younglife

A GUIDE TO YOUR 2025 BENEFITS

Below is a required disclaimer for the Hospital Indemnity plan, outlined in further detail on page 15 of this guide.

IMPORTANT: The Hospital Indemnity Supplemental Health plan described in this guide is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Young Life is committed to providing a solid and generous benefit package to meet the current needs of you and your family and help you plan for retirement.

This booklet describes the different benefits available, both employer provided plans and voluntary plans, (which are 100% employee paid). Please take the time to review these benefits and find the coverage that is right for you.

Note: For additional information, please review the Benefits section of Staff Resources including the "Benefits at a Glance" brochure, or access your account on the www.younglifebenefits.com portal or app.

Contact HR/Benefits:
719-381-1950 or benplan@sc.younglife.org

KTBSonline
Total Benefits Solution® Technology

https://www.ktbsonline.com

Table of Contents

Eligibility 4

Key Terms Explained 5

Medical Benefits 6

Pharmacy Benefits 10

Health Savings Account 11

Flexible Spending Accounts 12

Dental 13

Vision 13

Life and Disability 14

Voluntary Benefits 15

Retirement Plan 16

Additional Employee Benefits 17

Key Contacts 18

YoungLifeBenefits.com Instructions 19

Tips & Tricks to Navigating your Interactive Benefit Guide

- **Click or tap to navigate directly to your benefits** by using the table of contents above.
- See a web address? **Click or tap to visit!**
- See a phone number? **Tap to call!** (available on mobile device only)
- See a video? **Click or tap to watch!**
- **To return to the table of contents at any time**, click or tap the Young Life logo on the bottom of the page.

Eligibility for Benefits

All regular full-time employees and newly hired part-time employees scheduled to work more than 30 hours per week are eligible for benefits on the first of the month coinciding with or following their date of hire, which ever comes first. To remain eligible for medical, dental, and vision benefits, you must continue to average 30 hours per week on an annual basis. Special administrative provisions apply during the first 11 months of employment. For more details, contact HR/Benefits.

All current non-benefits eligible employees who average 30 hours or more per week for twelve consecutive months from October through September of each prior year are eligible for all benefits the following January 1st. Employees who work 10 or 20 hours per week are eligible for voluntary benefits such as life insurance, accident and hospitalization coverage. Seasonal and temporary employees excluded.

Enrollment in the Young Life health plan is mandatory for all eligible employees, and may only be waived if there is other qualifying coverage. The ways an employee may opt out of the Health Plan are:

- Coverage is provided by another employer-sponsored group health plan (self, spouse, parent or military).
- Coverage provided by a retiree health plan.
- Coverage through Medicare and federal or state insurance providing benefits for individuals with disabilities.
- Coverage provided to dependents (spouse and/or children) by a state's Medicaid program.
- Coverage provided through a country's socialized plan while working internationally.

For additional details, please access your account on the www.younglifebenefits.com portal or app or key "opting out" in the Staff Resources search box – staff.younglife.org.

Qualified Events

You may generally elect benefits as a new hire and during annual open enrollment periods. In most cases, you may not change your benefits mid-year unless you experience a qualifying event in your life such as marriage, divorce, birth or adoption of a child, death of a spouse or dependent, loss of employment, or a change in employment status that affects your or your spouse's benefits eligibility. Please update your benefits via the www.younglifebenefits.com portal or app within 31 days of the event if you would like to enroll or make a change to your coverage.

Eligible dependents:

Young Life requires all eligible dependents under the age of 18 years to be enrolled in the health plan unless there is other qualifying coverage. See below for more details on eligibility of dependents:

- **Dependent Children:** This includes your natural child, a stepchild, any child you have adopted or who has been placed for adoption up to age 26; a child under your legal guardianship or who is considered an alternate recipient under a Qualified Medical Child Support Order (QMCSO); a foster child or a grandchild for whom you have legal guardianship.
- **Disabled Dependents:** If your dependent child is mentally or physically handicapped, coverage may be extended beyond the age of 26. Please check with HR/Benefits to obtain forms & information.

Examples of INELIGIBLE Dependents:

You may not cover a family member other than the ones listed previously. Domestic partners, parents, grandchildren, nieces or nephews, are not eligible under this plan except as noted above.

