept. or in the basement east hallway (right side of elevators).
- Complete application in full utilizing additional blank paper to explain your reason(s) you are experiencing financial distress along with paperwork of specific assistance criteria requested.
- Submit request in sealed envelope noted “confidential” to Bert Kelser, Compensation Analyst/Human Resources or in drop box also located in the east basement hall.
- Once received you may be contacted with questions before committee review.

How to Donate - Payroll Deduction, Cash & PDL Donation Offered via:

- The OC - Employee Links – Caring Friends – Donation Form (printable form).
- Paper donation forms are available to pick up in the HR Dept.
- Completed donation forms should be turned into Bert Kelser, Compensation Analyst/Human Resources.



Watch for annual Fun(d) Raisers:

Annual Fund Drive, Shoe Roads Production Shoe Sales, Silent Auction, Tumblers, Soap, Koeze Product and many more.

Contact Information:

Address: Caring Friends, 403 E 1st St., Dixon, IL 61021

Phone: (815) 285-5620

Bert Kelser & Linda Setchell, Co-Chairpersons

MEDICAL TERM	DEFINITION
COINSURANCE	Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. (The health insurance or plan pays the rest of the allowed amount.)
COPAYMENT	A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
DEDUCTIBLE	An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible.)
FORMULARY	A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may put drugs in different cost sharing levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different cost sharing amounts will apply to each tier.
NETWORK	The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.
NETWORK PROVIDER (PREFERRED PROVIDER)	A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."
OUT-OF-NETWORK PROVIDER (NON-PREFERRED PROVIDER)	A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. This may also be called "non-preferred" or "non-participating" instead of "out-of-network provider."
OUT-OF-POCKET LIMIT	The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.
PLAN	Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan", "policy", "health insurance policy" or "health insurance."
PREMIUM	The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly by pay period.
PROVIDER	An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.
SPECIALITY DRUG	A type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a healthcare professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary.

NOTES

NOTES



"It's The People"

HUMAN RESOURCES DEPARTMENT

P: (815) 285-5616 | F: (815) 561-4719

403 East First Street, Dixon, IL 61021

Located on the 2nd Floor of the Annex - Main Hospital