



HOPE HAVEN

Benefits Summary





Our Employees Are Our Most Valuable Asset

That's why at Hope Haven, Inc. we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance.

Stay Healthy

- Medical care
- Health savings accounts, flexible spending accounts
- Dental care
- Vision care
- Employee assistance program (EAP)

Feeling Secure

- 403(b) retirement plan
- Basic life & AD&D and voluntary life
- Short-term disability and long-term disability coverage
- Allstate accident and Allstate critical illness with cancer plans

Work/Life Balance

- Time off

Medical Insurance



Medical

The health insurance plan is provided by Wellmark Blue Cross Blue Shield of Iowa. Employees and their families, including spouses and qualifying dependents, are eligible for coverage the first of the month following 30 days of employment. Qualifying dependents include children who are less than 26 years old; there is no limiting age for dependent children who are unmarried full-time students. This chart provides a look at your medical plan options; there are two traditional plans or an HSA plan to choose from. To find a provider, please go to www.wellmark.com.

2024 Hope Haven, Inc	Blue Access HMO Plan 1 \$2000 Deductible In-Network	Blue Access HMO Plan 2 \$3200 HDHP/HSA In-Network	Blue Access HMO Plan 3 \$4000 Deductible "Bronze" In-network	Alliance Select Plan 4 \$4000 Deductible "Bronze" In-network	Alliance Select Plan 5 \$3200 HDHP/HSA In-Network (for those Employees who reside in specified zip codes ONLY* due to lack of adequate HMO access)
Calendar Year Deductible	Traditional HMO	Embedded HMO	Bronze HMO	Bronze PPO	Embedded HMO
Individual	\$2000	\$3200	\$4000	\$4000	\$3200
Family	\$6000	\$6000	\$8000	\$8000	\$6000
Coinsurance (after deductible is satisfied)	80%	80%	80%	80%	80%
Out-of-Pocket Maximum (includes deductible)					
Individual	\$5000	\$5000	\$6350	\$6350	\$5000
Family	\$10000	\$10000	\$12700	\$12700	\$10000
Lifetime Maximum	No maximum benefit	No maximum benefit	No maximum benefit	No maximum benefit	No maximum benefit
Physicians Services					
Office Visit	Your PCP=\$25;\$30 copay	80% after deductible	Your PCP=\$35 + 20% coins;\$40 copay +20%	\$40 copay + 20%	80% after deductible
Specialist Office Visit	\$60 copay	80% after deductible	100% covered	\$40 copay + 20%	80% after deductible
Adult Routine Exams	100% covered	100% covered	100% covered	100% covered	100% covered
Pediatric Routine Exams	100% covered	100% covered	100% covered	100% covered	100% covered
Spinal Treatment	\$30 copay	80% after deductible	\$40 copay; then coins	\$40 copay; then coins	80% after deductible
Hospital Services					
Inpatient/Outpatient Emergency Room	80% after deductible 80% after \$300 copay	80% after deductible 80% after deductible	80% after deductible 80% after \$300 copay	80% after deductible 80% after \$300 copay	80% after deductible 80% after deductible
Prescription Drug Plan	BlueRx Value Plus		100 single / \$200 family deductible	\$100 single / \$200 family deductible	
Retail (30 day supply)		80% after deductible for all tiers	\$15 copayment	\$15 copayment	80% after deductible for all tiers
Tier 1	\$15 copayment		\$40 copayment	\$40 copayment	
Tier 2	\$40 copayment		\$75 copayment	\$75 copayment	
Tier 3	\$75 copayment				
Mail Order (90 day supply)		BlueRx Value Plus	\$45 copayment	\$45 copayment	BlueRx Value Plus
Tier 1	\$45 copayment		\$120 copayment	\$120 copayment	
Tier 2	\$120 copayment		\$225 copayment	\$225 copayment	
Tier 3	\$225 copayment		BlueRx Value Plus	BlueRx Value Plus	
Notes	Blue Access HMO Network	Blue Access HMO Network Hope Haven will contribute \$500 for single and \$1,000 for family towards HSA	Blue Access HMO Network	Blue Alliance Network has Out of Network coverage	Blue Alliance Network has Out of Network coverage Hope Haven will contribute \$500 for single and \$1,000 for family towards HSA
Certain services may require precertification					

*Home residence must be within one of the following zip codes to be eligible to enroll in Plan 5:

