



Benefits Guide

NorthLakes
COMMUNITY CLINIC



NorthLakes is pleased to offer a comprehensive benefits program that offers you choice and flexibility, so you can take charge of your physical, financial and emotional well-being. Review the benefits guide to understand all of your options.

Specific details about Open Enrollment or New Hire Enrollment will be communicated separately.

Benefits Eligibility	3
Medical Prescription Coverage	4-6
Dental	7
Voluntary Vision	8-9
Savings and Spending Accounts	10
Flexible Spending Accounts	11
Life and AD&D Insurance	12-14
Disability	15
Employee Assistance Program	16
Voya 403(b) Retirement Plan	17



Benefits Eligibility

Employees scheduled to work 24+ hours/week are eligible for medical, dental and other voluntary benefits. Temporary and PRN/Casual employment status not eligible.

Eligible dependents are:

- Domestic partners
*(There may be income tax consequences.
Please consult your accountant for more information.)*
- Spouse
- Dependent children up to age 26
(Coverage ends the last day of the month in which they turn 26.)

Medical

At NorthLakes Community Clinic, the health care plan is offered by Medica Insurance Company (MIC). It may not cover all your health care expenses; read your Certificate of Coverage carefully to determine which expenses are covered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Certificate of Coverage, the Certificate of Coverage will take precedence in determining your benefits.

Please see the high level summary on the next page.

Eligibility

Employees scheduled to work 24 or more hours/week are eligible to elect insurance.

- Employees scheduled to work 24 or more hours/week will pay full-time per paycheck premiums for coverage.
- Coverage begins on the first of the month following 30 days from hire.

Health Insurance Plan 1 - Traditional Plan

Medica Choice Passport WI 3500-45 -25% Benefit Summary

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Partial listing of covered services	Your cost if you visit an:	
	In-Network provider	Out-of-Network provider
Annual Deductible <i>The amount paid per year before the health plan starts to pay.</i>	\$3,500 per member \$10,500 per family	\$7,000 per member \$21,000 per family
Annual Out-of-Pocket Maximum <i>The most you pay in a year for health care services covered by your insurance.</i>	\$6,500 per member \$13,000 per family	\$19,500 per member \$39,000 per family
Office Visits <ul style="list-style-type: none"> • Primary care • Specialist visit • Chiropractic care • Retail health 	\$45 copay/visit. Deductible does not apply. \$45 copay/visit. Deductible does not apply. \$45 copay/visit. Deductible does not apply. \$30 copay/visit. Deductible does not apply.	50% coinsurance 50% coinsurance 50% coinsurance 50% coinsurance <i>Chiropractic care is limited to 15 visits per member per year out-of-network.</i>
Preventative Care <ul style="list-style-type: none"> • Routine physical & eye exams • Immunizations & cancer screenings • Well child care 	No charge. Deductible does not apply. No charge. Deductible does not apply. No charge. Deductible does not apply.	Not covered 50% coinsurance Well child: 50% coinsurance
Lab and Pathology	No charge. Deductible does not apply.	50% coinsurance
X-Ray and Other Imaging <ul style="list-style-type: none"> • X-rays • CT, MRI, PET scans 	25% coinsurance 25% coinsurance	50% coinsurance 50% coinsurance
Prescription Drugs <i>Up to a 31-day supply per prescription.</i>	<i>The deductible does not apply.</i> Generic: \$12 copay/prescription Preferred brand: \$50 copay/prescription Non-preferred brand: \$90 copay/prescription	50% coinsurance
Specialty Prescription Drugs <i>Up to a 31-day supply per prescription received from a designated specialty pharmacy.</i>	<i>The deductible does not apply.</i> Preferred: 20% coinsurance. Member does not pay more than \$200 per prescription unit or refill. Non-preferred: 40% coinsurance.	Not covered
Outpatient Prescription Drugs <ul style="list-style-type: none"> • Facility • Physicians/surgeon fees 	25% coinsurance 25% coinsurance	50% coinsurance 50% coinsurance
Emergency Services <ul style="list-style-type: none"> • Emergency room services • Emergency medical transportation • Urgent care 	25% coinsurance 25% coinsurance \$45 copay/visit. Deductible does not apply.	25% coinsurance 25% coinsurance \$45 copay/visit. Deductible does not apply.
Inpatient Hospital Services <ul style="list-style-type: none"> • Facility • Physician 	25% coinsurance 25% coinsurance	50% coinsurance 50% coinsurance
Behavioral Health/Mental Health & Substance Abuse Care <ul style="list-style-type: none"> • Outpatient services • Inpatient hospital services 	\$45 copay/visit. Deductible does not apply. 25% coinsurance	50% coinsurance 50% coinsurance
Maternity Benefits <ul style="list-style-type: none"> • Prenatal care • Postnatal care • Delivery & inpatient services 	No charge. Deductible does not apply. No charge. 25% coinsurance	Prenatal: 50% coinsurance 50% coinsurance 50% coinsurance
Durable Medical Equipment & Prosthetics	25% coinsurance	50% coinsurance

