



2023 BENEFITS GUIDE

WELCOME TO YOUR 2023 BENEFITS!

As your employer, one of the ways that InterVarsity Christian Fellowship/USA shows appreciation and care for you is by offering comprehensive, high-quality benefits at a reasonable cost. These benefits are designed to protect and support you—and your family—throughout the year.

Eligibility for all benefits is based upon ongoing full-time (30 hours per week) employment status, except where noted. All benefits are effective the first of the month following date of eligibility, except where noted. This document is intended to serve as a summary of your benefits. All benefits are subject to the limitations and exclusions described in the plan documents. Please consult these documents for a complete description of your benefits. InterVarsity is continuing to partner with Alex, an artificial intelligence program that can assist you in selecting the benefit package that fits your needs. Visit the link here to get started: <https://www.myalex.com/intervarsity-christian-fellowship-usa/2023>

YOUR 2023 BENEFITS PACKAGE

- Medical coverage through Anthem Blue Cross Blue Shield (UHA for employees living in Hawaii and UHC for Link expatriates)
 - Dental coverage through MetLife
 - Vision coverage through Vision Service Plan (VSP)
 - Health Care and Dependent Care Flexible Spending Accounts (FSAs), and Health Savings Account (HSA) through Employee Benefits Corporation (EBC)
 - Life, AD&D, and Disability coverage through MetLife
 - Employee Assistance Program (EAP) with Optum
 - Retirement Savings Plan (R\$P) with Vanguard
 - Advocacy Services through Health Advocate
 - Vacation and Personal Sick Leave
 - InterVarsity's Fellowship Fund
 - Adoption Assistance
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You can find information on:



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MEDICAL

Stateside employees of InterVarsity now have the choice of two medical plans; one a traditional PPO plan, and one a qualified High Deductible Health Plan (HDHP). Both options are covered in further detail on the following pages. Anthem will continue to be the administrator of our plan, which means all of the tools and resources available to employees are the same. Both plans are also self-funded meaning the money raised via the Benefits Charge is what is used to pay each health plan's claims. Using [LiveHealth Online](#) telemedicine or calling Health Advocate for locating providers and estimating costs can save money and keep our medical plans affordable.

ANTHEM MEDICAL PROVIDERS

To find an in-network provider, go to www.anthem.com for the most up-to-date provider list.

ANTHEM'S LIVEHEALTH ONLINE

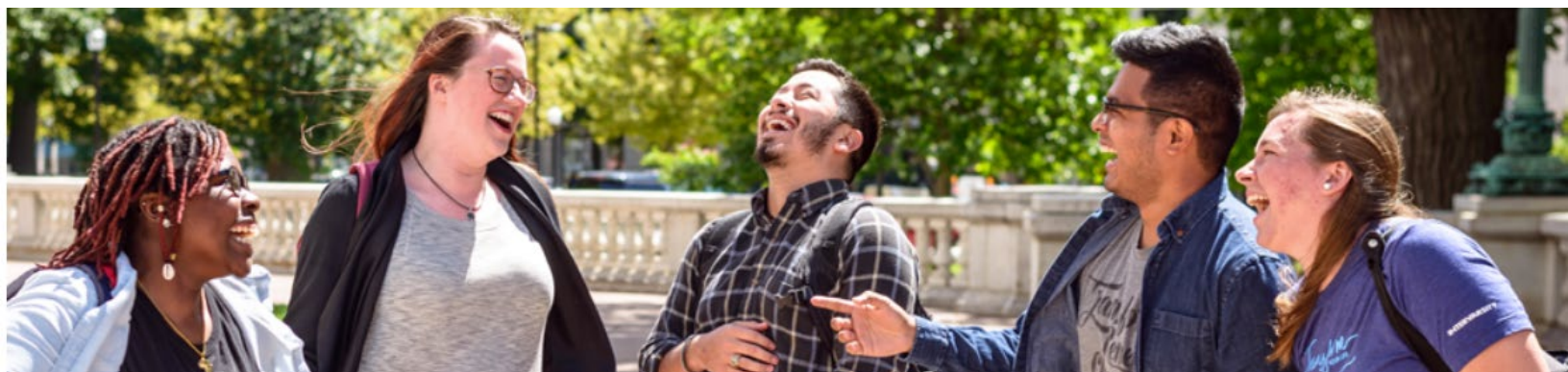
Anthem members have access to a national network of U.S. board-certified doctors on-demand 24/7 to diagnose, treat and prescribe medication, if necessary, for many of your medical issues. It's quality care when you need it at an affordable price - **\$0.00** copay on the Anthem PPO! **Just call 888.548.3432**, download the app, or go to livehealthonline.com.