56081 56101 56122 56128 56131 56132 56137 56139 56140 56144 56159 56164 56170 56178 57026

2023 Premium Amounts for full time employees are as follows:

Plan 1 - Blue Access HMO Traditional \$2,000-Ded Plan	Total Monthly Premium	Employer Pay Period Contribution	Employee Pay Period Contribution
Employee only	\$1,065.68	\$405.41	\$86.44
Employee + spouse	\$2,224.48	\$791.06	\$235.62
Employee + child(ren)	\$2,129.04	\$756.84	\$225.79
Family	\$2,486.25	\$884.91	\$262.59

Plan 2 – Blue Access HMO HDHP \$3,200 H.S.A Plan	Total Monthly Premium	Employer Pay Period Contribution	Employee Pay Period Contribution
Employee only	\$882.33	\$363.16	\$44.07
Employee + spouse	\$1,838.79	\$710.04	\$138.63
Employee + child(ren)	\$1,760.00	\$679.32	\$132.99
Family	\$2,054.84	\$794.29	\$154.10

Plan 3 – Blue Access HMO Traditional \$4,000-Ded Plan	Total Monthly Premium	Employer Pay Period Contribution	Employee Pay Period Contribution
Employee only	\$936.95	\$387.67	\$44.77
Employee + spouse	\$1,953.70	\$767.70	\$134.01
Employee + child(ren)	\$1,869.94	\$734.48	\$128.57
Family	\$2,183.37	\$858.77	\$148.94

Plan 4 – Alliance Select Traditional \$4,000-Ded Plan	Total Monthly Premium	Employer Pay Period Contribution	Employee Pay Period Contribution
Employee only	\$1,024.55	\$396.85	\$76.02
Employee + spouse	\$2,138.18	\$787.56	\$199.30
Employee + child(ren)	\$2,046.25	\$752.95	\$191.47
Family	\$2,389.49	\$880.36	\$222.48

Plan 5 – Alliance Select HDHP \$3,000 H.S.A Plan	Total Monthly Premium	Employer Pay Period Contribution	Employee Pay Period Contribution
Employee only	\$964.68	\$392.88	\$52.35
Employee + spouse	\$2,012.02	\$777.77	\$150.86
Employee + child(ren)	\$1,925.75	\$744.40	\$144.41
Family	\$2,248.61	\$869.25	\$168.57

Health Savings Account (HSA) contribution by Hope Haven

- If you choose the HSA medical plan in 2024, Hope Haven has made a decision to make a contribution of \$500 single/\$1,000 family toward an HSA with WEX to be used to pay for medical expenses (you will receive a debit card attached to the account).*
- Hope Haven will deposit equal installments into the account over the 26 pay periods in 2024 (\$19.23 single/\$38.46 family each pay period).*
- You also have an opportunity to deposit money into the account pre-tax from your paycheck, similar to the concept of a flex plan. There is a cap of \$4,150single/\$8,300 family COMBINED contribution from Hope Haven and you for 2024.

*These amounts may be pro-rated for employees who enroll in the HDHP *after* the first of the year; contact Human Resources for more information.

How to Find an In-Network Provider on the Blue Access HMO Network:

1. Go to www.wellmark.com; scroll to the bottom left and click on “Find a Provider”
2. Click “Find a Provider or Facility”
3. Click “Continue to New Site”
4. Choose a location and plan – then enter the location for where you are searching
5. Then under “Find Your Plan by Prefix,” click “Browse a List of Plans”
6. Click on “Wellmark Blue HMO,” then click “Confirm Selection”
7. View the list of providers listed

Please note with the new Blue Access HMO network:

- *Employees who have kids attending college, spouse working out of state, other parent has custody of child, etc., can request a guest membership (that must be reviewed yearly) by calling the Customer Service # on the back of the ID card. This would allow a college student in FL to use Wellmark’s PPO network while attending school.*
- *No out-of-network coverage unless the claim is submitted and paid as an emergency.*
- *Members can utilize Dr. on Demand from anywhere in the country.*
- *Pharmacy network does not change; it is the same as the PPO/Alliance Select network.*
- *All employees will get new ID cards.*

Flexible Spending Accounts (FSA)



Flexible Spending Accounts

FSAs provide you with an important tax advantage that can help you pay healthcare and dependent care expenses on a pre-tax basis. By anticipating your family's healthcare and dependent care costs for the next year, you can actually lower your taxable income. Our FSAs are offered through our partnership with WEX. WEX provides online and mobile app capabilities to file claims and check your FSA balances at any time!

