



2027 Benefit Enrollment Guide for U.S. Staff

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This brochure summarizes the benefit plans that are available to Young Life eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits

A Message to Our Employees

The Benefits Open Enrollment Period Is Here!

As healthcare costs continue to rise due to inflation and increased government regulation, the cost to provide healthcare coverage has also increased. Additionally, Young Life has seen an increase in the occurrence as well as the severity of claims of healthcare costs. This has been a common scenario across the market as costs increase in an effort to keep pace with healthcare trends. Young Life is still committed to providing a comprehensive benefits package to its employees for 2027.

When and How Do I Enroll?

Open enrollment will be conducted October 28th through November 12th, 2026.

All eligible employees are encouraged to complete the enrollment process, even if you do not wish to make any changes to your benefits.

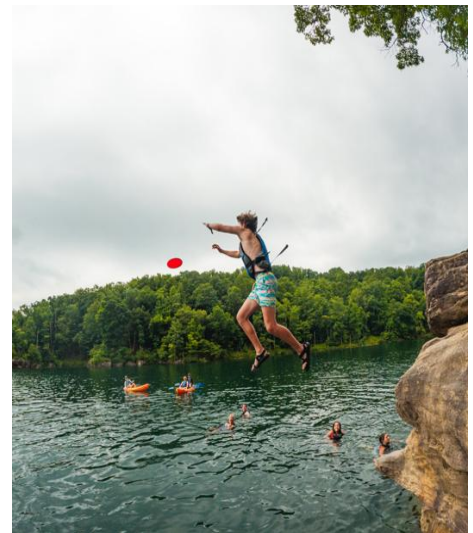
When is My Coverage Effective?

The effective date for your benefits is 01/01/2027.

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be made within 31 days of the event and must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements you can drop coverage only for that dependent.



Benefits for You & Your Family

Young Life is pleased to announce our 2027 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions.

Young Life Benefits at a Glance

- Medical and Prescription Coverage
- Dental Insurance
- Vision Insurance
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Employer-Paid Life Insurance and Long-Term Disability coverage
- 401(k) Retirement plan
- Voluntary Benefits
- Additional Benefits such as adoption assistance, camp scholarships, and health club reimbursements



Who is Eligible?

Regular full-time employees and newly hired part-time employees scheduled to work 30+ hours per week are eligible for benefits on the first of the month that coincides with or follows their hire date, whichever comes first.

- To remain eligible for full-time benefits, employees must continue to average 30 hours per week annually. Special administrative provisions apply during the first 11 months of employment. Contact HR/Benefits for details.

Current employees who are not benefits-eligible and average 30+ hours per week for 12 consecutive months (October through September) become eligible for all benefits on the following January 1. Employees working 20+ hours per week are eligible for certain voluntary benefits, including life insurance, accident, hospitalization coverage and Dependent Care FSA. Seasonal, temporary and employees working less than 20 hours per week are eligible for the Legal Shield and Identity Theft plans.

Enrollment

Enrollment in the Young Life health plan is required for all eligible employees unless they have other qualifying coverage. Coverage may be waived if the employee is covered under:

- Another employer-sponsored group health plan (self, spouse, parent, or military)
- A retiree health plan
- Medicare or federal/state disability coverage
- A state Medicaid program for spouse and/or children (this includes low-cost Federal/State programs for children such as CHIP)
- A socialized health plan while working internationally

For more information, visit <https://yl.hrbenefits.net>

Glossary of Insurance Terms

In-Network

Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service. In-Network care is always your lowest-cost option. An Out-of-Network provider can charge you whatever amount they deem fair - typically much higher than In Network.

Out-of-pocket maximum

The most you'll pay for covered medical and pharmacy care in a year. This includes your deductible and any coinsurance or copays. The out-of-pocket maximum does not include your premium (the amount you pay for coverage each month) and non-covered expenses.

Primary Care Physician

A primary care physician (PCP) is your main medical doctor - usually a general practitioner (GP), family doctor, internal medicine, or pediatrician (for children).

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts sharing in the cost of your medical and pharmacy (if applicable) expenses.

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Referral/Pre-authorization

Some specialty medical providers/services and prescriptions require additional supporting information from your doctor. Examples include - but are not limited to - inpatient or outpatient surgical procedures, or specialty medications.

Explanation of Benefits (EOB)

An EOB is a description the insurance company sends to you explaining the health care changes that you incurred.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts sharing in the cost of your medical and pharmacy (if applicable) expenses.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Balance Billing

When you use an out-of-Network provider, they may bill you the difference between what they charge and the amount your insurance pays.

