

YOU KNOW WHAT THE

THE Benefits Guide

CEDARCREEKCHURCH

REVISED MARCH 6, 2018



That's why at CedarCreek Church 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
- Dental
- Vision Care

Feeling Secure

- Short and Long Term Disability Insurance
- Life and Accidental Death & Dismemberment
- Voluntary Life/Dependent Life
- Section 125

Work/Life Balance

- Accident, Critical Illness
- Employee Assistance Plan

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Important Annual Notices

Important annual notices only pertain to you if you are a full-time eligible employee and are on CedarCreek's healthcare plan.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- 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 of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

FMLA – Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job

Employees are eligible if they have worked for a covered employer at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employee within 75 miles.

Important Annual Notices

Premium Assistance Under Medicaid and 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.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial [1-877-KIDS NOW](tel:1-877-KIDS-NOW) or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) generally provides that certain qualified beneficiaries who lose coverage under an employer-sponsored health plan may elect to continue coverage under the plan in certain situations. COBRA applies only to employers with 20 or more employees. If an employer has fewer than 20 employees, those employees may have continuation coverage rights under state continuation coverage law (sometimes referred to as "mini-COBRA") rather than COBRA.

Medical Insurance

Who is Eligible?

If you are a full-time employee working 30 or more hours per week you and your family members are eligible to enroll in the benefits described in this guide.

When Should I Enroll? Initial Enrollment / Open Enrollment

Cedar Creek Church has a zero day wait, employees become eligible on their date of full-time hire for group benefits. Eligible employees are defined as all full-time, regularly scheduled to work 30 hours/week or more. Open Enrollment is the month of March for Medical, Dental and Vision Benefits. The benefits you elect during open enrollment will be effective April 1.

How do I Enroll?

Review your current benefit elections, verify your personal information, and make any changes if necessary, during open enrollment only. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

How do I Make Changes? What is a Qualifying Event?

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

Covered Member Responsibilities

Marriage: You are required to report a marriage to your employer, within 30-days. A copy of the marriage license and insurance company applications are required to change your name, beneficiary, address, or to add or delete dependents from the benefit plans

Birth/Adoption: You are required to add a new child, either by adoption or by natural birth, within 30-days from the date of birth or acquisition. A copy of the Birth Certificate or Court document is required

Court Orders: If you are enrolling a dependent child(ren), whose coverage might be governed by a divorce decree, or other support order, please look at your documents carefully. Depending upon how your divorce or court order was written, the dependent may NOT be eligible for this plan. **If your court order specifies that the other parent is responsible for health insurance coverage** (or payment of health care claims if there is no insurance), **then this plan might not cover your child(ren).** A copy of the court documents or Medical Support Notice is required to enroll a dependent child(ren).

Different last name for spouse or children: Insurance companies or your employer may require proof such as marriage license, birth certificate, court document, or recent tax form, to show that dependents with different last names are your legal dependents. Enrollment or payment of claims may be pended until proof is received. Please be prepared to submit this documentation if requested by the carrier or your employer. Your dependent may not be enrolled if documentation is not received when requested.

Divorce or Legal Separation: If you become legally separated or divorced, it is required that you submit a copy of the appropriate finalized court papers within 30 days of the event in order to make any changes to your plan elections. You may be unable to change your plan elections without this documentation.

Medical Insurance – Plan Design

Below is an overview of our current plan designs with United Healthcare (UHC). These PPO HSA medical plan options allow you the freedom to use providers in and out of the network. Participating providers and hospitals can be found on the website myUHC.com. The network is *Choice Plus*.

- Your dependent children are eligible to be on this plan until the date they turn age 26.

Plan Provisions (Showing In-Network only) Effective April 1, 2018 – March 31, 2019	United Healthcare (UHC) Health Savings Account (HSA) Plan 1	United Healthcare (UHC) Health Savings Account (HSA) Plan 2
Deductible (employee/family)	\$3,500 / \$6,000	\$5,000 / \$10,000
Coinsurance %	0% after Ded.	25% after Ded.
Out-of-Pocket (employee/family)	\$5,500 / \$6,850	\$6,000 / \$12,000
Office Visit Copay (PCP/Specialist)	Ded, then \$25 / \$50	25% after Ded.
Inpatient/Outpatient Co-Insurance	0% after Ded.	25% after Ded.
Preventive Services	Paid at 100%	Paid at 100%
Prescription Drug (tier 1, tier 2, tier 3)	Ded, then \$10/ \$35 / \$60	Ded, then \$10 / \$35 / \$60
Emergency Room /Urgent Care	Ded, then \$250 / \$75 copays	25% after Ded / 25% after Ded.

