

90/70 Health Plan

Covers 90% for Preferred Provider Organizations (PPO) and 70% for Non-PPO after applicable deductibles.

Deductibles

\$200/individual, \$400/family, per calendar year. Deductibles apply to all services **except** accidents and preventive care.

Pre-Certification

Required for all in-patient stays except maternity. Maternity pre-certification *only* required if stay exceeds 48 hours for a standard delivery or 96 hours for a C-section.

Medical Benefits

Administered by UMR.

- **Chiropractic/Massage** \$2,200 annual max per person; physician's referral required for massage therapy, \$100 max payable per day/visit.
- **Diabetes Management Program** – coaching, supplies and educational materials.
- **Diagnostic Procedures**
- **Hearing Aids** - one set every 5 years.
- **Hospital** - in and out-patient
- **Maternity Care** - enrollment required for nursery services w/I 31 days of birth.
- **Mental Health**
- **Preventive Services** – well-child, adult physicals, routine care, immunizations. Deductible waived, 100% PPO.
- **Surgery**

Prescription Benefits

Administered by OptumRx. Co-pays apply **except** for preventive and eligible OTC medications. Co-Pays:

- **Local Member Pharmacy** (up to 90-day supply for three co-pays)
 - Generic — \$7
 - Formulary — \$25
 - Non-formulary — \$50 (\$100 specialty)
- **Mail Order Pharmacy** (up to 90-day supply for two co-pays)
 - Generic — \$14
 - Formulary — \$50
 - Non-formulary - \$100

Vision Benefits*

Administered by VSP. When using a VSP provider:

- \$25 co-pay (\$10 additional for a retinal screening)
- Eye exams: routine and contact lens exam once each, every calendar year
- Glasses: one purchase every calendar year (lenses + \$200 for frames); **or**
- Contacts: every calendar year (up to \$200)

Benefits are also available for non-VSP providers.

Dental Benefits*

Administered by Delta Dental of Colorado (Premier and PPO plans).

Dental

\$3,000 per individual/yr. max with a \$50 deductible. Family combined deductible is \$150.

Orthodontia

Maximum lifetime benefit is \$3,000 per adult or child; no deductible.

Diagnostic & Preventive	Basic	Major	Orthodontics
100%	80%	80%	80%
Cleanings	Fillings	Crowns	Braces available for each covered adult and child
Exams	Root Canals	Bridges	
X-Rays	Oral Surgery	Dentures	
No deductible	\$50 calendar year deductible applies to basic and major services		No deductible
\$3,000 calendar year maximum benefit			\$3,000 lifetime maximum

*Special forms and handling are provided for international claims, and in-network benefits are applied. For assistance contact the Benefits department at (719) 381-1950.

80/50 Health Plan High-Deductible (HDHP)

Covers 80% for Preferred Provider Organizations (PPO),
50% for Non-PPO after applicable deductibles.
NOT AVAILABLE TO INTERNATIONAL STAFF.

Deductibles (in-network)

\$1,700/individual, \$3,400/family/year, applies
to **all** services **except** preventive care,
maintenance and eligible OTC drugs.

Pre-Certification

Required for all in-patient stays except
maternity. Maternity pre-certification *only*
required if stay exceeds 48 hours for a standard
delivery or 96 hours for a C-section.

Medical Benefits

Administered by UMR.

- **Chiropractic/Massage** \$2,200 annual max
per person; physician's referral required for
massage therapy, \$100 max payable per
day/visit.
- **Diabetes Management Program** – coaching,
supplies and educational materials.
- **Diagnostic Procedures**
- **Hearing Aids** - one set every 5 years.
- **Hospital** - in and out-patient
- **Maternity Care** - enrollment required for
nursery services w/l 31 days of birth.
- **Mental Health**
- **Preventive Services** – well-child, adult
physicals, routine care, immunizations.
Deductible waived, 100% PPO.
- **Surgery**

Prescription Benefits

Managed by OptumRx. Medical deductible
applies **except** for preventive and eligible
OTC medications. Co-Pays:

- **Local Member Pharmacy** (up to 90-day
supply for three co-pays)
 - Generic — \$7
 - Formulary — \$25
 - Non-formulary — \$50 (\$100
specialty)
- **Mail Order Pharmacy** (up to 90-day
supply for two co-pays)
 - Generic — \$14
 - Formulary — \$50
 - Non-formulary — \$100

Vision Benefits

When using a VSP provider:

- \$25 co-pay (\$10 additional for a retinal
screening).
- Eye exams: routine and contact lens
exam once each, every calendar year
- Glasses: one purchase every calendar
year (lenses + \$200 for frames); **or**
- Contacts: every calendar year (up to
\$200)

Benefits are also available for non-VSP
providers.

Dental Benefits

Administered by Delta Dental of Colorado
(Premier and PPO plans).

Dental

\$3,000 per individual/yr. max with a \$50
deductible. Family combined deductible is
\$150.

Orthodontia

Maximum lifetime benefit is \$3,000 per adult
or child; no deductible.