This health care plan is offered by Medica Insurance Company (MIC). It may not cover all your health care expenses; read your Certificate of Coverage carefully to determine which expenses are covered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Certificate of Coverage, the Certificate of Coverage will take precedence in determining your benefits. This is a high level summary and does not replace your Summary of Benefits and Coverage.

Health Insurance Plan 2 - HSA Plan

Medica Choice Passport WI 5500-25% HSA Benefit Summary

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Partial listing of covered services	Your cost if you visit an:	
	In-Network provider	Out-of-Network provider
Annual Deductible <i>The amount paid per year before the health plan starts to pay.</i>	\$5,500 per member \$11,000 per family	\$11,000 per member \$22,000 per family
Annual Out-of-Pocket Maximum <i>The most you pay in a year for health care services covered by your insurance.</i>	\$6,475 per member \$12,950 per family	\$19,425 per member \$38,850 per family
Office Visits <ul style="list-style-type: none"> • Primary care • Specialist visit • Chiropractic care • Retail health 	25% coinsurance 25% coinsurance 25% coinsurance 25% coinsurance	50% coinsurance 50% coinsurance 50% coinsurance 50% coinsurance <i>Chiropractic care is limited to 15 visits per member per year out-of-network.</i>
Preventative Care <ul style="list-style-type: none"> • Routine physical & eye exams • Immunizations & cancer screenings • Well child care 	No charge. Deductible does not apply. No charge. Deductible does not apply. No charge. Deductible does not apply.	Not covered 50% coinsurance Well child: 50% coinsurance
Lab and Pathology	No charge. Deductible does not apply.	50% coinsurance
X-Ray and Other Imaging <ul style="list-style-type: none"> • X-rays • CT, MRI, PET scans 	25% coinsurance 25% coinsurance	50% coinsurance 50% coinsurance
Prescription Drugs <i>Up to a 31-day supply per prescription.</i>	Generic: 25% coinsurance <i>No charge for preventative drugs.</i> Preferred brand: 25% coinsurance <i>No charge for preventative drugs.</i> Non-preferred brand: 45% coinsurance <i>Preventive drug benefit does not apply.</i>	50% coinsurance
Specialty Prescription Drugs <i>Up to a 31-day supply per prescription received from a designated specialty pharmacy.</i>	Preferred: 25% coinsurance. Member does not pay more than \$200 per prescription unit or refill. Non-preferred: 45% coinsurance.	Not covered
Outpatient Prescription Drugs <ul style="list-style-type: none"> • Facility • Physicians/surgeon fees 	25% coinsurance 25% coinsurance	50% coinsurance 50% coinsurance
Emergency Services <ul style="list-style-type: none"> • Emergency room services • Emergency medical transportation • Urgent care 	25% coinsurance 25% coinsurance 25% coinsurance	25% coinsurance 25% coinsurance 25% coinsurance
Inpatient Hospital Services <ul style="list-style-type: none"> • Facility • Physician 	25% coinsurance 25% coinsurance	50% coinsurance 50% coinsurance
Behavioral Health/Mental Health & Substance Abuse Care <ul style="list-style-type: none"> • Outpatient services • Inpatient hospital services 	25% coinsurance 25% coinsurance	50% coinsurance 50% coinsurance
Maternity Benefits <ul style="list-style-type: none"> • Prenatal care • Postnatal care • Delivery & inpatient services 	No charge. Deductible does not apply. 25% coinsurance 25% coinsurance	Prenatal: 50% coinsurance 50% coinsurance 50% coinsurance
Durable Medical Equipment & Prosthetics	25% coinsurance	50% coinsurance