Health Savings Account (HSA)

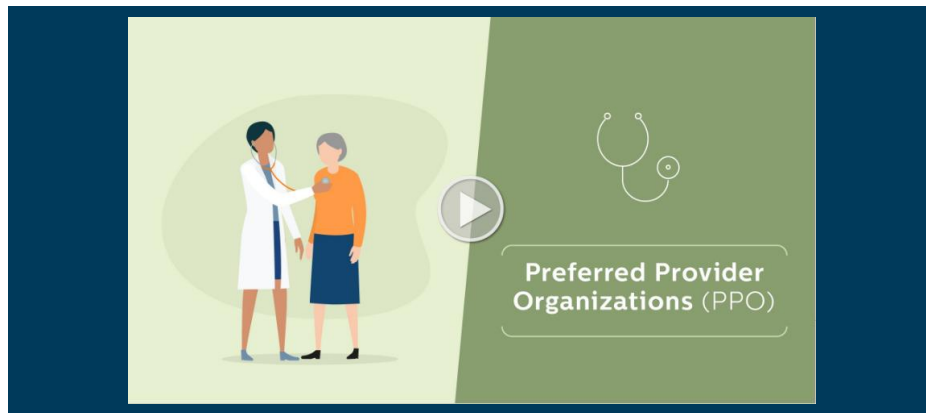
A tax-advantaged account that helps you save and pay for eligible healthcare expenses. Funds roll over each year, can be invested for future healthcare needs, and remain yours even if you change employers or retire. Only applies to employees enrolled in the qualified high-deductible health plan.

Flexible Spending Account (FSA)

An FSA is a tax-advantaged account that allows you to set aside pre-tax dollars to pay for eligible healthcare or dependent care expenses. By using pre-tax money, you can reduce your taxable income and save on qualified expenses throughout the year.

PPO V.S. HDHP

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.



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Note for International Employees regarding the 90/70 Plan:
While out of the US, benefits are payable at the PPO rate and pre-certification requirements are waived.

Medical Insurance

Young Life will continue to offer medical coverage. The chart on the following page is a brief outline of the plans. Please refer to the summary plan description for complete plan details.

Benefit Coverage	PPO/Non-PPO Medical Benefits 90/70		PPO/Non-PPO Medical Benefits 80/50 (HDHP)	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	\$200	\$200	\$1,700	\$2,500
Family	\$400	\$400	\$3,400	\$5,000
Coinsurance	90% after deductible	70% after deductible	80% after deductible	50% after deductible
Maximum Out-of-Pocket*				
Individual	\$3,000	\$3,000	\$5,000	\$5,000
Family	\$5,000	\$5,000	\$10,000	\$10,000
Physician Office Visit				
Primary Care	90% after deductible	70% after deductible	80% after deductible	50% after deductible
Specialty Care	90% after deductible	70% after deductible	80% after deductible	50% after deductible
Preventive Care				
Adult Periodic Exams	100% covered	70% covered	100% covered	70% covered
Well-Child Care	100% covered	70% covered	100% covered	70% covered
Diagnostic Services				
X-ray and Lab Tests	90% after deductible	70% after deductible	80% after deductible	50% after deductible
Complex Radiology	90% after deductible	70% after deductible	80% after deductible	50% after deductible
Urgent Care Facility	90% after deductible	90% after deductible	80% after deductible	80% after deductible
Emergency Room Facility Charges*	90% after deductible	70% after deductible	80% after deductible	80% after deductible
Inpatient Facility Charges	90% after deductible	70% after deductible	80% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	90% after deductible	70% after deductible	80% after deductible	50% after deductible
Mental Health				
Inpatient	90% after deductible	70% after deductible	80% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	80% after deductible	50% after deductible
Substance Abuse				
Inpatient	90% after deductible	70% after deductible	80% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	80% after deductible	50% after deductible
Other Services				
Teladoc	100%	N/A	100%	N/A
Retail Pharmacy (30 Day Supply)				
Generic (Tier 1)	\$7 copay (no deductible)		\$7 copay (after deductible)	
Preferred (Tier 2)	\$25 copay (no deductible)		\$25 copay (after deductible)	
Non-Preferred (Tier 3)	\$50 copay (no deductible)		\$50 copay (after deductible)	
Preferred Specialty (Tier 4)	\$100 copay (no deductible)		\$100 copay (after deductible)	
Mail Order Pharmacy (90 Day Supply)				
Generic (Tier 1)	\$14 copay \$50 copay \$100 copay N/A			
Preferred (Tier 2)				
Non-Preferred (Tier 3)				
Preferred Specialty (Tier 4)				

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 to you 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.