Diagnostic & Preventive	Basic	Major	Orthodontics
100%	80%	80%	80%
Cleanings	Fillings	Crowns	Braces available for each covered adult and child
Exams	Root Canals	Bridges	
X-Rays	Oral Surgery	Dentures	
No deductible	\$50 calendar year deductible applies to basic and major services		No deductible
\$3,000 calendar year maximum benefit			\$3,000 lifetime maximum

Young Life Benefits Plan P.O. Box 520, Colorado Springs, CO 80901
(719) 381-1950 Fax: (719) 381-1759 e-mail: benplan@sc.younglife.org

Life Insurance

Life insurance includes accidental death and dismemberment double indemnity.

- **Staff*:** The group life insurance provides you with coverage equal to two times your annual salary up to \$200,000.

- **Dependents:**

Spouse*	\$25,000
Children — Birth to 26 years	\$10,000

*Age reductions start at age 70.

Travel: Young Life purchases \$100,000 coverage for full-time staff traveling on Young Life business.

Supplemental Health Plans

You may purchase cash policies for accident, hospital, critical illness and short-term disability.

Diabetes Program

Administered by TrueLifeCare which provides diabetes counseling and supplies at no cost.

ID Shield/Legal Shield

You may purchase identity theft protection and/or pre-paid legal services.

Long-Term Disability Coverage

If you are totally disabled by accident or sickness for 180 days or more, long-term disability coverage, coupled with Social Security, provides 60% of your salary until age 65 or until the disability ends.

Retirement

You may contribute pre-tax or after-tax dollars into your 401(k) up to the IRS limits. Young Life will match 100% of every dollar you contribute up to 4% of your eligible compensation. After 36 cumulative months of service, Young Life will begin making a 7% retirement contribution into this account, and these funds are fully vested immediately.

Flexible Spending Accounts

You can save money by enrolling in Young Life's Flexible Spending Accounts. Pre-tax dollars are deducted from your paycheck each month to be used to reimburse eligible dependent care and/or healthcare expenses. A Limited Flexible Spending Account is available to those in the HDHP, which covers dental and vision services only.

Optional Term Life and AD&D Coverage

You may purchase optional term life coverage and accidental death and dismemberment on a pre-tax basis (Age reductions start at age 70.)

Additional Benefits

You must be enrolled in the Young Life Medical Plan to be eligible for these benefits.

- **Camp Scholarships:** Young Life will pay the fee for your child to attend one week at any Young Life camp.

- **Adoption:** \$7,500 per child is available for professional and legal fees when the adoption is finalized.
- **Health Club:** Young Life will reimburse up to \$250 annually toward your membership in a health club or exercise class. **OR**
Home Health Equipment: Young Life will reimburse up to \$125 annually for home exercise equipment. **OR**
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.
- **Marriage, Family and Individual Counseling:** \$4,000 annual maximum. Services must be characterized as marriage counseling or "family of origin" in nature. See the [counseling policy](#) for details.

Health Savings Account

Only those enrolled in the 80/50 High-Deductible Health Plan are eligible for this account, and enrollment is automatic. Young Life Contribution: Single \$700; Family \$1,400. Optional Employee Contribution. **You** may also contribute pre-tax dollars to this account which can be used for eligible healthcare expenses up to the annual IRS limit. This account rolls over from year to year and continues to be your personal property if you leave staff.

Young Life provides these benefits to all full-time and ACA eligible employees and their families. Enrollment is mandatory for all family members and may only be waived if there is other qualifying coverage such as that through a spouse or parent's employer plan.

Enrollment Windows

New Hires/Rehires

31 days from date of hire. If you take no action to enroll or opt out of the medical/dental/vision plan bundle, auto enrollment into the 90/70 PPO plan at the “single” level will occur the following month. Coverage goes into effect on the first of month coinciding with or following your date of hire. Please note that if you are a rehire within 13 weeks of your prior termination of employment, special rules apply.

Part-time to Full-time Transfers

31 days from transfer date. If you take no action to enroll or opt out of the medical/dental/vision plan bundle, auto enrollment into the 90/70 PPO plan at the “single” level will occur the following month. Coverage goes into effect on the first of the month coinciding with or following your transfer date.

Qualifying Life Events

31 days from the event. The change goes into effect on the qualifying event date.

Open Enrollment

Generally held for 2 weeks at the end of October into November for coverage effective on January 1st of the following year. Most plans roll from year to year, but enrollment in flexible spending accounts is required each year.

Please contact the [Benefits](#) department for additional information: 719-381-1950.

Mandatory Enrollment

In the absence of other [qualifying coverage](#), enrollment in the medical/dental/vision plan bundle is required for all eligible employees, spouses and children under the age of 18 (Children may remain on the plan until the end of the month in which he or she turns 26). If you wish to opt out and have qualifying coverage, you must access the enrollment site and decline coverage with proof of your qualifying plan.

Special Circumstances

If you have special circumstances and need to enroll or make changes outside these windows, please contact the [Benefits](#) department directly for assistance: 719-381-1950.