IF YOU LIVE IN HAWAII OR ARE A LINK EXPATRIATE

If you live in Hawaii, you have medical, drug, and vision coverage through [UHA](#).

If you are a Link expatriate, you have medical and drug coverage through [United Health Care \(UHC\)](#).

Both plans' information is available on the Staff Life Site under [Health Plan](#) or contact Human Resources for coverage and network options.



MEDICAL

InterVarsity Christian Fellowship offers comprehensive medical coverage through Anthem Blue Cross Blue Shield to stateside employees.

2023 ANTHEM MEDICAL PLANS ONLY

Network	PPO Plan		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Associate Only / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Out of Pocket Maximum (includes deductible, coinsurance and copays) Associate Only / Family	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,750 / \$9,000	\$9,500 / \$18,000
Coinsurance	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Preventive Care	100% covered (no deductible)	You pay 40%	100% covered (no deductible)	Deductible/Coinsurance
Regular Office Visits	\$25	You pay 40%	Deductible/Coinsurance	Deductible/Coinsurance
Specialist Office Visits	\$50	You pay 40%	Deductible/Coinsurance	Deductible/Coinsurance
Diagnostic Labs and X-rays	100% covered (no deductible)	100% covered (no deductible)	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient Services	You pay 20%	You pay 40%	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Services	You pay 20%	You pay 40%	Deductible/Coinsurance	Deductible/Coinsurance
Telemedicine Visits (LiveHealth Online)	100% covered (no deductible)	n/a	Deductible/Coinsurance	n/a
Urgent Room Visits	\$50	\$50	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room Visits	\$150	\$150	Deductible/Coinsurance	Deductible/Coinsurance
Prescription Drugs: Retail (up to a 30-day supply)				
Generic**		\$10	Deductible/Coinsurance	Deductible/Coinsurance
Brand Formulary		\$50	Deductible/Coinsurance	Deductible/Coinsurance
Brand Non-Formulary		\$100	Deductible/Coinsurance	Deductible/Coinsurance
Specialty (limited to 30-day supply)		You pay 30%, up to \$250 Max	Deductible/Coinsurance	Deductible/Coinsurance
Prescription Drugs: Mail-Order (up to a 90-day supply)				
Generic**		\$30	Deductible/Coinsurance	
Brand Formulary		\$150	Deductible/Coinsurance	
Brand Non-Formulary		\$300	Deductible/Coinsurance	

**Mandatory Generic Program – Members must use generic drugs when they are available, otherwise the member must pay the difference between the generic drug cost and the brand name drug cost, in addition to the brand name co-payment amount.

MEDICAL PLAN CONTRIBUTIONS

	Employee Only	Employee + One	Family
Anthem PPO	\$149	\$359	\$508
Anthem HDHP	\$86	\$206	\$291
UHC Expatriate PPO	\$45	\$90	\$144
UHA Hawaii PPO	\$42	\$84	\$126

DENTAL BENEFITS

You have two dental plan options:



METLIFE BASE PLAN

With the Base Plan, you can receive care from any dentist. However, if you go to a dentist who's part of the MetLife Preferred Dentist Network Program (PDP), you'll pay less because PDP dentists have agreed to charge lower negotiated rates. To find a PDP dentist, go to www.metlife.com/dental for the most up-to-date PDP Network dental provider list.



METLIFE BUY-UP PLAN

The Buy-up Plan provides the same preventative coverage as the Base Plan. But, this plan gives you the option to purchase additional coverage to increase the amount the plan pays for services and to cover both basic and major dental services.

	BASE PLAN		BUY-UP PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$0	\$0	\$50	\$50
EE + 1 Deductible	\$0	\$0	\$100	\$100
Family Deductible	\$0	\$0	\$150	\$150
Annual Maximum	\$600 per person	\$600 per person	\$1,600 per person	\$1,600 per person
Preventative Services (including routine exams and cleanings)	100% Covered	100% of R&C Covered	100% Covered	100% of R&C Covered
Basic Services	You pay 20% of PDP fee for fillings only	You pay 30% of R&C fee for fillings only	You pay 20% of PDP fee	You pay 30% of R&C fee
Major Services	No Coverage	No Coverage	You pay 50% of PDP fee	You pay 60% of R&C fee

DENTAL PLAN CONTRIBUTIONS			
	Employee Only	Employee + One	Family
Base Plan	\$3	\$22	\$52
Buy-Up Plan	\$39	\$102	\$154

VISION BENEFITS



Finding In-Network Vision Providers

To find an in-network provider, go to www.vsp.com for the most up-to-date VSP Choice Network vision provider list.