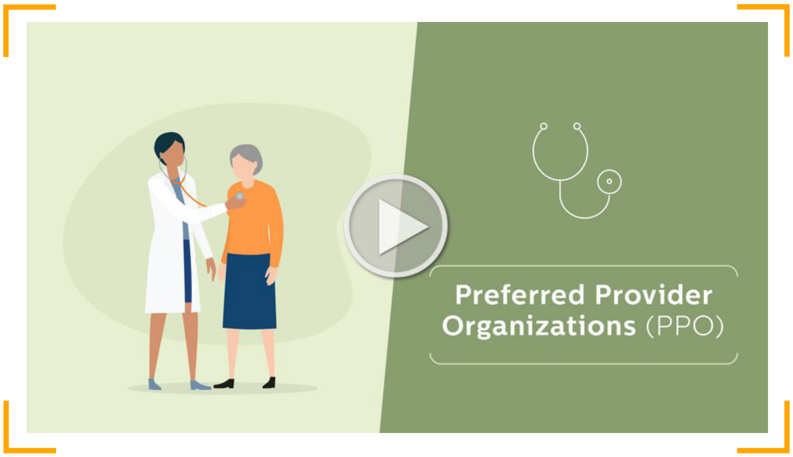
Young Life reserves the right to verify your dependent information. Young Life may request documentation of any of your dependent's status.

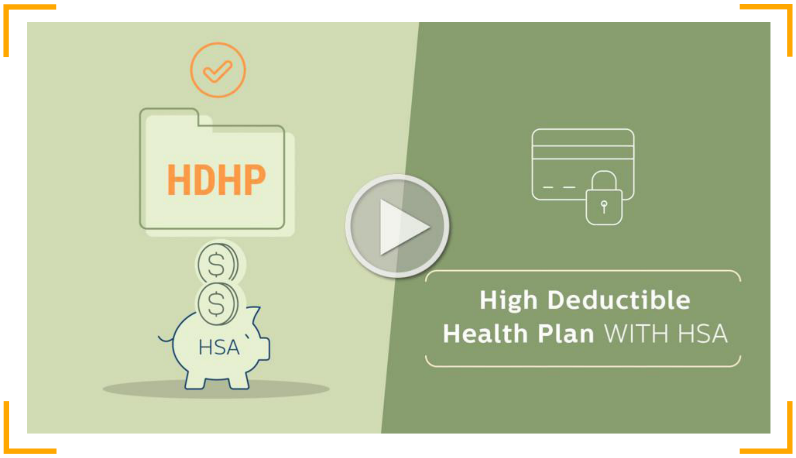
Medical Definitions:

- **PPO:** A PPO is a type of plan supported by a network of healthcare providers. A PPO allows you to seek the care of any physician without the need to choose a primary care physician or seek referrals. Services provided by in-network providers are covered at higher rates than out-of-network providers.
- **Deductibles** are first-dollar amounts that you must pay before the plan begins sharing the costs. Deductibles reset every January 1st, but any amounts credited toward your deductible during the last quarter of a calendar year will carry over to the following year.
- **Co-pays** are fixed small dollar amounts that are payable per visit or per service. Under our plan, they are only applied to prescription drugs. Co-pays do not apply towards the deductible, but they do apply towards the out of pocket maximum.
- **Co-insurance** is the share of the costs you pay versus how much the plan pays once you have met your deductible. There is a co-insurance maximum for each plan. After you have fulfilled your deductible and co-insurance maximum, you will have reached the out-of-pocket maximum, and the plan will pay 100% of subsequent eligible costs for the remainder of the calendar year.

Medical

Young Life offers eligible employees two medical plan options through UMR which utilizes the United Healthcare Choice Plus network of providers. All monthly premium costs for both plans are paid for by Young Life and billed to your mission unit. You can maximize coverage by utilizing in-network providers.





Note for International Employees:

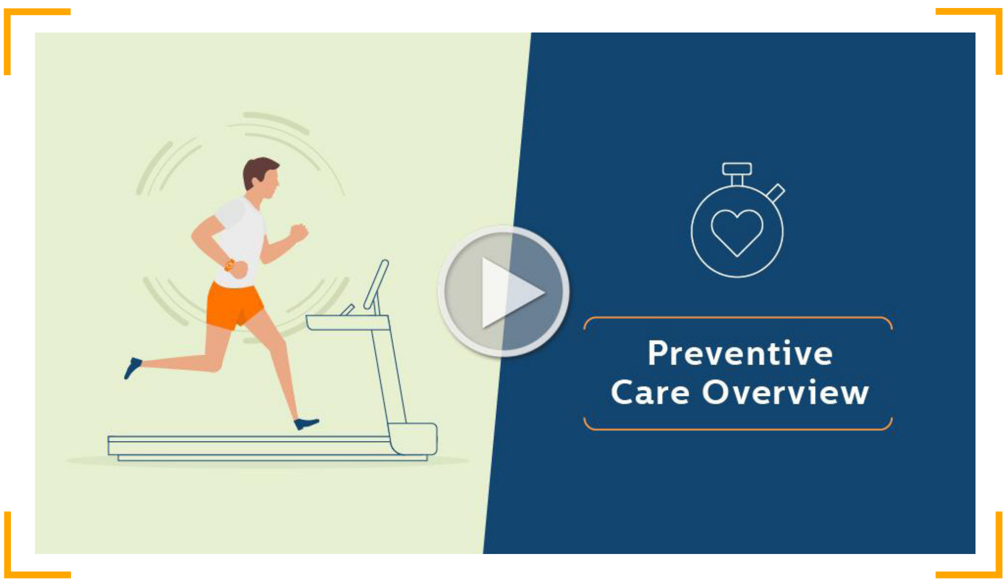
- **90/70 Plan:** While out of the US, benefits are payable at the PPO rate and pre-certification requirements are waived.
- **80/50 HDHP Plan:** While out of the US, benefits are payable at the non-PPO rate and pre-certification requirements are waived. The 80/50 HDHP Plan is NOT available to international staff.