2018 Plan Year Defined Contribution:

If you choose to enroll in one of the above UHC medical plans, CedarCreek Community Church will contribute the below amounts towards the cost for you and your family to be covered on the group health plan. These amounts will be applied towards the plan cost of your choice.

Employee (EE)	Employee & Spouse (ES)	Employee & Child/ren (EC)	Family (FF)
\$5,015	\$10,030	\$10,030	\$15,044

Medical Insurance - HRA

Health Reimbursement Account (HRA) – Employee (EE)

- Used in conjunction with the United Healthcare medical plans outlined on page 6
- Allows employees to be reimbursed for dollars spent towards deductible limitations from **in-network services only**
- The HRA is administered by Consumer Driven Administrators, LLC (CDA)
- Below are the HRA steps for Plans 1 and 2 for **Employee (EE)**

Employee Only (EE) \$3,500/\$6,000 Deductible Plan	Employee Only (EE) \$5,000/\$10,000 Deductible Plan
<u>United HealthCare – Step 4</u> Plan pays 100% after the maximum out of pocket of \$5,500 has been met	<u>United HealthCare – Step 4</u> Plan pays 100% after the maximum out of pocket of \$6,000 has been met
<u>Employee Paid – Step 3</u> Employee responsible for copay amounts until maximum out of pocket has been reached (\$2,000)	<u>Employee Paid – Step 3</u> Employee responsible for copay amounts until maximum out of pocket has been reached (\$1,000)
<u>Employer HRA – Step 2</u> After you have met your \$2,000 Deductible CedarCreek HRA will reimburse the next \$1,500 of medical expenses – See HRA Claim FlowChart	<u>Employer HRA – Step 2</u> After you have met your \$3,500 Deductible CedarCreek HRA will reimburse the next \$1,500 of medical expenses – See HRA Claim FlowChart
<u>Employee Paid – Step 1</u> \$2,000 Employee Deductible This will be paid 100% by Employee	<u>Employee Paid – Step 1</u> \$3,500 Employee Deductible This will be paid 100% by Employee

Defined Contribution Amount for Employee Only (EE)

- If you elect employee only coverage, CedarCreek will provide a defined contribution of **\$5,015** to use for employee healthcare choices
- This defined contribution will be applied towards the total cost of your benefit elections in medical, and voluntary plans
- If the cost of your benefit elections exceed \$5,015, the remainder of the costs will be deducted from payroll
- If the cost of your benefit elections are less than \$5,015, then you may contribute the remainder into a Health Savings Account (HSA) or have it applied to payroll as taxable income

Medical Insurance - HRA

Health Reimbursement Account (HRA) –Employee + One (ES/EC)

- Below are the HRA steps for Plans 1 and 2 for Employee + One (ES/EC)

Employee + One (ES/EC) \$3,500/\$6,000 Deductible Plan	Employee Only + One (ES/EC) \$5,000/\$10,000 Deductible Plan
<u>United HealthCare – Step 4</u> Plan pays 100% after the maximum out of pocket of \$6,850 has been met	<u>United HealthCare – Step 4</u> Plan pays 100% after the maximum out of pocket of \$12,000 has been met
<u>Employee Paid – Step 3</u> Employee responsible for copay amounts until maximum out of pocket has been reached (\$850)	<u>Employee Paid – Step 3</u> Employee responsible for copay amounts until maximum out of pocket has been reached (\$2,000)
<u>Employer HRA – Step 2</u> After you have met your \$3,000 Deductible CedarCreek HRA will reimburse the next \$3,000 of medical expenses – See HRA Claim FlowChart	<u>Employer HRA – Step 2</u> After you have met your \$7,000 Deductible CedarCreek HRA will reimburse the next \$3,000 of medical expenses – See HRA Claim FlowChart
<u>Employee Paid – Step 1</u> \$3,000 Employee Deductible This will be paid 100% by Employee	<u>Employee Paid – Step 1</u> \$7,000 Employee Deductible This will be paid 100% by Employee

Defined Contribution Amount for Employee + One (ES/EC)

- If you elect employee + One coverage, CedarCreek will provide a defined contribution of **\$10,030** to use for employee healthcare choices
- This defined contribution will be applied towards the total cost of your benefit elections in medical, and voluntary plans
- If the cost of your benefit elections exceed \$10,030, the remainder of the costs will be deducted from payroll
- If the cost of your benefit elections are less than \$10,030, then you may contribute the remainder into a Health Savings Account (HSA) or have it applied to payroll as taxable income
- If you are a full time eligible employee, and married to another full time eligible employee, your defined contribution will not be doubled if enrolled in the same plan as your spouse