This health care plan is offered by Medica Insurance Company (MIC). It may not cover all your health care expenses; read your Certificate of Coverage carefully to determine which expenses are covered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Certificate of Coverage, the Certificate of Coverage will take precedence in determining your benefits. This is a high level summary and does not replace your Summary of Benefits and Coverage. Please contact Medica at 1-800-952-3455 to obtain further benefit information.



What is an “embedded” and “true family” deductible and out-of-pocket maximum?

If you cover dependents under a NorthLakes medical plan option and Medica network for care, you will have a separate, individual “embedded” out-of-pocket maximum for any one person in the family tier. The embedded out-of-pocket maximum may result in lower health care expenses because each family member’s individual expenses are capped. This means that no one member of the family can meet the entire out-of-pocket maximum.

Prescription Drug Coverage

Plan 1 - Traditional	Plan 2 - HSA
Generic RX: \$12 copay	Deductible then 25% until the out-of-pocket is reached.
Preferred Brand Rx: \$50 copay	Deductible then 25% until the out-of-pocket is reached.
Non-Preferred Brand Rx: \$90 copay	Deductible then 25% until the out-of-pocket is reached.
Specialty Rx: 20% copay to a \$200 maximum copay	Deductible then 25% until the out-of-pocket is reached.

If you enroll in the HSA Plan

Keep in mind that you will pay the full cost of the medication before you meet the deductible. Once you meet the deductible, you will pay the coinsurance amount. You can use funds in your Health Savings Account to pay for your medications — before and after you meet the deductible!

Dental

For dental care, you may select ANY licensed dental provider.

Plan Options

Review dental benefits summary below:



Preventative Care: <ul style="list-style-type: none">• Oral Exams• Teeth Cleaning• Bitewing X-Rays	100%
Basic Care: <ul style="list-style-type: none">• Fillings• Extractions• Oral Surgery	80%
Major Care: <ul style="list-style-type: none">• Inlays, Onlays, Crowns• Periodontics; Endodontics• Bridges, Dentures	50%
Calendar Year Deductible:	\$50; 3x's per family
Calendar Year Maximum Benefit:	\$1,000
Orthodontia:	50%
Orthodontia Lifetime Max:	\$1,000/child < age 19
Coverage Limitations and Exclusions:	<ul style="list-style-type: none">• Cleanings and Exams - 2X/year• Full-set Bitewings - 1X/year• Full mouth/pano - (D0210 & D0330) 1X/three years• No replacement of prosthetic devices (e.g. dentures, crowns) for 5 years

How to File a Dental Claim

Your provider has two options:

1. He/she may provide treatment and file the claim for you. If so, he/she may ask you to pay an estimate of the amount not paid by the plan at the time of the visit, or he/she may bill you later.
2. He/she may ask you to pay the full amount of the claim and for you to obtain reimbursement from DRADMIN directly.

In either case, the provider's office may file the claim electronically, by mail, fax or e-mail on your behalf. DRADMIN will send payment to either you or the provider, as specified on the claim form.

If the provider's office cannot submit the claim, obtain an itemized bill from the provider at the time of service to submit to DRADMIN.