	PPO/Non-PPO Medical Benefits 90/70 Plan		PPO/Non-PPO Medical Benefits 80/50 (HDHP) Plan	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Calendar Year Deductible	**Deductible combined for in and out-of-network services		**Deductibles accrue separately for in and out-of-network services	
Individual Family	**$200** **$400**	**$200** **$400**	**$1,650** **$3,300**	**$2,250** **$4,500**
Coinsurance	**90% after deductible**	**70% after deductible**	**80% after deductible**	**50% after deductible**
Out of Pocket Max (includes deductible and coinsurance only) Individual Family	**$3,000** **$5,000**	**$3,000** **$5,000**	**$5,000** **$10,000**	**$5,000** **$10,000**
Preventive Care for Adults and Children	**100% covered**	**70% covered**	**100% covered**	**50% covered**
Doctor's Office Visits Primary Specialist	**90% after deductible** **90% after deductible**	**70% after deductible** **70% after deductible**	**80% after deductible** **80% after deductible**	**50% after deductible** **50% after deductible**
Hospitalization Inpatient Outpatient (Surgery)	**90% after deductible** **90% after deductible**	**70% after deductible** **70% after deductible**	**80% after deductible** **80% after deductible**	**50% after deductible** **50% after deductible**
Mental Health	**90% after deductible**	**70% after deductible**	**80% after deductible**	**50% after deductible**
Counseling *(Marriage, Family & Individual)*	**100% up to $4,000 each calendar year per family**		**100% up to $4,000 each calendar year per family (subject to in-network deductible)**	
Pregnancy & Maternity Routine Prenatal Care Non-Routine Prenatal, Delivery & Postnatal Care	**100%** **90% after deductible**	**70% after deductible** **70% after deductible**	**100%** **80% after deductible**	**50% after deductible** **50% after deductible**
Emergency Room/ Emergency Physicians	**90% after deductible**	**90% after deductible**	**80% after deductible**	**80% after deductible**
Urgent Care Center	**90% after deductible**	**90% after deductible**	**80% after deductible**	**80% after deductible**
Teladoc	**90% after deductible**	**90% after deductible**	**80% after deductible**	**80% after deductible**
Pharmacy 30 Day Retail Supply Generic Preferred Brand Non Preferred Brand Specialty 90 Day Mail Order (Excludes Specialty Drugs)	**$7 copay (no deductible)** **$25 copay (no deductible)** **$50 copay (no deductible)** **$ 100 copay (no deductible)** **$14/$50/$100**		**$7 copay (after deductible)** **$25 copay (after deductible)** **$50 copay (after deductible)** **$100 copay (after deductible)** **$14/$50/$100**	

Deductibles reset every January 1st
Although every effort has been made to ensure accuracy errors may occur. Please see the UMR SPD for complete list of benefits and exclusions. The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

Preventive Care

On both medical plans, preventive care is covered at 100% in network with no employee cost share. We encourage you to establish a relationship with a primary care provider (PCP), and take advantage of preventive care services and screenings available through the plan. You can find more details about these services and look for a doctor in your area by logging into the UMR member portal. You may also set up a virtual PCP visit by accessing the care available through Teladoc Primary360 (more details on page 9 of this guide).



Teladoc Primary360

Now you can develop a relationship with a Virtual Primary Care provider to help you stay on top of your physical and mental health. With Teladoc Primary360, you can:

- Easily choose your primary care provider and quickly make appointments.
- Schedule annual checkups and ongoing wellness visits, and manage chronic conditions and other complex challenges.
- Preventive wellness visits are 100% covered (you pay $0!), and all other visits follow your plan's cost share for primary care.
- Spend time talking with your provider who really gets to know you over time so you can receive the care you need.
- Have your provider place lab orders and prescriptions. If needed, additional in-person or online care can be arranged.
- Learn more at www.Teladoc.com/Primary360.