Medical Insurance - HRA

Health Reimbursement Account (HRA) – Family (FF)

- Below are the HRA steps for Plans 1 and 2 for Family (FF)

Family (FF) \$3,500/\$6,000 Deductible Plan	Family (FF) \$5,000/\$10,000 Deductible Plan
<u>United HealthCare – Step 4</u> Plan pays 100% after the maximum out of pocket of \$6,850 has been met	<u>United HealthCare – Step 4</u> Plan pays 100% after the maximum out of pocket of \$12,000 has been met
<u>Employee Paid – Step 3</u> Employee responsible for copay amounts until maximum out of pocket has been reached (\$850)	<u>Employee Paid – Step 3</u> Employee responsible for copay amounts until maximum out of pocket has been reached (\$2,000)
<u>Employer HRA – Step 2</u> After you have met your \$3,000 Deductible CedarCreek HRA will reimburse the next \$3,000 of medical expenses – See HRA Claim FlowChart	<u>Employer HRA – Step 2</u> After you have met your \$7,000 Deductible CedarCreek HRA will reimburse the next \$3,000 of medical expenses – See HRA Claim FlowChart
<u>Employee Paid – Step 1</u> \$3,000 Employee Deductible This will be paid 100% by Employee	<u>Employee Paid – Step 1</u> \$7,000 Employee Deductible This will be paid 100% by Employee

Defined Contribution Amount for Family (FF)

- If you elect Family coverage, CedarCreek will provide a defined contribution of **\$15,044** to use for employee healthcare choices
- This defined contribution will be applied towards the total cost of your benefit elections in medical, and voluntary plans
- If the cost of your benefit elections exceed \$15,044, the remainder of the costs will be deducted from payroll
- If the cost of your benefit elections are less than \$15,044, then you may contribute the remainder into a Health Savings Account (HSA) or have it applied to payroll as taxable income
- If you are a full time eligible employee, and married to another full time eligible employee, your defined contribution will not be doubled if enrolled in the same plan as Family (FF)

HRA Process

HRA Claim Flowchart

Employee has claim – The employee presents the primary insurance ID card and the provider will bill the insurance carrier for services



Employee will receive an Explanation of Benefits (EOB) from the insurance carrier



After employee has reached their portion of the deductible, employee submits EOB for reimbursement, along with the CDA Claim Form (fax, email or mail to CDA directly, contact information is at the bottom of each claim form)



CDA will process the claim and issue an HRA Explanation of Benefits (EOB). The HRA EOB and any applicable reimbursement check will be mailed to the employee directly to their home address on record. Standard claim run is the 1st and 15th of each month

P.O. Box 117 Luckey, Ohio 43443
PH: 419-833-2600 FAX: 419-833-2604 Toll Free: 877-810-2600
Claims email: claims@cdatpa.com Website: www.cdatpa.com

CDA Claim Form is available online at Creekhelpp.com>HR>Benefits>HRA

Health Savings Account (HSA)

- Used in conjunction with the United Healthcare medical plan
- An HSA account can be opened using **State Bank**
- The 2018 maximum HSA contributions are \$3,450 single / \$6,900 family, there is also a \$1,000 catch-up provision for individuals 55 and older
- An HSA allows employees to pay certain IRS-approved out of pocket medical care expenses such as co-pays and deductibles with pre-tax dollars
- Unspent dollars are rolled over each year
 - A complete list of qualified medical expenses can be found at CreekHelp.com/HR/Benefits, or click [HERE](#)

Premium Expense Plan (Section 125)

- The Premium Expense Plan is allowed under the IRS tax code. It reduces your amount of taxable income by allowing you to pay for your insurance premiums on a pre-tax basis
- All employees participating in the insurance plans are eligible

Medicare & Medicare Part D

- If you are 65 or older and are actively at work, working full-time you may remain on our group health insurance plan as Primary. In some instances, it may be beneficial to review options to enroll with Medicare Part A & B, Medicare Supplements and Medicare Part D.
- If you or your dependent is eligible for Medicare, you (or they) may defer enrollment into one of Medicare Part D programs until later, since you are already covered under our employer-sponsored prescription drug plan. People who are eligible to enroll in Medicare Part D benefits at age 65, but decide not to enroll until later, will have the opportunity to enroll in Part D benefits between October 15th and December 7th each year during open enrollment. We have determined that the prescription drug coverage offered by our plan on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. This will allow you to keep your current coverage and not pay a higher premium (penalty) if you later decide to join a Medicare drug plan.