Healthcare Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars (limit of \$3,050). Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Office visit copays, health insurance deductibles, coinsurance and prescription copays
- Over-the-counter supplies, over-the-counter medications and menstrual supplies (per the CARES Act)

Dependent Care FSA

The dependent care FSA lets employees use pre-tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the dependent care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Employee Assistance Program (EAP)



What Is an EAP?

A comprehensive, confidential EAP provides employees and their families with experienced behavioral health staff to provide assistance, support and available options to address your individual concerns. Because family issues can also affect your performance at work, the EAP services are also available to your immediate family at no cost. Immediate family is defined as employee's spouse and dependent children.

The EAP can help with issues such as:

- Relationships and communication
- Stress
- Anxiety
- Parenting issues
- Divorce
- Grief
- Depression
- Addiction
- Eating disorders

How it Works?

When you call Connections, your EAP provider, at 800-779-6125, they will arrange an appointment for you with one of their EAP counselors. You may receive up to three free sessions annually. If additional counseling is needed, the fees for service may be covered by your insurance plan.

Confidentiality

Making an appointment for the EAP is a positive step toward better health. No information regarding your counseling will be shared with Hope Haven unless you agree to release the information. In addition, taking part in the EAP will not affect your current job or future opportunities for advancement.

Dental Insurance



The dental plan is provided by Delta Dental of IA. Employees who work at least 30 hours or more per week and their families, including spouses and dependents, are eligible for coverage. Qualifying dependents include children who are less than 26 years old. The chart below shows how each type of service is covered in-network. To verify your dentist's network provider status, please go to www.deltadentalia.com and choose the "Delta Dental PPO" plan and then click on "Dentist Search." This benefit runs on a calendar plan year from January 1 to December 31.

Dental Insurance	In-Network
Deductible	
Single	\$25
Family	\$75
Maximum Benefit	
All services per person per coverage year	\$1,250
Preventive Services	
Oral examinations	Plan year deductible waived 100% up to 2 per year
Bite-wing x-rays	100% once per year
Panoramic x-rays	100% once every 5 years
Prophylaxis (cleaning)	100% up to 2 per year <i>(Additional cleanings may be allowed if diabetic, pregnant or with history of periodontal disease)</i>
Fluoride treatments	< 19 years of age, 100% up to 1 per year
Sealants	<15 years of age, 1 for 1st and 2nd permanent molars
Space maintainers	< 15 yrs of age, 100%
Basic Services	After plan year deductible is satisfied
Restorations (fillings)	90%
Routine oral surgery	90%
Palliative treatment (pain relief)	90%
Major Services	After plan year deductible is satisfied
Crowns	50%
Bridges	50%
Dentures (full or partial)	50%
Relining/repair dentures	50%
Endodontic (root canal)	50%
Periodontics	50%
Orthodontia Services	None

Delta Dental of Iowa Premiums	Employee Premium	
	Monthly	Pay Period (26)
Employee	\$30.64	\$14.14
Employee and spouse	\$60.48	\$27.91
Employee and child(ren)	\$67.36	\$31.09
Family	\$113.06	\$52.18

Vision



Vision

The vision insurance program is provided by VSP. Employees and their families, including spouses and qualifying dependents, are eligible for coverage. Generally, qualifying dependents include children who are less than 26 years old, or age unlimited for unmarried full-time students. This chart gives a side-by-side look at the amounts you pay when you use in-network and out-of-network providers. To locate providers visit their website, www.vsp.com and search under the VSP Signature network, or call 1-800-877-7195. Participating retail chains include Walmart, Sam's Club, Costco Optical, Visionworks, Pearle Vision and more!

Vision insurance	In-Network Benefit Allowance/Copay	Out-of-Network Reimbursement
Benefit Frequency: Vision examination Standard lenses (pair) Frame Contact lenses		12 months 12 months 24 months 12 months
Vision Examination	\$10 copay	Up to \$45
Prescription Glasses Frames (\$130 allowance; 20% off remaining balance) Lenses (single vision, lined bifocal, lined trifocal lenses; polycarbonate lenses for dependent children) Lens Options Standard progressive Premium progressive Custom progressive (Average 35-40% off other lens options)	\$25 copay \$0 copay \$95-\$105 copay \$150 - \$175 copay	Up to \$70 Up to \$30-\$100 N/A
Contact Lenses (instead of glasses) \$130 allowance for contacts (copay does not apply) Contact lens exam (fitting and evaluation)	Up to \$60 copay	Up to \$105
Additional Purchases	20% discount	N/A
Laser Vision Correction	15% off regular price or 5% off promotional price; only available from contracted facilities	N/A