Pre-Authorization Note

Please note that some services, including non-emergency hospital stays, transplants and chemotherapy must be pre-authorized. Contact the UMR Care number on your ID card for more information.

Emergency Room vs. Urgent Care

When possible, choosing an urgent care facility over an emergency room will save you money. When you have a life-threatening situation, such as chest pain, or a sudden and severe pain, the emergency department of the nearest hospital may be the only option. If your condition is less serious, but still requires immediate attention, choosing an urgent care facility can save you significant time and money. For example, if you have a sprained ankle or an ear infection, you may end up waiting for many hours in the emergency room and paying hundreds of dollars. Most urgent care centers are open for extended hours, and will be able to accommodate you more quickly than an emergency room. If you have any questions about the care you should seek, contact your doctor or the Nurseline listed on the back of your ID card.

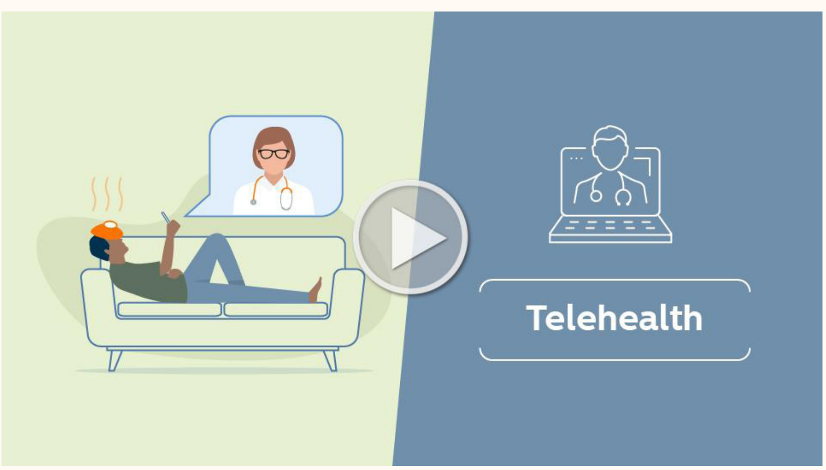
Teladoc

Teladoc connects eligible employees 24/7/365 to a board-certified doctor, dermatologist or mental health provider via web, phone, or mobile app. Within minutes, a doctor will contact you ready to listen and resolve your issue. If medically necessary, a prescription will be sent to your pharmacy of choice. It's a more convenient and affordable way to get the care you need. Request a consult at www.teladoc.com or 1-800-Teladoc.

1 Schedule an appointment

2 Talk with a doctor

3 Feel better faster



Prescription

Prescription benefits are managed by Optum RX. This is an employer-paid benefit. Co-pays apply except for maintenance and eligible OTC medications. Co-pays for local and mail-order pharmacies are reflected on page 4. Please note, you can save money by accepting generic drugs when possible.

Introducing My RxBenefits:

Signing up for My RxBenefits gives you instant access to your pharmacy plan through Optum like never before. You'll have the information you need on your plan and prescriptions at your fingertips.

What is My RxBenefits?

My RxBenefits provides access to your Optum pharmacy plan information 24 hours a day, 7 days a week, using the device of your choice.

With My RxBenefits you can:

- Access real-time prior authorization status (PA), including explanations of determinations
- View 18 months of previous PA activity and pharmacy claims
- Manage your communication preferences

Sign up for My RxBenefits at: http://member.rxbenefits.com

DID YOU KNOW?

If you or your covered dependents are living with diabetes, Young Life has partnered with TrueLifeCare to provide free testing supplies and RN health coaching to support your health. To take advantage of this free benefit, call 1-888-788-4925 or visit www.truelifecare.com.

Health Savings Account

Young Life offers a Health Savings Account (HSA) administered by HSA Bank to help you pay for your deductible and other qualified out-of-pocket expenses. Only those enrolled in the 80/50 High Deductible Health Plan (HDHP) are eligible for this account, and enrollment is automatic. Details of Young Life's annual contributions to your HSA are below:

- Individual in 80/50 HDHP: $700
- All other tiers enrolled (Employee +1 or Family) enrolled in 80/50 HDHP: $1,400

Additionally, you may contribute pre-tax dollars to this account which can be used for eligible healthcare expenses. This account rolls over from year to year and continues to be your personal property if you leave staff.

- Optional employee contribution for individual coverage: up to $3,600 for 2025
- Optional employee contribution for all other coverage tiers: up to $6,850 for 2025

Am I eligible for an HSA?