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What's Covered?

- Annual physical exams
- Routine wellness visits
- Age-appropriate screenings
- Immunizations and vaccines
- Well-woman visits
- Preventive lab work
- Pediatric wellness visits

Wondering What Plan to Choose?

Review last year's medical expenses and claims.
Consider any expected surgeries, treatments, or hospital stays.

Decide whether you prefer:

- Lower deductible and 90% coinsurance (in-network)
- Higher deductible and 80% coinsurance with the accompanying HSA funds
- Make sure you're financially prepared for unexpected medical expenses

Telemedicine

Teladoc is the oldest and largest provider of telehealth medical consultants in the United States, giving you 24/7/365 access to quality medical care through phone and video consults (where available).

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).
- 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

Here are some frequently asked questions regarding Teladoc:



What kind of medical care does Teladoc provide?

When requesting a consult, you can choose between general medical, behavioral health or dermatology.

Does Teladoc replace my doctor?

No! Teladoc does not replace your primary care physician. Teladoc should be used when you need immediate care for non-emergent medical issues. It is an affordable, convenient alternative to urgent care and ER visits.

How do I request a consult to talk to a doctor?

Visit the Teladoc website (www.teladoc.com), log into your account and click “Request a Consult”. You can also call Teladoc to request a consult by phone (1-800-Teladoc)

How do I set up my Teladoc account?

Setting up your account is a quick and easy process online. Visit the Teladoc website and click “Set Up Account”. Follow the online instructions.

How frequently can I call Teladoc?

You are able to contact Teladoc up to 3 times within 90 days for the same medical condition. On the fourth inquiry for the same condition, you will be re-directed to your Primary Care Physician to determine if you have a chronic condition that needs additional treatment. You are able to contact Teladoc up to a maximum of 10 times within a one-year period per covered individual.

Can Teladoc doctors write a prescription?

Yes, Teladoc doctors can prescribe short-term medications for a wide range of conditions when medically appropriate. Teladoc doctors do NOT prescribe substances controlled by the DEA, non-therapeutic and/or certain other drugs, which may be harmful because of potential abuse.

Who are Teladoc doctors?

Teladoc doctors are U.S. board certified in Internal Medicine, Family Practice or Pediatrics. They average 15 years of experience, are licensed in your state, and incorporate Teladoc into their day-to-day practice to provide people with convenient access to quality medical care.

What is the cost to use Teladoc?

There is no cost to employees and dependents to access this service. We have elected to pay the full cost of the Teladoc program at this time.

Health Savings Account (HSA)

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.

Young Life's annual contributions to your HSA are below (funded each pay period up to the annual maximum):

Individual in 80/50 HDHP:	\$700
All other tiers 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.

Individual Coverage Optional Annual Contribution	Up to \$4,000 for 2027
All other coverage tiers optional annual contribution	Up to \$7,500 for 2027

Am I eligible for an HSA?

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 2027 is \$4,400 for an individual and \$8,750 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.

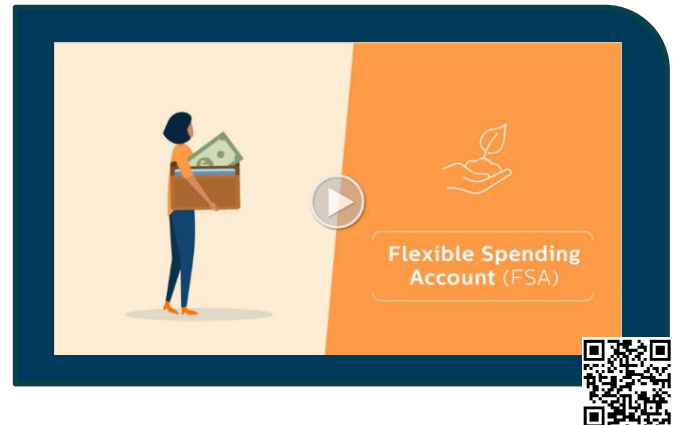
Flexible Spending Accounts (FSAs)

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 including certain over-the-counter items.

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 \$3,400* per year in 2027. 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 \$680* will automatically roll over into the next calendar year (for qualified employees).

**Limit subject to change due to IRS regulations.*



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 \$7,500 per calendar year. You may elect only \$3,750 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 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 <https://yl.hrbenefits.net>

Where To Go For Care

Getting the right care at the right time can save you money, reduce wait times, and help you get treatment faster. Before heading to the Emergency Room, consider whether your needs can be addressed by your Primary Care Provider, Virtual Care, Convenience Care Clinic, or Urgent Care Center.