Submit Claims to DRADMIN

Electronically: Payer ID: DRADI
Email: Claims@dradmin.com
Fax: 1-888-791-1313

Voluntary Vision

Your vision care benefits are provided to you through Mutual of Omaha's affiliation with EyeMed's Insight Network. You will want to make sure to search for an in-network provider to take advantage of the best benefits.

This information describes some of the features of the benefit plan. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, and limitations. Should there be any discrepancy between the certificate and the outline, the certificate will prevail.

Plan Summary

Review vision benefit summary in the below table:

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES		
Eligibility Requirement	You must be actively working a minimum of 24 hours per week to be eligible for coverage.	
Dependent Eligibility Requirement	To be eligible for coverage, any dependent child(ren) must be under 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.	
Premium Payment	The premiums for this insurance are paid in full by you.	
BENEFITS	MEMBER COST IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT*
Exam with Dilation as Necessary	\$10 copay	Up to \$37
Exam Options: <ul style="list-style-type: none"> Retinal Imaging Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up 	<ul style="list-style-type: none"> Up to \$39 Up to \$40 10% off retail price 	<ul style="list-style-type: none"> Not Applicable
Frames <ul style="list-style-type: none"> Any available frame at provider location 	<ul style="list-style-type: none"> \$0 copay, \$130 allowance plus 20% off balance over allowance 	<ul style="list-style-type: none"> Up to \$58
Standard Plastic Lenses: <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Standard Progressive Lenses (add on to bifocal copay) Premium Progressive Lenses (add on to bifocal copay) Tier 1 Tier 2 Tier 3 Tier 4 	<ul style="list-style-type: none"> \$25 copay \$25 copay \$25 copay \$25 copay \$65 copay \$85 copay \$95 copay \$110 copay \$65 copay plus 80% of charge less \$120 allowance 	<ul style="list-style-type: none"> Up to \$20 Up to \$36 Up to \$64 Up to \$64 Up to \$36 Up to \$36 Up to \$36 Up to \$36 Up to \$36
Lens Options: <ul style="list-style-type: none"> UV Coating Tint (Solid and Gradient) Standard Scratch Coating Standard Polycarbonate (Adults) Standard Polycarbonate (Children under 19) Standard Anti-Reflective Photochromic – Transitions Other Add-ons 	<ul style="list-style-type: none"> \$15 \$15 \$15 \$40 \$40 \$45 \$75 20% off retail price 	<ul style="list-style-type: none"> Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable

Contact Lenses: <i>(Contact lens allowance includes materials only)</i> <ul style="list-style-type: none"> • Conventional • Disposable • Medically Necessary 	<ul style="list-style-type: none"> • \$0 copay, \$130 allowance plus 15% off balance over allowance • \$0 copay, \$130 allowance • \$0 copay, paid in full 	<ul style="list-style-type: none"> • Up to \$89 • Up to \$104 • Up to \$210
Laser Vision Correction: <ul style="list-style-type: none"> • LASIK or PRK from U.S. Laser Network 	<ul style="list-style-type: none"> • 15% off retail price or 5% off promotional price 	
Additional Pair of Glasses or Contacts	40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used	

FREQUENCY

Exams	Once every 12 months
Lenses or Contact Lenses	Once every 12 months
Frames	Once every 24 months

EXCLUSIONS

We will not pay benefits for any services or materials connected with or changes arising from:	<ul style="list-style-type: none"> • Orthoptic or vision training, subnormal vision aides and any associated supplemental testing; • Aniseikonic lenses; • Medical or surgical treatment of the eye, eyes or supporting structures; • Any eye or vision examination, or any corrective eyewear required by the policyholder as a condition of employment; • Services or materials provided or paid for in whole or in part by a state or federal government or its agencies; • Services or materials provided or paid for in whole or in part as a result of any workers' compensation or occupational disease law or as required by any federal or state governmental agency or program; • Plano (non-prescription) lenses or contract lenses; • Non-prescription sunglasses; • Two pair of glasses in lieu of bifocals; • Services or materials provided or paid for in whole or in part by any other group benefit plan providing vision benefits; • Certain name brand vision materials for which the manufacturer maintains a no-discount practice; • Services rendered after the date an insured person ceases to be covered under the policy; or • Lost, stolen, or broken lenses, frames, glasses, or contact lenses until the next benefit frequency when vision materials would next become available.
---	---

*Out-of-Network Reimbursement will be the lesser of the listed amount of the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate.