As stated, to be eligible to make contributions into an HSA account, you must be enrolled in an HSA qualified High Deductible Health Plan. At Young Life, only the 80/50 HDHP plan option is HSA qualified based on the current laws. Please note you may not participate in this plan if you are covered by another traditional medical plan (i.e., a plan without a high deductible), such as a spouse's plan or Medicare. You are also not eligible to participate in an HSA if someone can claim you as a tax dependent. If you have any questions, please contact HR/Benefits.

What is the maximum that can be contributed to my HSA?

The annual total maximum contribution for 2025 is $4,300 for an individual and $8,550 for all other tiers. There is a $1,000 "catch-up" provision for those who are 55 and over.

What happens if I leave the company, can I take my funds with me?

If you leave Young Life, you can take your HSA with you. While you can continue to use your funds for qualified medical expenses, you can only make contributions to an HSA if you are enrolled in a High Deductible Health Plan.

Questions about your HSA account or account balance?

This account works very similarly to a debit card account. Once your HSA is established, Young Life does not have access to your personal account information. If you have any questions about your account balances, please contact HSA Bank directly (see contact information on the last page of this benefit guide).

Note: The High Deductible Health Plan is NOT available to international staff.

https://www.hsabank.com/hsabank/homepage

hsabank

Flexible Spending Accounts (FSAs)

You can save money by enrolling in Young Life's Flexible Spending Accounts. The FSA plans are administered by UMR. FSAs provide eligible employees a method to pay for certain IRS-approved medical care and qualified dependent care expenses. During open enrollment, you decide how much money, if any, you want to deposit in an account for the year. Pre-tax dollars are deducted from your paycheck to be used for reimbursement of eligible dependent care and/or healthcare expenses.

- **Health Care FSA:** This program allows eligible employees to pay for certain IRS-approved medical care expenses not covered by their insurance with pre-tax dollars up to a maximum of $3,300 per year. A debit card is available to pay for these eligible health care expenses. If all healthcare funds are not used by the end of a plan year, up to $640 will automatically roll over into the next calendar year (for qualified employees).

- **Note:** Once IRS maximums are released for calendar year 2025, Young Life will communicate any relevant changes to plan members.

- **Dependent Care FSA:** Young Life offers a Dependent Care FSA through UMR. The Dependent Care FSA allows eligible employees to use pre-tax dollars toward qualified dependent care such as caring for children under age 13 or your spouse or dependent who is physically or mentally unable to care for him or herself. The annual maximum amount each household may contribute to the Dependent Care FSA is $5,000 per calendar year. You may elect only $2,500 if you and your spouse file separate tax returns. Expenses must be incurred during the plan year.

Tax Effect

Contributions to Flexible Spending Accounts reduce your amount of taxable income. This results in savings of FICM, FICA, federal and state income taxes on the amount of salary deferral. Amounts not claimed are generally forfeited under the "use it or lose it" federal requirements. Changes in your contribution are not permitted, except for a qualifying life event. If you leave Young Life, you may still submit reimbursement claims by March 31st of the following year for expenses incurred while you were covered under the plan(s).

For more information, please access the FSA page on Staff Resources or the www.younglifebenefits.com portal or app.

Dental*

Young Life's dental plan is administered through Delta Dental of Colorado. This is an employer-paid benefit for eligible employees and family members enrolled in the Young Life Benefits plan. Diagnostic and preventive services are covered at 100%, while other services are covered at 80% up to a maximum of $3,000 per covered member with a $50 deductible for individuals and a $150 combined deductible for families. Services received from providers not in the Delta Dental network are subject to the out-of-network maximums for allowable charges.

	Dental Benefits (In-Network)
	Delta Dental
Individual Deductible	$50
Family Deductible	$150
Annual Maximum Type I-III (per person)	$3,000
Type I (Preventive) Services	100%
Type II (Minor Restorative) Services	80%
Type III (Major Restorative) Services	80%
Orthodontia Services	80% ($3,000 max lifetime benefit)

Deductibles reset every January 1.

The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

** Note: Special Forms and handling are provided for international claims, and in-network benefits are applied.*

Vision*

Vision coverage is provided through Vision Service Plan (VSP). This is an employer-paid benefit for eligible employees and family members enrolled in the Young Life Benefits plan. The plan provides first-dollar coverage for in-network providers with a copay and coverage up to a specified maximum for out-of-network providers. Additionally, special member pricing is offered for various services, lenses, contacts, and frames when received from in-network providers.