VSP Vision Premiums	Employee Premium	
	Monthly	Pay Period (26)
Employee	\$8.86	\$4.09
Employee + one	\$14.16	\$6.54
Employee and child(ren)	\$14.48	\$6.68
Family	\$23.34	\$10.77

403(b)



403(b)

To help you prepare for the future, Hope Haven sponsors a 403(b) retirement plan as part of its benefits package for all full-time employees. Employees age 21 and older that work 20 hours per week are eligible to contribute to this plan upon date of hire. After one year of employment in which you worked 1000 hours, Hope Haven will match your contribution dollar for dollar up to 8%.

The vesting schedule for the company's contribution into your 403 (b), is as follows:

- Two year - vested 20%
- Three years - vested 40%
- Four years - vested 60%
- Five years - vested 80%
- Six years - vested 100%

Life and AD&D and Voluntary Life Insurance



Basic Life & AD&D Insurance

Hope Haven provides full-time employees with a \$15,000 life benefit and a \$15,000 accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. This coverage is provided through Mutual of Omaha. Please make sure to update your beneficiary!

Voluntary Life & AD&D Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself or yourself and your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase coverage on yourself in \$10,000 increments (up to a maximum of \$500,000 or 5X your annual salary) and for your spouse in \$5,000 increments (up to a maximum of \$250,000 or up to 100% of the employee's amount of coverage), and in \$5,000 increments for your children up to a maximum of \$10,000 (one amount regardless of the number of children covered). Guarantee-Issue amounts for new hires (guaranteed coverage with no health questions):

- Employee = \$200,000 (or 5x annual salary, whichever is less)
- Spouse = \$30,000 or 100% of Employee's amount of coverage – whichever is less (Spouse's rate based on Employee's Age)
- Children (up to age 26) = \$10,000

Employee/Spouse Voluntary Life+ AD&D Monthly Cost Per \$1,000 of Coverage												
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Rate	\$0.08	\$0.09	\$0.11	\$0.13	\$0.18	\$0.30	\$0.48	\$0.74	\$1.14	\$2.04	\$3.63	\$5.97

Child(ren) Voluntary Life + AD&D Cost Per \$1,000 of Coverage	\$0.24
Children are eligible for coverage to age 26. \$5,000 or \$10,000 coverage amounts available. (It is one rate regardless of how many children are actually covered under the policy.)	

Allstate Accident Allstate Critical Illness/Cancer



As part of our employee benefits program, Hope Haven, Inc. is pleased to offer accident and critical illness/cancer insurance through Allstate. These insurance plans are offered to you with the convenience of having the premium automatically deducted

from your paycheck. These options build on the benefits already provided by the Hope Haven, giving you additional protection that you and your family may need.

Allstate Benefits: Voluntary Accident Insurance (On/Off-the-Job Coverage)

Accidents happen. You never know when or where they will occur. The Allstate Benefits accident plan provides cash benefits to you, regardless of other insurance, when you or a covered family member have an accident that causes an injury for which you seek medical treatment. These cash benefits can be used to pay your out-of-pocket medical costs, day-to-day expenses or can be put into savings.

- Examples of accidents: lacerations, falls, sports injuries, car accidents, home improvement mishaps, etc.

Some of the accident insurance highlights are listed below:

- Cash benefits paid directly to you regardless of other insurance.
- Benefits paid help you pay out-of-pocket expenses associated with an accident.
- Payments for emergency room, doctor visits, follow-up or referral visits, hospitalization, surgeries, ambulance, crutches, physical therapy, lump sum payment based on injury and more.
- The outpatient physician’s treatment benefit is payable annually for physician visits outside of a hospital for accident treatment or wellness exams. For example, dental exam, eye exam, annual physical/well exam.
 - \$50 once per day
 - Single coverage – 2 visits (\$50 * 2 visits/screenings = \$100)
 - Family coverage – 4 visits (\$50 * 4 visits/screenings = \$200)
 - Maximum of 2 visits per person

Allstate Accident Premiums Per Pay Period (26)	
Employee	\$6.94
Employee and spouse	\$12.00
Employee and child(ren)	\$14.74
Family	\$19.34

Allstate Benefits: Voluntary Critical Illness/Cancer Insurance

You can’t predict the future, but you can plan for it. The Allstate Benefits critical illness/cancer plan provides cash benefits to you when you or a covered family member are diagnosed with a benefit payable critical illness. These cash benefits help alleviate financial worries by helping offset costs of care and providing the freedom to choose treatment options.