How do I use my vision Benefit?

To access your vision benefit:

1. Locate an in-network provider of your choice by calling Customer Care Center at 1-833-279-4358 or visit www.mutualofomaha.com/vision and find a provider based on location.
2. Schedule an appointment with an in-network provider.
3. When you arrive at your appointment, identify yourself as an EyeMed member and present your ID card.
4. The in-network provider will file the claim on your behalf.
Out-of-Network reimbursements may require you to submit your own claim for reimbursement. Out-of-Network reimbursement will be the lesser of the listed amount of the member's actual cost from the out-of-network provider. You will want to reach out to the administrator to obtain information on submitting claims.

Savings and Spending Accounts

You can save money on your health care and dependent care costs through tax-advantaged accounts that allow you to use before-tax dollars to pay eligible expenses.

Health Savings Account (Plan 2 Only)

With the HSA Plan, you're eligible to contribute money to a Health Savings Account. This is a tax-advantaged savings account you can use to help pay for eligible health care expenses as you incur them, or you can build up the money in your account and use it for future expenses, even during retirement.

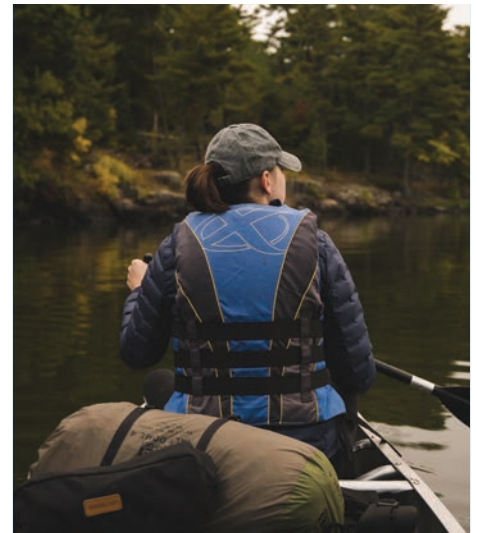
Key Features

- **Company contribution. Receive a contribution from NorthLakes. Even if you aren't planning to contribute to the account, a Health Savings Account is opened on your behalf.**
- **Works like a bank account. Use account funds to pay for eligible healthcare expenses by using your debit card when you receive care, or submit a claim for reimbursement for payments you've made (up to the available balance in your account).**
- **You can save. You decide how much to contribute (up to the federal limits) to your Health Savings Account and can change that amount at any time.**
- **It's tax-advantaged. You don't pay taxes on contributions made from payroll deductions.**
- **It's your money. Unused funds can be carried over each year and invested for the future — you can earn tax-free interest on your Health Savings Account balance. Once your account reaches a balance of \$1,000, you will have investment choices for the money. You can even take the account with you if you retire or leave NorthLakes, or save it to use during retirement.**

If you are enrolled in Medicare, you are eligible to enroll in the HSA Health Plan, but you are not eligible to contribute to or receive NorthLakes contribution to the Health Savings Account. (If you turn age 65 and will not be enrolling in Medicare, you can contact the NorthLakes' HR department at hrhelp@nlccwi.org and ask to override this exception.)

Contributions to Your Health Savings Account

NorthLakes makes a contribution to your Health Savings Account annually once your election takes effect. You can contribute too, up to the IRS annual maximum. If you are age 55 or older, you can contribute an additional \$1,000 per year.



Getting Started with your Health Savings Account

NorthLakes Community Clinic partners with Associated Bank. After you complete your Health Savings Account Enrollment, NorthLakes Community Clinic will automatically open your account for you and you'll receive information from Associated Bank to access your account and begin contributing to it.