	VSP	
	In-Network	Out-of-Network
Exams	$25 copay ($10 additional for retinal screening)	Up to $40*
Single Vision Lenses	Covered in full*	Up to $40*
Bifocal Lenses	Covered in full*	Up to $60*
Frames	$200 allowance	Up to $70*
Contacts	$200 allowance	Up to $200
Medically Necessary Contacts	Covered in full*	Up to $210*
Summary of Frequencies		
Exam	Available once every calendar year	
Lenses	Available once every calendar year	
Frames	Available once every calendar year	
Contacts (in lieu of glasses)	Available once every calendar year	

The content of this chart is for informational purposes only. If there is any conflict between the information in this chart and the official plan document, the official plan document will govern.

**Note: Special Forms and handling are provided for international claims, and in-network benefits are applied.*

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

Young Life provides each eligible employee with Group Term Life/AD&D insurance through SunLife. This benefit is 100% employer paid, and includes double indemnity for AD&D. Below are the details for your employer-paid life coverage which may double for accidental death:

- Up to a maximum of $200k
- For you (the employee): coverage equal to two-times your annual salary.
- For your spouse: $25,000
- For your child(ren):
  - Birth-26 years old: $10,000
- Age reductions for employee and spouse start at age 70.

Travel Insurance

Young Life purchases $100,000 insurance coverage for regular full-time staff traveling on Young Life business.

Long-Term Disability

Long-Term Disability is provided to eligible employees through SunLife. If you are totally disabled by accident or sickness and cannot work for a period of six months or more, your long-term disability coverage, coupled with Social Security, provides 60% of your salary until age 65 or until you are no longer disabled. This benefit is 100% employer paid.

Voluntary Coverages

The following plans are voluntary and paid by the employee, meaning you decide whether or not you'd like to enroll in the plan.

Optional Term Life and AD&D Coverage

You may purchase additional, optional term life and accident coverage through SunLife through payroll deductions on an after tax basis. Term Life insurance does not accrue a cash value. You elect life and accident coverage separately. Coverage in this policy may be subject to evidence of insurability (EOI).

Life Coverage:

- **For you:** You may elect up to the lesser up 5 x your annual salary or $500,000 in increments of $10,000. Coverage for newly-eligible employees is guaranteed up to $100,000. Any election over the guaranteed issue amount is subject to Evidence of Insurability (EOI). All elections for late enrollees are subject to EOI. Any election beyond the guaranteed issue amount will not be considered until after a completed EOI is promptly submitted. Age reductions start at age 70.
- **For your spouse*:** You may elect coverage in increments of $5,000 up to the lesser of $250,000 or 100% of the optional life coverage you elected. Spouse coverage for newly-eligible employees is guaranteed up to $25,000. Any election over the guaranteed issue amount is subject to EOI. All elections for late enrollees are subject to EOI. Any election beyond the guaranteed issue amount will not be considered until after a completed EOI is promptly submitted. Age reductions start at age 70.
- **For your child*:** Employees may elect increments of $2,000 up to $10,000. Premiums are calculated per unit of coverage, meaning that the payroll deductions will remain the same regardless of the number of children covered by the plan. Dependent children may be covered to age of 26.

**In order to elect Optional Spouse or Child Life, you must elect Voluntary Life for yourself.*

Optional AD&D:

- **For you:** You may elect up to $250,000 in increments of $25,000.
- **For your spouse and your children:** Your spouse's benefit will be 40% of your elected benefit up to $100,000, and each of your covered children will be eligible for 10% of your benefit up to $25,000.
- **For your spouse:** Your spouse will be eligible for 50% of your benefit up to $125,000.
- **For just your children:** Each of your covered children will be eligible for 15% of your benefit up to $37,500.

Supplemental Health Plans

Three supplemental health plan options are available to you for purchase. Premiums are deducted via payroll deductions on an after-tax basis. These benefits are not available to international staff.

Supplemental health benefits, which were formerly provided by Aflac, will now be offered through United Healthcare (UHC).

With UHC, these benefits are integrated with your Young Life UMR medical plan (if enrolled). In many cases, eligible claims for covered illnesses, accidents, and hospitalizations trigger eligible reimbursements to be paid to you automatically, helping you get the most out of your benefits. In all cases, the benefits provided by these supplemental health plans are in addition to the benefits provided by your UMR health plan.

Accident

The Accident protection plan is built to provide a financial cushion for unforeseen costs following an unexpected injury. When you submit an eligible claim, the Accident Protection Plan pays a cash benefit directly to you, in addition to the benefits provided by your health plan. You don't have to meet a deductible to receive this benefit. The date of accidental injury must occur on or after the coverage effective date. The policy covers over 80 injuries and services, including: Ambulance services, burns, concussions, ER and urgent care visits, fractures / dislocations, lacerations, organized sports injuries, and much more. Dependent spouses and children are also eligible if you elect coverage for yourself.