Covered Critical Illnesses	\$10,000 Benefit		
	100% Benefit for Employee 50% Benefit for Spouse and Dependents	100% Benefit for Employee 50% Benefit for Spouse and Dependents	
Heart attack	100%	Invasive cancer	100%
Stroke	100%	Carcinoma in situ/non-invasive	25%
End stage renal failure	100%	Skin cancer	\$250
Major organ transplant	100%	Basal/squamous cell (once per 365 days)	
Coronary artery bypass surgery	25%		
Advanced Alzheimer’s Disease	100%		
Advanced Parkinson’s Disease	100%		
Benign brain tumor	100%		
Coma	100%		
Complete loss of hearing	100%		
Complete loss of sight	100%		
Complete loss of speech	100%		
Paralysis	100%		

Second Event Critical Illness: 100% of original benefit if diagnosed with same critical illness, must be treatment and symptom free for at least 6 months between each diagnosis.

Different Critical Illness: 100% for each critical illness if date of diagnosis is separated by at least 30 days and is not caused or contributed to by a critical illness for which benefits have already been paid.

Fixed Wellness Rider (24 Covered Screenings) = \$50 Once per Covered Person per Year

Examples: blood test for triglycerides, PSA, chest x-ray, colonoscopy, echocardiogram, EKG, flexible sigmoidoscopy, HPV vaccination, lipid panel, mammogram, pap smear, stress test and many more.

Rates are based on employee age and family tobacco status.

\$10,000 Benefit Issue Age Premiums Per Payroll (26)				
	EE or EE+CH	EE+SP or F	EE or EE+CH	EE+SP or F
AGE	Non-Tobacco		Tobacco	
18-29	\$2.02	\$3.36	\$2.46	\$4.00
30-39	\$4.12	\$6.58	\$5.56	\$8.74
40-49	\$8.18	\$12.76	\$12.18	\$18.76
50-59	\$14.32	\$22.10	\$21.94	\$33.56
60-64	\$19.40	\$29.84	\$29.84	\$45.50
65+	\$30.04	\$45.96	\$45.60	\$69.32

EE=Employee; CH=Child(ren); SP=Spouse; F=Family

Short-Term and Long-Term Disability Mutual of Omaha



Short-Term Disability (Employee Paid)

Hope Haven offers voluntary short-term disability benefits through Mutual of Omaha. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Short-Term Disability	
Elimination period	14 days
Maximum period of benefit	24 weeks
Percentage of income replaced	60%
Minimum weekly benefit	\$25
Maximum weekly benefit	\$1,000
Premium cost = \$0.79 per \$10 of total weekly benefit	

Sample Calculation:

Cost is \$0.79 per \$10 of Total Weekly Benefit. (total weekly benefit = 60% of your weekly wage or salary)
 Example: Sue makes \$35,000/year. \$35,000/52 weeks = \$673.00 /week salary. \$673.00 x 60% = \$403.85
 \$403.85/\$10 = 40.39; 40.39 x \$0.79 = \$31.91 per month or \$14.73 per payroll (26 payrolls)

Long-Term Disability (50% Employee Paid/50% Employer Paid)

Hope Haven offers voluntary long-term disability benefits through Mutual of Omaha. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

Long-Term Disability	
Elimination period	180 days
Maximum period of benefit	Normal Social Security Retirement Age
Percentage of income replaced	60%
Minimum weekly benefit	\$100
Maximum weekly benefit	\$8,000
Premium cost = \$0.55 per \$100 of total covered payroll	

Sample Calculation:

Cost is \$0.55 per \$100 of Total Covered Wages. (total monthly benefit = 60% of your monthly wage or salary)
 Example: Sue makes \$35,000/year. \$35,000/12 months = \$2,916.67 per month salary. \$2,916.67/\$100 = 29.17.

29.17 x \$0.55 = \$16.04 per month or \$7.40 per payroll (26 payrolls). KEEP IN MIND – HOPE HAVEN WILL PAY 50% of the premium, so YOUR cost would be \$8.02 per month or \$3.70 per payroll in this example based on this salary amount!