VISION PLAN DESIGN	CHOICE NETWORK
Vision Exam (Once every plan year)	\$10 Co-pay
Materials – Eyeglass lenses/Eyeglass Frames or Contact Lenses	\$20 Co-pay
Lenses (Once every plan year)	Covered at 100%, after Co-pay
Frames (Once every other plan year)	Up to \$140 allowance Up to \$160 allowance for featured brands Up to \$75 allowance with Costco
Contacts (Once every plan year in lieu of glasses)	Up to \$60 Co-pay \$150 allowance; Co-pay does not apply

Visit vsp.com for additional details or if you plan to see a provider other than a VSP network provider.

If you visit an out-of-network provider, you will be reimbursed up to the following amounts:

- Exam.....up to \$45
- Frame.....up to \$70
- Single Vision Lenses...up to \$30
- Lined Bifocal Lenses...up to \$50
- Lined Trifocal Lenses...up to \$65
- Progressive Lenses.....up to \$50
- Contacts.....up to \$105

VISION PLAN CONTRIBUTIONS		
Employee Only	Employee + One	Family
\$7.06	\$10.24	\$18.36

FLEXIBLE SPENDING ACCOUNT (FSA)

With a Flexible Spending Account (FSA), you can set aside tax-free money to pay for eligible expenses. InterVarsity offers three types of FSAs through EBC:

- The Health Care FSA
- Limited Purpose FSA (for those on the HDHP – to be used for non-medical expenses)
- The Dependent Care (Day Care) FSA

When you participate in an FSA, you decide how much you want to contribute each plan year. The money you contribute is then taken from your pay before taxes are deducted — this lowers your taxable income, which means lower taxes for you! You're eligible for both FSAs even if you don't elect medical or dental coverage through InterVarsity.

For 2023, Health Care and Limited Purpose FSA expenses are limited to \$3,050 per plan year with a \$610 rollover the following year. To be eligible for the rollover provision, you must have a minimum annual election of \$60 for the following calendar year. And if you have any rollover and wish to enroll in the HDHP for the upcoming plan year, your rollover funds will rollover into a Limited Purpose FSA if you elect to enroll in that FSA plan. Please note that the annual limit on Health Care and Limited Purpose FSA elections may change based on IRS regulations.

Your Health Care or Limited Purpose FSA will be linked to a personal EBC Debit Card, to maximize your spending account benefit. Just like your bank debit card is linked to your checking or savings account, your spending account card is linked directly to your spending account. For complete information on the card, visit the EBC Spending Account website at www.ebcflex.com.

DEPENDENT CARE FSA

For the Dependent Care FSA, you generally can contribute up to \$5,000 each year per household. This FSA can be used to cover expenses for the care of an eligible dependent (a child or a dependent adult), such as nursery or day care costs, so you and your spouse (if you're married) can work or look for work.

NOTE: Spending Account Debit Cards are not available for use with Dependent Care FSA Plans.



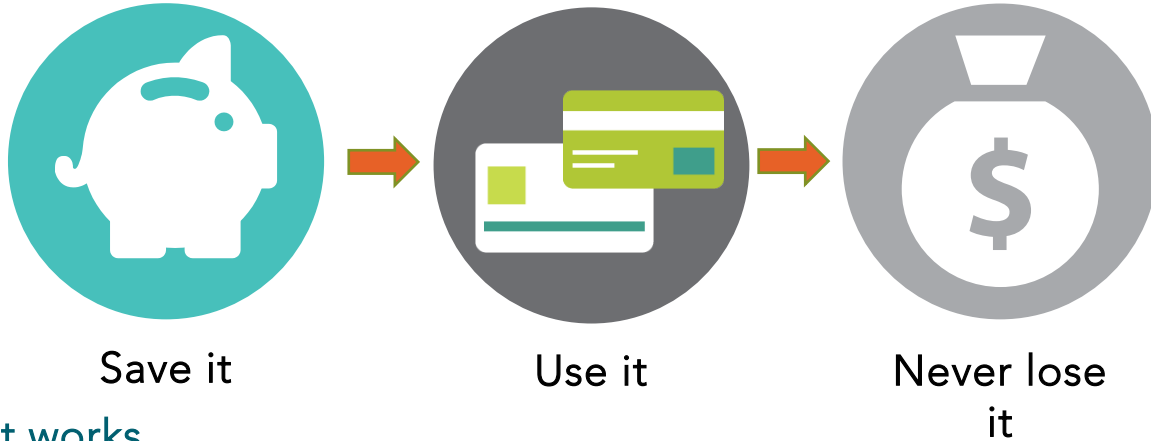
IMPORTANT!