Flexible Spending Accounts

Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay – all with the convenience of a prepaid benefits card. Plus you can rollover IRS approved funds from one year to the next, reducing your risk of losing dollars at the end of the plan.

What is an FSA?

With an FSA, you elect to have your annual contribution (up to the limit set by the IRS) deducted from your paycheck each pay period, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services.

- A Healthcare FSA allows reimbursement of qualifying out-of-pocket medical expenses.
- A Limited Purpose Medical FSA works with a qualified high deductible health plan (HDHP) and Health Savings Account (HSA). A limited FSA only allows reimbursement for vision and dental expenses.
- A Dependent Care FSA allows reimbursement of dependent care expenses, such as daycare, incurred by eligible dependents.

In addition, you'll receive a convenient prepaid benefits card to make it easy to pay for eligible services and products not covered by your health insurance. When you use the card, payments are automatically withdrawn from your account. Just swipe the card and go. Most expenses can be validated through the card transaction but you may be prompted to provide a copy of the receipt for certain transactions in accordance to IRS regulations.

**Depending on which health plan you choose, you can have a flexible spending account (Plan 1) or a health savings account (Plan 2), but not both.*



If you enroll in the FSA Plan

Should you enroll in the Health Flexible Savings Account, you must determine your expenses carefully. Dollars allocated to this account may be reimbursed for the expense only. These dollars cannot be transferred to another expense account. Allocated medical dollars can be used for any eligible medical expense.

What are the eligible expenses?

- Medical
- Dental
- Vision
- Dependent Care

Life and AD&D Insurance

Life and accidental death and dismemberment, or AD&D, insurance provides financial protection for you and your family in the event of your death due to illness or injury, or in the event of your death due to an accident or dismemberment. This term life insurance is offered through Northwestern Mutual. Employees must be actively at work on the date the policy is effective to receive coverage.

Basic Life and AD&D Insurance

Basic life and AD&D insurance is provided by NorthLakes Community Clinic at no cost to you. Employees scheduled to work 24 hours/week are eligible for Life AD&D Insurance.

Classification	Basic Life and AD&D Insurance
Hourly, Salaried, Management, and Physicians	\$50,000

Please refer to the certificate for a full explanation of the plan's benefits, reductions, exclusions, and limitations. Should there be any discrepancy between the certificate and the outline, the certificate will prevail.

Voluntary Term Life and Accidental Death & Dismemberment (AD&D)

As an additional benefit, you have the opportunity to elect Voluntary Term Life and Accidental Death & Dismemberment (AD&D) benefits for yourself, your spouse and your children through Mutual of Omaha.

This information describes some of the features of the benefit plan. Please refer to the certificate booklet for a full explanation of the plan's benefits, reductions, exclusions, and limitations. Should there be any discrepancy between the certificate and the outline, the certificate will prevail. Employees must be actively at work the date coverage is effective in order to be eligible to receive benefits.

Plan Summary

Review the Voluntary Term Life and AD&D benefit summary in the below table:

Coverage Guidelines				
	Minimum	Guarantee Issue	Maximum	Benefit Reduction by Age
Employee Benefit	\$10,000	5x annual salary, up to \$150,000	\$500,000 in increments of \$10,000, but no more than 5 times annual salary	To 65% at age 70; to 45% at age 75; to 30% at age 80; to 20% at age 85; to 15% at age 90
Spouse Benefit	\$5,000	100% of the employee's approved benefit, up to \$30,000	100% of the employee's approved amount, up to \$250,000	Coverage terminates when employee reaches age 70
Child(ren) Benefit	\$10,000	100% of the employee's approved amount	100% of the employee's approved amount, up to \$10,000	Benefit terminates at age 26

Review your benefit summary for additional program and discount information.

Features	
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you can enroll for additional coverage at your next enrollment by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount. Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Services	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com

How do I Calculate my Premiums?