PLEASE NOTE: Hope Haven, Inc. deducts your premiums (medical, dental, vision, flexible spending accounts) on a pre-tax basis. After the open enrollment period, you cannot make changes or terminate coverage during the year unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Switch from part-time to full-time

You have 31 days from a change in family status to make changes to your current coverage. In the event of loss of Medicaid or SCHIP, or eligibility for premium assistance under Medicaid or SCHIP, you have 60 days to make changes to your current coverage.

Also included with the open enrollment information are several annual notices that Hope Haven is required to provide to you. Please contact Human Resources if you have any questions regarding these notices.

Paid Time Off and Leave Policies



Paid Time Off (PTO)

Hope Haven provides paid time off which can be used for vacation, sick or personal leave. You can carry over a maximum of 160 hours of PTO. Accrual schedule for an employee that works 40 hours/week is as follows:

- Year 1 = 88 hours (11 day)
- Year 2 – 5 = 112 hours (14 days)
- Year 6 – 10 = 152 hours (19 days)
- Year 11- 15 = 176 hours (22 days)
- Year 15 + = 192 hours (24 days)

Temporary Medical Leave (TML)

You can earn up to 32 hours (4 days) each year to use when an employee is off work for at least 3 consecutive days for a personal medical condition with a physician's note. The maximum accrual for this benefit is 800 hours. There is no pay out for this time upon separation of employment.

Family Medical Leave

Hope Haven provides 12 weeks of unpaid time away from work under the Family Medical Leave Act (FMLA). If you are ineligible for FMLA you may be eligible for an extended medical leave of 8 weeks.

MN Parental Leave

This benefit allows up to 6 weeks of unpaid leave for the birth or adoption of a child which runs concurrent with FMLA. This benefit also allows up to 16 hours of unpaid leave per year for school activities (extracurricular activities are excluded).

Holiday

We provide the following paid holidays each calendar year:

- New Year's Day
- Easter
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day

You are not eligible for the holiday pay if you are on unpaid leave. Any time worked on a holiday is paid at 1.5x your hourly rate.

Jury Duty

If you are required to report for jury duty, we will reimburse you for up to five days. After five days, employees may use PTO, if available, or take an unpaid leave of absence during your term of jury duty.

Bereavement/Funeral Leave

You are eligible for 1 to 3 days of paid leave for the death of an immediate family member. For the purposes of this benefit, immediate family members include: spouse, parents, grandparents, siblings, in-laws, children, grandchildren, step children and guardians.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Contact Information

Please refer to this list when you need to contact one of your benefit vendors with any questions. For general information, contact Human Resources.

MEDICAL

Wellmark BlueCross BlueShield of Iowa (Group # 52554)
Wellmark Customer Service (Monday – Friday 7:30 a.m. to 5:00 p.m. CST)
1-800-524-9242 (TTY: 888-781-4262)
www.wellmark.com

FLEXIBLE SPENDING ACCOUNTS (FSA) & HEALTH SAVINGS ACCOUNTS (HSA)

WEX
Customer Service
1-866-451-3399
Fax 1-866-451-3245
www.discoverybenefits.com

ALLSTATE ACCIDENT OR CRITICAL ILLNESS

Allstate (Group # 39901)
SilverStone Group
Lisa Hartman Lisa.Hartman@hubinternational.com or 605-444-5103
Jaime Turner Jaime.Turner@hubinternational.com or 402-964-5428

DENTAL

Delta Dental of Iowa (Group # 40843) (also, have your member ID # ready)
Customer Service/Claims
1-800-544-0718 / hearing impaired 1-888-287-7312 from 7:30 a.m. to 5:00 p.m. CST
Fax 1-888-264-1440
claims@deltadentalia.com

VISION

Vision Service Plan Insurance Company (VSP) (Group # 30094131)
Customer Service
1-800-877-7195
www.vsp.com

DISABILITY & LIFE & ACCIDENTAL DEATH & DISMEMBERMENT

Mutual of Omaha (Policy # G000BM2H)
1-800-775-8805
www.mutualofomaha.com

403(B)/PROFIT

Brad Van Heuvelen
1-877-722-0101
BradVH@peoples-ebank.com

PAID TIME OFF

Human Resources:
712-476.3113 or **712-732-5127**
avandevette@hopehaven.org or ametz@hopehaven.org

EMPLOYEE ASSISTANCE PROGRAM

Connections
1-800-779-6125