As with any great tax break, there are a few important rules for FSAs, so make sure to review the information from EBC before you enroll.

FSAs come with a "use it or lose it" rule. You need to use all the funds in your FSA during the calendar year— or you'll forfeit any remaining funds over \$610. Be sure to plan carefully!

HEALTH SAVINGS ACCOUNTS

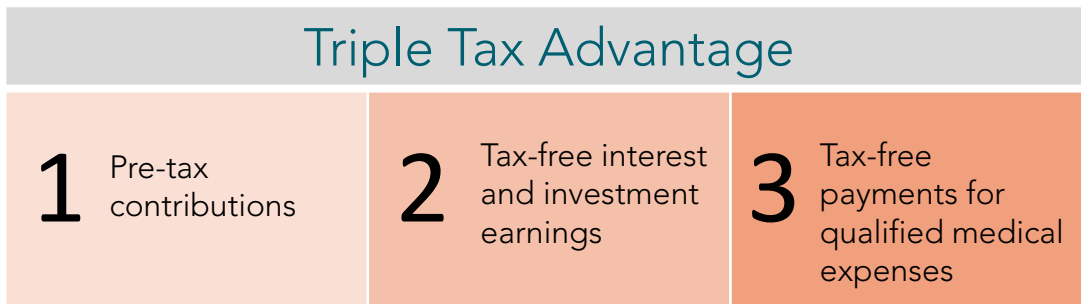
A Health Savings Account (HSA) is a tax-advantaged personal health care account that works with the InterVarsity Christian Fellowship HDHP. You can contribute funds into an HSA on a pre-tax basis to save for current and future medical expenses – putting you in charge of how you spend your health care dollars.



How it works

Save it.

An HSA allows you to start saving for health expenses by contributing funds tax-free. There are three ways you can save:



Note: The money you save into an HSA is exempt from Federal income tax and State income taxes (in most states), and even earns interest.

Use it.

As you save money into your HSA, you can use your Employee Benefits Corporation (EBC) debit card to pay for things like prescriptions, deductibles, eye exams and flu shots – as long as it's a qualified health care expense.

Never lose it.

Unused funds roll over from year to year, and unlike an FSA, there are no "use-it-or-lose-it" rules. So, if you change jobs, change health care plans or retire, it doesn't matter, the funds are yours...for life!

HEALTH SAVINGS ACCOUNTS, CONT.

InterVarsity has partnered with EBC to provide Health Savings Account administration. With an HSA, you can set aside tax-free money to pay for eligible expenses. You are only eligible to enroll in the HSA if you enroll in a HDHP.

If you enroll in the HDHP, InterVarsity will make monthly contributions of \$50 for single and \$100 for employee+1 and family coverages up to maximum annual amounts of \$600 and \$1,200. You may make contributions to your HSA by electing a pre-tax payroll deduction.

The 2023 IRS annual contribution limits for HSAs are \$3,850 for single and \$7,750 for employee-plus-one and family coverages. These annual totals include both InterVarsity and your contribution amounts. If you are age 55 or older, you can contribute an additional \$1,000 as a catch-up contribution.

Your HSA will be linked to a personal EBC Debit Card, so utilizing your funds will be easy, simply swipe your card! What can HSA funds be used for? Any Qualified Medical Expenses – including, but not limited to, the following items. For a full list of allowable expenses, visit the IRS website for the most up to date information.

Examples of Qualified HSA Expenses:


- Medical, dental and vision deductibles and coinsurance amounts
- Prescription drugs
- Certain Long Term Care insurance premiums
- COBRA continuation health coverage premiums
- Hearing aids
- Smoking cessation programs
- Wheelchairs
- Medicare Premiums



EBC also partners with WealthCare Saver for HSAs. With this partnership, if you accumulate enough funds in your HSA, you will also have the opportunity to invest these dollars as well in a variety of investment funds. Remember, investment growth on HSA funds is tax free!

IMPORTANT!