GETTING STARTED

Using your website and mobile app

Register on myuhc.com and start getting more from your benefits.

The more you know about health care costs and the options you have, the easier it may be for you to make better decisions. When you register on myuhc.com, you will have helpful tools and information to help you manage and improve your health, and save money.

- ▶ Track claims and expenses for each family member
- ▶ Stay on top of your medical history
- ▶ Plan ahead for tests and treatments
- ▶ Receive tips for improving your health

Registration is quick and simple:

- 1 Go to myuhc.com.
- 2 Click on *Register Now*. You'll need your health plan ID card, or you can use your Social Security number and date of birth to register.
- 3 Follow the step-by-step instructions.

Quick access to items most often used

Your health plan name and numbers you may need

Information about new services and programs

Health tools and resources in different languages

Quick access to a nurse



Personalize and go green

Go to Account Settings to personalize your site, turn off paper delivery and more.

- ▶ Change your mailing preferences
- ▶ Identify your race, ethnicity and language
- ▶ Turn on direct deposit
- ▶ Register for *Healthy Mind Healthy Body*®



UnitedHealthcare Health4MeSM Mobile App

Download our Health4Me mobile app to your Apple® or Android® smartphone or tablet and see how easy it is to find nearby physicians, check the status of a claim, see your account balance or speak directly with a nurse. You can even pull up an image of your health plan ID card if it's not in your wallet.



Health4Me

Basic Life Insurance – UNUM

- Employer pays the full cost of this coverage for full-time employees
- Full-time employees receive a benefit of \$30,000 group life and accidental death and dismemberment (AD&D) insurance

Long Term Disability – UNUM

- Employer pays the full cost of this coverage for full-time employees
- Pays in the event you become disabled from a non-work related injury or sickness

Long-Term Disability	
Benefits Begin	90 Day Elimination Period
Benefits Payable	Social Security Retirement Age
Percentage of Income Replaced	60%
Maximum Benefit	Up to \$8,000 monthly



Short Term Disability – UNUM

- Employer pays the full cost of this coverage for full-time employees
- Pays in the event you become disabled from a non-work related injury or sickness

Short-Term Disability	
Benefits Begin	0 Day Accident/Injury / 7 Day Sickness
Benefits Payable	Up to 13 weeks
Percentage of Income Replaced	60%
Maximum Benefit	Up to \$1,000 weekly

Employee Assistance Program - UNUM

- Your Work-Life Balance program is provided at no additional charge
- This program can help you find solutions for the everyday challenges of work and home as well as more serious issues involving emotional and physical well-being
- Issues such as: Child care/elder care referrals, personal relationship information, health information, legal consultations with licensed attorneys, financial planning
- Easy access through Telephone, Face to Face, and Educational material



**Life's stresses
aren't a game**

Real solutions are close at hand
with the Employee Assistance
Program (EAP)


unum.com
EN-1917 (11-14)

Work-life Balance Employee Assistance Program

Toll-free, 24-hour access

- 1-800-854-1446: English
- 1-877-858-2147: Spanish
- 1-800-999-3004: TTY/TDD

Online access
www.lifebalance.net; user ID and password: lifebalance



Voluntary Vision Insurance – UNUM

- Coverage is available for you, spouse, and dependent children at employee cost
- Dependent Children can be covered under this plan until age 26
- Participating providers can be found on AlwaysAssist.com
- Out of Network benefits have a higher copay, see overview on next page

Services	
Exam Copay	\$10 Copay, once every 12 months
Materials Copay	\$25 Copay
Lens Frequency	Once every 12 months for a full set of frames in lieu of contact lenses
Frames Frequency	Once every 24 months after \$25 copay up to \$150 retail allowance
Contact Lenses	Elective Contacts: Up to \$125 Necessary contact lenses: Covered in full

Voluntary Dental Insurance – UNUM

- Coverage is available for you, spouse, and dependent children at employee cost
- Dependent children can be covered under this plan until the age of 26
- Participating providers can be found on AlwaysAssist.com (Dentamax)
- Carryover Benefit – If insured submits claims and does not exceed the threshold maximum, you will be awarded a carryover benefit the next benefit year
- The coinsurance is the same level in and out of network (blind PPO). If you seek services with an out of network provider, you may be subject to balance billing
- See overview on next page