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

1. Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2. Find your age bracket in the far left column.
3. Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4. Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.
5. If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.28	\$0.55	\$0.83	\$1.11	\$1.38	\$1.66	\$1.94	\$2.22	\$2.49	\$2.77
30 - 34	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62	\$1.94	\$2.26	\$2.58	\$2.91	\$3.23
35 - 39	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69
40 - 44	\$0.51	\$1.02	\$1.52	\$2.03	\$2.54	\$3.05	\$3.55	\$4.06	\$4.57	\$5.08
45 - 49	\$0.83	\$1.66	\$2.49	\$3.32	\$4.15	\$4.98	\$5.82	\$6.65	\$7.48	\$8.31
50 - 54	\$1.29	\$2.58	\$3.88	\$5.17	\$6.46	\$7.75	\$9.05	\$10.34	\$11.63	\$12.92
55 - 59	\$1.94	\$3.88	\$5.82	\$7.75	\$9.69	\$11.63	\$13.57	\$15.51	\$17.45	\$19.38
60 - 64	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00
65 - 69	\$5.26	\$10.52	\$15.78	\$21.05	\$26.31	\$31.57	\$36.83	\$42.09	\$47.35	\$52.62
70 - 74	\$9.37	\$18.74	\$28.11	\$37.48	\$46.85	\$56.22	\$65.58	\$74.95	\$84.32	\$93.69
75 - 79	\$15.42	\$30.83	\$46.25	\$61.66	\$77.08	\$92.49	\$107.91	\$123.32	\$138.74	\$154.15
80+	\$31.11	\$62.22	\$93.32	\$124.43	\$155.54	\$186.65	\$217.75	\$248.86	\$279.97	\$311.08

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's rate is based on your age, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.14	\$0.28	\$0.42	\$0.55	\$0.69	\$0.83	\$0.97	\$1.11	\$1.25	\$1.38
30 - 34	\$0.16	\$0.32	\$0.48	\$0.65	\$0.81	\$0.97	\$1.13	\$1.29	\$1.45	\$1.62
35 - 39	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85
40 - 44	\$0.25	\$0.51	\$0.76	\$1.02	\$1.27	\$1.52	\$1.78	\$2.03	\$2.28	\$2.54
45 - 49	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15
50 - 54	\$0.65	\$1.29	\$1.94	\$2.58	\$3.23	\$3.88	\$4.52	\$5.17	\$5.82	\$6.46
55 - 59	\$0.97	\$0.97	\$2.91	\$3.88	\$4.85	\$5.82	\$6.78	\$7.75	\$8.72	\$9.69
60 - 64	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
65 - 69	\$2.63	\$5.26	\$7.89	\$10.52	\$13.15	\$15.78	\$18.42	\$21.05	\$23.68	\$26.31

ALL CHILDREN PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)	
\$10,000	\$0.65

**Regardless of how many children you have they are included in the "all children" premium amounts listed in the table above.*

Disability

Short-term Disability

Short-term Disability (STD) insurance helps to shield yourself, your lifestyle and those who count on you from an unexpected loss of income. STD Insurance pays a benefit in the event you cannot work because of a covered illness or injury. An STD benefit replaces a portion of your weekly income, providing funds directly to you to help pay your bills and living expenses. STD Insurance is offered through Northwestern Mutual.

Employee Group	Employee Group	Coverage
Hourly, Salaried and Providers	Scheduled to work 24 hours or more per week	<ul style="list-style-type: none">• All eligible employees working 24 hours per week or more.• The weekly benefit is based on 60% of your covered weekly earnings.• The maximum weekly benefit is \$2,500.• Benefit begins on the 8th day of disability due to an accident, sickness or pregnancy.• Benefits are payable for up to 12 weeks depending upon the disability.• NorthLakes Community Clinic pays the Group STD premium.• Work related illness and injuries are not covered.• Disability resulting from pre-existing conditions may be limited or excluded.• NorthLakes Community Clinic pays the STD premium.

Long-term Disability

Your employer understands the serious repercussions that suffering a disability can have. Long Term Disability (LTD) Insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you meet your financial commitment in a time of need. LTD Insurance is offered through Northwestern Mutual.