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	Primary Care Provider	Urgent Care Centers	Emergency Room (ER)	Virtual Care
Cost	\$	\$\$	\$\$\$	\$\$\$\$
Wait Times	🕒🕒	🕒🕒	🕒🕒🕒🕒	🕒
Severity	⊕	⊕⊕	⊕⊕⊕⊕	⊕
Symptoms Treated	Allergies, Vaccines, Minor burns and skin conditions, Sinus and ear infections	Nausea and diarrhea, Minor cuts and broken bones, back and joint pain	Trouble breathing, Heart attack and stroke, Sudden illness and serious accidents, Severe bleeding	Allergies, Fever, colds and flu, Skin conditions, Most infections

Pharmacy Savings

Your pharmacy benefit offers several ways to help you save money, manage prescriptions, and access the medications you need.



Ways to Save on Prescriptions

Choose Generics  Generic drugs can cost less while providing the same effectiveness.	Use Mail Order  Fill maintenance medications through the preferred pharmacy option when available.
Check Your Formulary  Review lower-cost alternatives with your doctor	Use covered OTC Options  Take advantage of covered over-the-counter medications when eligible.

Refer to the Prescription Drug Schedule for applicable copays and mail-order options.

My RxBenefits Member Portal

Manage prescriptions, save money, and access your pharmacy information anytime through Optum Rx and MyRxBenefits. Access your prescription benefit information 24/7.

With My RxBenefits, You Can:

-  View Your Pharmacy Benefit Information
-  Check Prior authorization (PA) status in real time
-  Review explanations of benefit determinations
-  Access up to 18 months of pharmacy claims history

Need Help?

The My RxBenefits portal provides easy access to your prescription benefit information, helping you stay informed and make the most of your pharmacy coverage.

Access Your Account

Scan the QR Code or visit : member.rxbenefits.com to :

- View your pharmacy benefits
- Check prior authorization status
- Review pharmacy claims
- Access coverage information



Dental Benefits

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.

	In-Network Benefits
Deductible	
Individual	\$50
Family	\$150
Out of Pocket Maximum	
Per Individual	\$3,000
Services	
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)

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

Use Delta Dental's Provider network to:

- Find participating dentists
- Review treatment estimates
- Manage your dental benefits



Vision Benefits

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.

	In-Network Benefits
Exams	
Individual	\$25 copay
Family	\$150
Lenses and Frames	
Single Vision	Covered in full*
Contacts	\$200 allowance*
Medically Necessary Contacts	Covered in full*
Bifocals	Covered in full*
Frames	\$200 allowance
Frequency	
Exams	Every 12 months
Lenses	Every 12 months
Frames	Every 12 months
Contacts	Every 12 months

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

VSP Resources: Find a Provider

- Locate in-network providers
- Review benefit details
- Shop eligible eyewear



Additional Benefits Provided by Young Life

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:

Coverage	Benefit Amount
Employee Life Insurance	2x Annual Salary (up to \$200,000)
Employee AD&D	2x Annual Salary (up to \$200,000)
Spouse Coverage	\$25,000
Child Coverage	\$10,000
Age Reductions	Begin at age 70

**All 3 of these benefits are 100% employer paid*

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.

Why These Benefits Matter.

Young Life provides these benefits at no cost to eligible employees, helping protect your income and provide financial security for you and your family in the event of an unexpected illness, injury, disability, or loss of life



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).

Voluntary Life Insurance

Optional Accidental Death & Dismemberment (AD&D) Insurance provides an additional benefit if a covered person experiences a qualifying accidental death or serious injury. Coverage is available for you and eligible dependents, with dependent benefit amounts based on your elected coverage level.

Covered Person	Coverage Amount	Guaranteed Issue (GI)	EOI Required When?	Additional Notes
Employee	Up to the lesser of 5× annual salary or \$500,000, in \$10,000 increments	Up to \$100,000 for newly eligible employees	Coverage over \$100,000 or all late enrollments	Age reductions begin at age 70
Spouse	Increments of \$5,000 up to the lesser of \$250,000 or 100% of employee's elected optional life coverage	Up to \$25,000 for newly eligible spouses	Coverage over \$25,000 or all late enrollments	Age reductions begin at age 70
Child(ren)	\$2,000 to \$10,000	Not applicable	Not applicable	One premium covers all eligible children; coverage available to age 26

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

Optional AD&D Insurance

Optional Accidental Death & Dismemberment (AD&D) Insurance provides an additional benefit if a covered person experiences a qualifying accidental death or serious injury. Coverage is available for you and eligible dependents, with dependent benefit amounts based on your elected coverage level.

