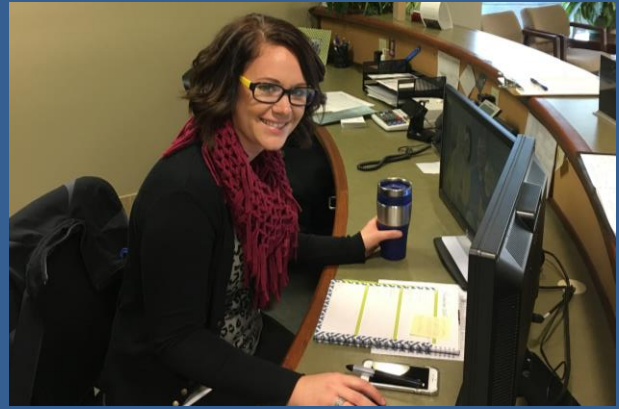




Benefits Summary





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
- Flexible Spending Accounts
- Employee Assistance Program (EAP)

Feeling Secure

- 403(b) Retirement Plan
- Basic Life & AD&D and Voluntary Life
- Elective Benefits - Colonial

Work/Life Balance

- Time Off

Medical Insurance



Medical

The health insurance plan is provided by Wellmark BlueCross BlueShield 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 H.S.A. plan to choose from. To find a provider, please go to www.wellmark.com.

Wellmark BCBS of IA Plans	Traditional Plan	H.S.A. Plan	Traditional Plan
Deductible			
Individual	\$1,000	\$2,600	\$4,000
Family	\$3,000	\$5,200	\$8,000
Coinsurance	80%	90%	80%
Out-of-Pocket Maximum (Includes deductible)			
Individual	\$2,700	\$3,500	\$6,350
Family	\$8,100	\$7,000	\$12,700
Lifetime Maximum	No Maximum Benefit		
Physician Services			
Primary Care Physician Office Visit	100% after \$30 Copayment per visit	90% after Deductible has been met	80% after \$40 Copayment
Specialist Office Visit	100% after \$60 Copayment per visit	90% after Deductible has been met	80% after \$40 Copayment
Adult Routine Exams	100%, Deductible does not apply	100%, Deductible does not apply	100%, Deductible does not apply
Pediatric Routine Exams	100%, Deductible does not apply	100%, Deductible does not apply	100%, Deductible does not apply
Spinal Treatment (20 visits per calendar year)	100% after \$30 Copayment per visit	90% after Deductible has been met	80% after \$40 Copayment
Vision Exam (one exam every two years)	100% after \$60 Copayment per visit	100% after Deductible has been met	80% after \$40 Copayment
Hospital Services			
Inpatient / Outpatient	80% after Deductible has been met	90% after Deductible has been met	80% after Deductible has been met
Emergency Room	100% after \$150 Copayment per visit	90% after Deductible has been met	80% after \$150 Copayment
Prescription Drug Coverage			
Retail (30-day Supply)			
Tier 1	\$10 Copayment	100% after Deductible has been met	\$10 Copayment
Tier 2	\$30 Copayment		\$30 Copayment
Tier 3	\$50 Copayment		\$50 Copayment
Mail Order (90-day supply)			
Tier 1	\$30 Copayment	100% after Deductible has been met	\$30 Copayment
Tier 2	\$90 Copayment		\$90 Copayment
Tier 3	\$150 Copayment		\$150 Copayment
NOTE: Check your summary benefit booklet for out-of-network benefits. Certain services may require precertification.			

2017 Premium Amounts for full time employees are as follows:

Wellmark Traditional \$1,000 Deductible Plan	Total Monthly Premium	Employer Pay Period Contribution	Employee Pay Period Contribution
Employee Only	\$688.88	\$238.43	\$79.51
Employee +Spouse	\$1,429.81	\$438.87	\$221.04
Employee + Child(ren)	\$1,368.79	\$419.90	\$211.85
Family	\$1,597.19	\$490.88	\$246.29

Wellmark HDHP \$2,600 H.S.A Plan	Total Monthly Premium	Employer Pay Period Contribution	Employee Pay Period Contribution
Employee Only	\$562.45	\$221.58	\$38.01
Employee +Spouse	\$1,163.86	\$411.29	\$125.88
Employee + Child(ren)	\$1,114.32	\$393.51	\$120.79
Family	\$1,299.71	\$460.02	\$139.84

Wellmark Traditional \$4,000 Deductible Plan	Total Monthly Premium	Employer Pay Period Contribution	Employee Pay Period Contribution
Employee Only	\$534.42	\$208.60	\$38.06
Employee +Spouse	\$1,104.89	\$390.05	\$119.90
Employee + Child(ren)	\$1,057.90	\$373.20	\$115.07
Family	\$1,233.76	\$436.27	\$133.15

Health Savings Account (HSA) contribution by Hope Haven

- If you choose the H.S.A medical plan in 2017, Hope Haven has made a decision to make a contribution of \$500 single/\$1,000 family towards a Health Savings Account to be used to pay for medical expenses (you will receive a debit card).*
- First pay period in 2017, Hope Haven will deposit \$150 single/\$350 family into the account and spread the remaining amount over the next 25 pay periods (\$14 single/\$26 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 \$3,400 single/\$6,750 family COMBINED contribution from Hope Haven and you for 2017.
- If you enroll in the H.S.A. medical plan, besides completing a Wellmark BCBS of IA enrollment form, you will also need to complete an enrollment form for the Health Savings Account with Discovery Benefits.

*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.

Flexible Spending Accounts (FSA)



Flexible Spending Accounts

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income. Our FSAs are offered through our partnership with Secure Benefits Systems.

Health Care 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 \$2,600). 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, co-insurance and prescription copays
- Over-the-counter supplies, over-the-counter medications if you have a written prescription from your physician. Insulin does not require a prescription from your physician.

Dependent Care FSA

The Dependent Care FSA lets employees use pre-tax dollars towards 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 Employee Assistance Program (EAP)?

A comprehensive, confidential Employee Assistance Program 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.

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.

Elective Benefits



Hope Haven also offers a variety of elective benefits. Elective benefits differ from your regular health insurance by paying benefits in cash, directly to you, instead of to a doctor's office or hospital. The benefits are paid to you to help offset lost income, pay for deductibles and co-insurance cost, as well as providing cash for other "non-medical" expenses.

Please contact Micah Vis, V&S Marketing, at 712-470-4037 with any questions you may have about the elective benefits.

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 Years Day
- 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 ½ your hourly rate.

Jury Duty

If you are required to report for Jury Duty we will reimburse you for the difference between your hourly rate and jury pay. Please see the Human Resources department for specific detail on this benefit if needed.

Bereavement/Funeral Leave

You are eligible for up 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.