Hospital Indemnity

The Hospital Indemnity plan is designed to help offset the financial impact if you're admitted to the hospital. With an eligible claim, the Hospital Indemnity plan pays a cash benefit directly to you – and you can use the money any way you want. The payment you'll get is in addition to the other benefits your health plan may provide. The plan provides benefits for eligible hospital and ICU admissions and confinements, including those related to pregnancy. Dependent spouses and children are also eligible if you elect coverage for yourself.

Critical Illness

The Critical Illness plan is designed to provide a financial cushion to help cover unforeseen costs if you become seriously ill. Upon diagnosis of a covered condition, the Critical Illness plan pays a cash benefit directly to you – in addition to the benefits already provided by your health plan. Conditions that may qualify for a benefit payment include: Heart attack, stroke, cancer, chronic renal failure, ruptured aneurysm, coronary artery disease and more. If you experience a covered condition, the maximum benefit amount is $20,000. If you elect coverage for yourself, you can also cover your spouse ($20,000 max benefit amount) and dependent children ($10,000 max benefit amount).

Voluntary Short-Term Disability Insurance

This policy, provided by Aflac, covers you in the event you cannot work due to an illness or an accident by providing protection for your income for up to 6 months. If you elect this benefit after you are initially eligible, you will need to be approved by Aflac. The minimum benefit is $300 and the maximum is $3,000 per month. Only employees are eligible to enroll in this benefit.

For all of the voluntary benefits described on this page, go to www.younglifebenefits.com for more detailed benefit summaries explaining the coverage provided, as well as the costs for each program.

ID Theft Protection / Legal Shield

You may purchase identity theft protection and/or pre-paid legal services for you and your immediate family members through convenient payroll deductions. Monthly subscription prices are as follows:

- Legal Shield: $15.80 per month (individual + family)
- ID Shield: $5.80 for individuals, $10.70 for families.
- Legal Shield and ID Shield: $21.60 for individuals, $26.50 for families.

Note: This benefit is not available to international employees..

The Legal Shield membership includes: personal legal advice, letters/calls made on your behalf, contract and document review, will and living trust preparation, assistance with moving traffic violations and IRS audits, adoptions and other valuable services.

The ID Shield membership includes: privacy and security monitoring, full-service identity restoration, consultations and other valuable services.

For more information, please access the Legal Shield page on Staff Resources or the www.younglifebenefits.com portal or app.

Young Life Retirement Plan

Young Life is committed to providing staff members with ample opportunity to plan well for retirement. As such, we provide a generous and favorable 401(k). This combines employee and Young Life contributions to help you attain a minimum retirement goal of 15% of your income.

- You may contribute pre-tax or after-tax dollars to this account up to the IRS limits. Young Life will match 100 percent of every dollar you contribute up to 4 percent of your eligible compensation. Funds are fully vested immediately.
- **Young Life Retirement Contribution –** Once eligibility is reached (36 months of cumulative employment), Young Life will contribute an amount equal to 7 percent of your qualified compensation to your 401(k) account. Vesting is immediate once eligibility is satisfied.

Note: Employees hired prior to 1/1/20 or rehires who were employed prior to 1/1/20 are automatically eligible for the Retirement Contribution.

Additional Employee Benefits:

Note: You must be enrolled in the Young Life Medical Plan to be eligible for the following benefits.

- Camp Scholarships: Young Life will pay the fee for your child to attend one week at any Young Life camp. Camp fee only, not travel expenses.
- Adoption: $7,500 per child is available for professional and legal fees when the adoption is finalized.
- Health Club Benefit: Young Life will reimburse up to $250 annually toward your membership in a health club or exercise class.
    - Home Health Equipment: Young Life will reimburse up to $125 annually for home exercise equipment.
    - Half of the $250 may be applied toward home health equipment and the other half toward a health club membership, not to exceed a combined total of $250.
- Dependent Scholarships: College scholarships are available to children of staff who have had five or more years of continuous full-time service with Young Life.

Important Notes for International Staff:

- Special Forms (1755 &1755A) are available on Staff Resources for submitting your medical/Rx, dental and vision service claims while out of the US.
- When you are in the US, present your health ID card to the provider and ask them to bill for you. To obtain the highest reimbursement, please choose a provider from the preferred (PPO) network in your state. For additional information, key "medical claim form" and/or "go PPO" in the Staff Resources search box.
- Medical plan: Enrollment in the 90/70 PPO plan is automatic. The 80/50 HDHP plan is not offered because of the limitations while living outside of the U.S.
- The international Rx copay is $15.