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Up to \$250,000 in \$25,000 increments	Spouse receives 50% of employee coverage (max \$125,000)	Each child receives 15% of employee coverage (max \$37,500)	Spouse receives 40% of employee coverage (max \$100,000); each child receives 10% of employee coverage (max \$25,000)

Supplemental Health Plans

Supplemental health plan options are available to you for purchase. Premiums are deducted via payroll deductions on an after-tax basis.



Supplemental health benefits are 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 visit

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).

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.

Young Life's Benefits Microsite

Your One-Stop Resource for Benefits Information

The Young Life Benefits Microsite gives you convenient, 24/7 access to the information and tools you need to make the most of your benefits.

Whether you're enrolling in benefits, looking for plan details, or need contact information, the microsite is designed to be your go-to resource throughout the year.

Visit: <https://yl.hrbenefits.net/> or scan the QR Code: —————>



Why Use the Benefits Microsite?

- Available anytime, anywhere from any device
- Access benefit plan summaries and enrollment resources
- View carrier contact information and website links
- Find important forms and benefit documents
- Learn about employee resources
- Stay informed about benefit updates and key deadlines
- Quickly connect to tools and resources that support your health and financial well-being



What You'll Find on the Site

Medical, Prescription, Dental & Vision Information

- Review plan highlights, carrier information, and helpful resources.

Benefits Contacts

- Quick access to carrier customer service numbers and member websites.

Enrollment Resources

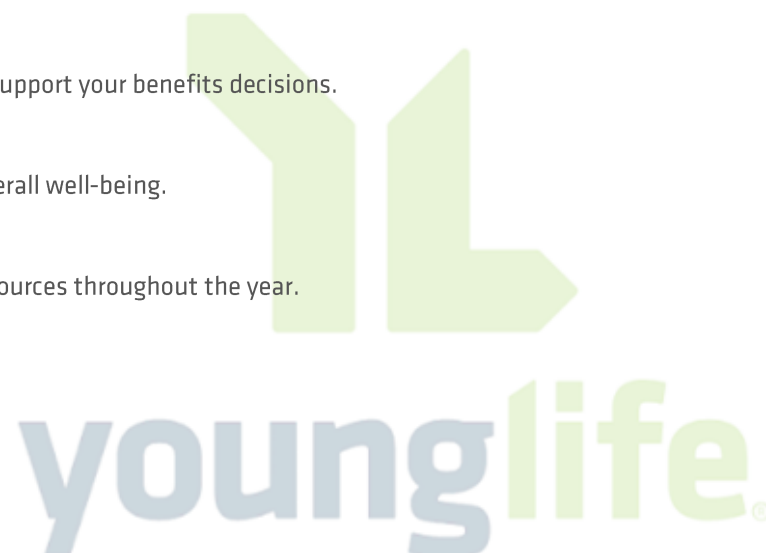
- Find educational materials, helpful tips, and information to support your benefits decisions.

Wellness & Employee Resources

- Explore programs and tools designed to help support your overall well-being.

Important Documents

- Access benefit summaries, guides, notices, and other key resources throughout the year.



Additional Employee Benefits

Legal Shield/Identity Theft Protection

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:

Coverage	Monthly Cost
LegalShield (Individual + Family)	\$15.80
ID Shield Individual	\$5.80
ID Shield Family	\$10.70
LegalShield + ID Shield Individual	\$21.60
LegalShield + ID Shield Family	\$26.50



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.

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: Rehires who were employed prior to 1/1/20 are immediately eligible for the Retirement Contribution.

Contacts

Benefits changes, except for 401(k), are now made within Workday. For questions about the process, please contact the HR/Benefits Department; benplan@younglife.org; 719-381-1950

Carrier Customer Service

Benefits Plan	Carrier	Phone Number	Website
Medical	UMR	877-239-4575	www.umar.com
Dental	Delta Dental	800-610-0201	www.deltadentalco.com
Vision	VSP	800-877-7195	www.vsp.com
Telehealth	Teladoc	800-835-2362	www.teladoc.com
Health Savings Account	HSA Bank	800-357-6246	www.hsabank.com
Pharmacy	Optum Rx	844-265-1719	www.optumrx.com
Diabetes support	TrueLifeCare	888-788-4925	www.TrueLifeCare.com
Life and AD&D	Sun Life	800-247-6875	sunlife.com/createaccount
Retirement Benefits	Fidelity	800-343-0860	www.netbenefits.com
Supplemental Health	UHC	1-866-556-8298	myuhcfc.com



Brent Paulik, Director of Global Benefits
420 N Cascade Ave
Colorado Springs, Colorado 80903-3325