As with any great tax break, there are a few important rules for HSAs, so make sure to review the information from EBC before you enroll.



Since you are the account holder or HSA beneficiary, you manage your HSA account. You may choose when to use your HSA dollars or when not to use your HSA dollars.

LIFE & AD&D INSURANCE

InterVarsity Christian Fellowship/USA automatically provides you with Basic Term Life Insurance. You also have the option to purchase additional coverage for yourself and your dependents. Life insurance coverage is provided through MetLife.

BASIC LIFE & AD&D INSURANCE

The benefit for both Basic Life and AD&D is equal to 2 times your annual base salary, rounded to the next higher \$1,000. The minimum benefit amount is \$20,000.

OPTIONAL LIFE COVERAGE

You can purchase additional Optional Life Insurance coverage for yourself and your dependents. The following coverage amounts are available:

FOR YOURSELF: Increments of \$10,000 up to a maximum of \$500,000 or 5 times your annual salary.

FOR YOUR SPOUSE:

- Increments of \$5,000 up to a maximum of \$100,000 (cannot exceed employee amount).
- You must purchase coverage on yourself to purchase coverage for your spouse.

FOR YOUR CHILD(REN):

- 15 days to 6 months: \$100.
- 6 Months to 26 years old: Increments of \$2,000 up to \$12,000.
- You must purchase coverage on yourself to purchase coverage for your child(ren).

You pay the full cost of any Optional Life Insurance coverage you purchase on an after-tax basis.

EVIDENCE OF INSURABILITY (EOI)

You may be required to provide evidence of insurability (EOI) when you purchase Optional Life Insurance for you and your spouse. EOI is also called "a statement of health" and certifies to MetLife that you're generally healthy at the time of purchasing coverage. EOI is required:

FOR YOURSELF: Coverage greater \$150,000.

For your spouse: Coverage greater than \$25,000.

SHORT TERM DISABILITY (STD)

STD covers positions which are not responsible for full funding of salary and benefits. Employees with positions that are responsible for full funding of salary and benefits are eligible for paid medical leaves while disabled short-term, based upon funding available in the individual staff account.

After 7 days of continuous disability, eligible employees may apply and be considered for short-term disability benefits. Employees who are eligible may receive 66.67% of their gross pre-disability monthly earnings for a maximum of 26 weeks.

LONG TERM DISABILITY (LTD)

You may be eligible for LTD benefits which extends coverage after your medical leave or STD benefits are exhausted. After 180 days of continuous disability, staff may apply and be considered for long-term disability benefits. Staff who are eligible may receive 66.67% of their gross pre-disability monthly earnings, with a minimum of \$100 or 10% of the monthly benefit before deductions (whichever is greater).

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP is a confidential, voluntary program provided at no cost to you and is administered by Optum. The EAP gives you access to a network of highly trained, professional therapists and counselors that handle short-term issues related to grief/loss, family/marriage problems, anxiety/depression, child/elder care, etc. Please reach out to Optum at www.liveandworkwell.com (Access code: IVCF) or call 1.866.248.4096. The EAP also includes a free 30 minute telephonic or in-person consultation with a state-specific attorney or qualified mediator.

RETIREMENT SAVINGS PLAN

403(B) RETIREMENT SAVINGS PLAN #093524

All paid staff may elect to save a portion of pay on a pre-tax basis (for 2019 limited to \$19,000 annually). InterVarsity contributes 50¢ for every \$1.00 invested up to 6% of salary (ongoing staff only). New ongoing employees working 20+ hours per week are automatically enrolled at 3% of salary with a 1% annual increase every September 1st to a 10% maximum.

DEFINED CONTRIBUTION INTO 403(B) – SUSPENDED As Of January 1, 2023

Ongoing, paid staff working 20+ hours/week are enrolled the first of the month following their date of hire. Full Vesting occurs at 2 years of service with 1,000 hours per year, equivalent to 20 hours per week. InterVarsity contributes a base amount of your gross salary each month into your 403(b) based on years of service (YOS):

2.0%	0 to 4.99 YOS
2.5%	5. to 9.99 YOS
3.0%	10 to 14.99 YOS
4.0%	15 or more YOS

For specific plan details, please contact Human Resources or reach out to Vanguard directly at www.vanguard.com or call 1.800.523.1188.

OTHER BENEFITS

HEALTH ADVOCATE (866.695.8622)

Health Advocate is a free advocacy service to assist you and your family in your health, dental, and flex care needs, issues and financial responsibilities. They can also get estimates; help negotiate fees for non-covered services and find the right doctors, dentists, specialists or other providers.