Further Benefit Information

Visit Staff Resources or Benefitfocus to view:

- Summary of Benefits and Coverage (SBC)
- Carrier summaries and details
- Marketplace and Subsidy Notice
- Important Medicare information about your prescription drug plan
- And other legal notices…

You may also request a free paper copy of any of these notices by contacting the Kelly Benefits Call Center at the phone number listed on the following page.

A Final Word

In this guide, we describe your employee benefits in a clear, simple, and concise manner. Complete descriptions of the benefits provided through Young Life are contained in the corresponding contracts and plan documents. If there is any disagreement between this guide and the wording of the corresponding contract or plan document, the contract or plan document will govern. Young Life reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. This guide does not constitute a guarantee of employment.

Feeling Sick?

For life threatening emergencies call 911 OR go to the ER!

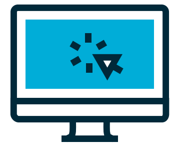
For non-life threatening emergencies consider the following:

Call Teladoc, or

Contact Your PCP, or

Go to your local Urgent Care. If necessary go to the ER.

Call 911



Key Contacts

HR/Benefits
719-381-1950 / benplan@sc.younglife.org

Medical and FSA
UMR
877-239-4575 / www.umr.com

Health Savings Account
HSA Bank
800-357-6246 / www.hsabank.com

Optum RX
Member Service
844-265-1719
www.optumrx.com

Diabetes Support
TrueLifeCare
888-788-4925
www.TrueLifeCare.com

Dental
Delta Dental of Colorado
800-610-0201
www.deltadentalco.com

Vision
Vision Service Plan
800-877-7195 / www.vsp.com

Teladoc
800-835-2362 / www.teladoc.com

Basic Life and AD&D/Voluntary Life and AD&D/LTD
Sun Life
800-247-6875
sunlife.com/createaccount

Group Legal/Identity Theft Protection
Legal Shield
719-749-6577
www.MyLegalShieldUSA.com
shieldbenefits.com/younglife

Retirement Benefits/401(k)
Fidelity
800-343-0860
www.netbenefits.com

Young Life Staff Resources

https://Staff.younglife.org

Kelly Benefits Client Services
800-733-8166
www.kellybenefits.com

Voluntary Disability
Aflac
800-433-3036
www.aflacgroupinsurance.com

Supplemental Health
UHC
1-866-556-8298
myuhcfp.com

KTBSonline
Total Benefits Solution® Technology

Kelly Benefits provides administrative services for your benefit plans. In addition, our Total Benefits Solution® technology, KTBSonline, provides you an integrated technology solution and resource to access your benefits information any time throughout the year.

Log In Instructions

Note: Before you start this process, it is essential that you have an email address on file with your Human Resource personnel and that email is entered into KTBSonline. A security code will be sent to that email address to complete the registration process. Without that email address you will not be able to complete the registration process.

KTBSonline Users

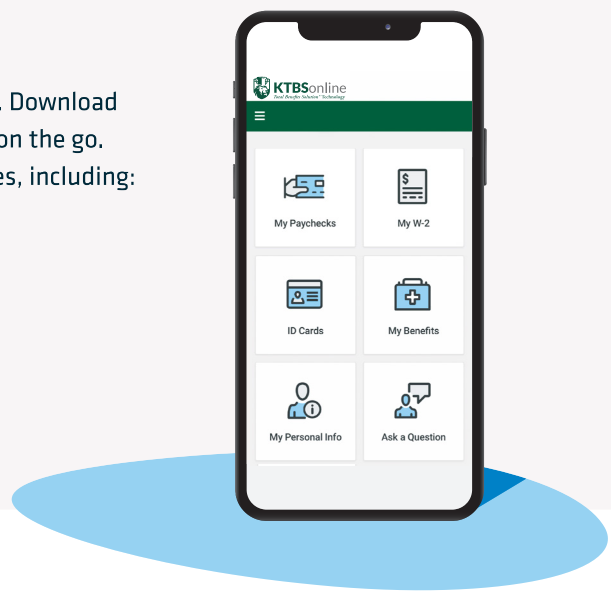
- Once your email address is submitted, follow the link emailed to you or go to **www.younglifebenefits.com**. *(We strongly recommend the most recent version of Microsoft Edge, Google Chrome, Safari and Firefox.)*
- **New Users:** Click "**Register**" and follow the prompts to set up your online account.
- For assistance, call Kelly Benefits at 877-290-9580.

Mobile App

KTBSonline is also available as an app!

You can now enroll in your benefits online or on your mobile device. Download the KTBSonline app (look for the lion icon) to access your benefits on the go. With the app, you will have quick access to information and services, including:

- Benefits enrollment
- Plan details
- Employee/dependent information
- Ability to email proof of coverage directly from the app
- Ability to reach out to customer service for assistance



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