Employee Group	Employee Group	Coverage
Hourly, Salaried and Providers	Scheduled to work 24 or more hours per week	<ul style="list-style-type: none">• All employees working 24 hours per week or more.• Monthly benefit is based on 60% of your covered pre-disability earnings.• Maximum monthly benefit is \$10,000.• Benefits begin to accrue on the 91st day of disability.• Benefits last to your Social Security normal retirement age.• Disability resulting from pre-existing conditions may be limited or excluded.• NorthLakes Community Clinic pays the LTD premium.

Please refer to the certificate for a full explanation of the plan's benefits, reductions, exclusions, and limitations. Should there be any discrepancy between the certificate and the outline, the certificate will prevail.

Northwestern Mutual EAP through Health Advocate

Available to you through Health Advocate is an Employee Assistance Program. This benefit is there to help you through times in life when you might need a little guidance or support. The EAP includes WorkLife Services for you and your family. This benefit is a confidential, no information will be released without your permission or as required by law.

The program includes up to three counseling sessions per issue. These sessions can be handled by phone, video or text. The EAP services can help with:



Depression, grief, loss, and emotional well-being



Stress or anxiety with work or family



Family, marital, and other relationship issues



Financial and/or legal concerns



Life improvement and goal setting



Identity theft and fraud resolution



Addictions such as alcohol and drug abuse



Online will preparation

How do I Contact the EAP?

You can reach out to the EAP two ways:

1. Call 24 hours a day, 7 days a week – 888-893-6585
2. Use the online resources at www.healthadvocate.com/NM3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments, and calculators.

Employee Assistance Program

NorthLakes Community Clinic partners with Medica “Optum” Employee Assistance Program (EAP) to provide a wide range of confidential work-life services that support NorthLakes Community Clinic employees. This service is available to Medica health plan participants and their enrolled family members at no additional cost. Your call and conversations with EAP specialists are kept confidential, in accordance with the law.

With EAP, you have access to:

- Five counseling sessions per issue per year covered at 100%.
- Legal & mediation services to help with will and trust preparation, child support or custody concerns, divorce, adoption and more. You receive a 30 minute legal consultation at no cost (in person or over the phone). If you decide to hire an attorney, you'll get a 25% discount.
- Financial advisor support to help with debt, financial planning, foreclosure and more.
- Child care referrals and support to help take care of elderly parents.

Contact Medica *Optum* EAP 24 hours a day, 365 days a year at 800-626-7944. Online services are available at [LiveAndWorkWell.com](https://www.LiveAndWorkWell.com), enter the access code “MEDICA” when you visit the site.

Voya 403(b) Retirement Plan With Employer Match

NorthLakes Community Clinic offers a retirement savings plan to prepare you for your financial future. You are automatically enrolled in this benefit, if you do not wish to participate in the 403(b) plan you will need to log on to the Voya website at [VoyaRetirementPlans.com](https://www.VoyaRetirementPlans.com).

Default contribution rates are 6% from the employee and up to 4% from NorthLakes Community Clinic, all pre-tax. You can change your contribution rate and type through the Orange Money Website. You can contribute more if you choose. Limits are determined by your age.

For More Information

For questions about any of the benefits described in this guide, contact the NorthLakes Community Clinic HR department by email at hrhelp@nlccwi.org or by phone at 715-850-9153.



This document is intended to provide you with a general summary of the NorthLakes Community Clinic benefits programs. This document is only a summary of the terms and conditions of the NorthLakes Community Clinic benefits programs, and it does not contain complete details about all plan provisions. Summary plan descriptions (SPDs) contain more information about each of these plans, and the actual plan documents contain the full and complete legal and governing terms of the plans provisions and benefits. To the extent that there is any conflict between this summary and/or the SPD and the actual plan provisions, the terms of the actual plan provisions shall govern. NorthLakes Community Clinic may modify or terminate any of the programs described at any time.

Effective date September 2022