VACATION POLICY (PRO-RATED BASED ON SCHEDULED HOURS)

Employees are eligible after 2 months of employment. Campus staff have 20 working days per fiscal year (July 1st-June 30th). Other Staff/Employees vacation schedule below:

Partial fiscal year: 1 working day per month, after two full months of employment

1st – 4th full fiscal years: 10 working days

5th – 11th full fiscal years: 15 working days

12th+ full fiscal year: 20 working days

PERSONAL SICK LEAVE (PRO-RATED BASED ON SCHEDULED HOURS)

Campus Staff: are eligible for pay during an illness or disability based on available funding.

Other Staff/Employees: 1 working day accrued for each month, maximum accrual of 20 working days (can be used for personal or family illnesses. Doctor and dentist visits (including psychiatric counseling) are considered sick time.

FELLOWSHIP FUND

InterVarsity's Fellowship Fund is a pool of money maintained to assist staff members who are experiencing unusual financial hardship. A grant may be requested up to \$3,500.

ADOPTION ASSISTANCE

The plan provides for payment of 90% of adoption expenses up to a maximum of \$7,500 per adoption. Full-Time ongoing employees are eligible after one year of service. You may request reimbursement up to the maximum provided after the child has been placed with you. This benefit is limited to two adoptions per family.

Benefits paid under this plan are not considered taxable income. Thus, federal and state taxes will not be withheld; only FICA taxes will be withheld.

IMPORTANT NOTICES

Federal regulations require InterVarsity Christian Fellowship to provide benefit eligible employees with the following important notices:

PRIVATE HEALTH INFORMATION

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as "protected health information" (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan's HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan's Notice of Privacy Practices that describes the Plan's policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact the Human Resources Department.

WOMEN'S HEALTH & CANCER RIGHTS ACT

InterVarsity's medical plans, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

NOTICE OF PRESCRIPTION DRUG CREDITABLE COVERAGE

InterVarsity provides a "Notice of Prescription Drug Creditable Coverage" to all Medicare eligible participants on an annual basis. This notice states that under the Anthem Rx Plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare Prescription Drug Coverage.



PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP, and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

The annual open enrollment plan choices are available only once a year. The choices you make will remain in effect until the next annual open enrollment, unless you experience a qualifying event or lose eligibility under another plan. If you decline enrollment for yourself or your dependents (spouse or children) because of other insurance or group plan coverage, you may be able to enroll yourself and your dependents in this plan or switch to another plan option for which you are eligible if:

- You or your dependents lose eligibility for that other coverage; or
- The employer stops contributing towards your or your dependents' other coverage.

However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

The plan will also allow a special enrollment opportunity if you or your eligible dependent(s) either:

Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible; or
Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 30 days from the date of the Medicaid/CHIP eligibility change to request enrollment in the group medical plan. This new 30-day period does not apply to any other special enrollment situations. To request Special Enrollment, or obtain more information, contact the Human Resources Department.

CONTACTS

You may contact your local Human Resources representative or the carriers with specific benefit coverage questions.

BENEFIT	CARRIER	PHONE	WEB
Medical Plans	Anthem UHA (Hawaii) UHC (Overseas)	877.251.2058 800.458.4600 877.844.0280	www.anthem.com www.uhahealth.com www.uhcglobal.com
LiveHealth Online (Anthem Members Only)	Anthem	888.548.3432	livehealthonline.com
Benefit Decision Support	Alex	n/a	https://www.myalex.com/intervarsity-christian-fellowship-usa/2023
Dental Plans	MetLife	800.942.0854	www.metlife.com
Vision Plan	VSP	800.877.7195	www.vsp.com
Life, AD&D and Disability Insurance Plans	MetLife	800.438.6388	www.metlife.com
Flexible Spending Accounts (FSAs) Health Savings Accounts (HSAs)	EBC	800.346.2126	www.ebcflex.com
Advocacy Program	Health Advocate	866.695.8622	www.healthadvocate.com/members
Employee Assistance Program (EAP)	Optum	866-248-4096	www.liveandworkwell.com Enter company code: IVCF
Retirement Plan	Vanguard	800.523.1188	www.vanguard.com



The information provided in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal or tax advice or legal or tax opinion on any specific facts or circumstances. Readers and participants are urged to consult their legal counsel and tax advisor concerning any legal or tax questions that may arise. Any tax advice contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter.



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