Services	
Preventive Services	100% - Exams, cleanings, (2x per year) x-rays, sealants
Deductible	\$50 Single/\$150 Family
Basic Services	80% - Fillings, simple extractions, oral surgery, root canals
Major Services	50% - Crowns, bridges, dentures
Annual Maximum	\$1,500 per person per calendar year
Orthodontia	\$1,500 per person per lifetime, dependent children to age 19



Unum VisionSM

Quality eye care meets convenience

CedarCreek Community Church

Effective date: 04/01/2017

Plan features:

- Our network offers members access to convenient, quality care with more than 40,000 vision access points¹, including independent optometrists and retail stores like Walmart, Sam's Club, JCPenney, Sear's Optical, America's Best and many more!
- Manage benefits online with AlwaysAssist.com and on-the-go with the AlwaysAssist mobile app.

AlwaysAssist.com
Online benefits management

AlwaysAssist App
Available on the App Store | GET IT ON Google play

Covered benefits:

Exam: Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid below.

Materials: Each member may purchase eyewear in the form of an eyeglass frame and lenses, or contact lenses. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame benefit:** You may choose any frame within a provider's collection, subject to the retail frame allowance listed below. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Eyeglass lens benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal and trifocal lenses are generally covered after any applicable materials copay. Plan allowances are listed below for specialty lenses. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Contact lens benefit:** Members electing contact lenses instead of glasses may apply the contact lens allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, you are responsible for the difference. The contact allowance will apply to the retail cost of contact lenses and to any professional fitting fee charged by the provider. Some providers, operating independently of the optical store, may charge separately for the fit and evaluation, permitting the contact lens benefit to be used fully for materials.

Laser vision correction: Discounts are available with participating surgery providers across the country (not an insured benefit)

Overview:

Vision Care Services	All Participating Providers	Out-of-Network
Exam (1 per 12 month)	\$10 Co-pay	Up to \$35
Materials	\$25 Co-pay	See Below
Standard Plastic Lenses: (1 per 12 month)		
Single Vision	Covered by Co-pay	Up to \$25
Bifocal	Covered by Co-pay	Up to \$40
Trifocal	Covered by Co-pay	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Progressive	\$70 allowance	Up to \$40
Lens Options:		
Scratch resistant coating	Covered at Wal-Mart only	N/A
Polycarbonate Lenses for children to age 19	Covered	N/A
Frames: (1 per 24 months)		
Members choose from any frame available at provider locations.	Up to \$150 allowance	Up to \$50 retail
Contact Lenses ¹ : (1 per 12 months)	\$0 Co-pay	
(Includes fit ⁴ , follow-up and materials)		
Elective	Up to \$125 allowance	Up to \$100
Medically Necessary	Covered	Up to \$210

1. NetMinder data (September 2016).

2. Final rates subject to home office underwriting verification of participation and other factors. Members must enroll for a minimum of 12 months.

3. Contact lenses are in lieu of eyeglass lenses and frames.

4. Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.

- Dependent children to age 19 only.



Unum DentalSM

A smile-worthy dental plan

CedarCreek Community Church

Effective date: 04/01/2017

Plan features:

- 100% coverage for preventive services
- See any dentist or maximize your benefits by utilizing our national network of more than 304,000+ dental access points with discounted fees for in-network services
- Manage benefits online with AlwaysAssist.com and on-the-go with the AlwaysAssist mobile app.

AlwaysAssist.com

Online benefits management

AlwaysAssist App



Overview:

Deductible:

Maximum 3 per family.
Applies to Basic (Class B)
and Major (Class C)
Services.

\$50 per benefit year

Coinsurance:

The plan pays the
following percentages of
maximum allowable
charges for each class:

Class A	Preventive	100%
Class B	Basic	80%
Class C	Major	50%
Class D	Orthodontics	50%

Benefit Maximums:

(Class A, B, and C
benefits).

\$1500 per benefit year

Carryover Benefit:

\$350, Threshold Limit \$700,
Carryover Account Maximum
\$1250

Covered procedures and waiting periods:

Preventive Services (Class A):

No waiting period

- Routine exams (2 per 12 months)
- Prophylaxis (2 per 12 months)
 - (1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy)
- Bitewing x-rays (maximum of 4 films) (1 per 12 months)
- Fluoride treatment for children up to age 16 (1 per 12 months)
- Sealants for children up to age 16 (permanent molars 1 per 36 months)
- Space maintainers for children up to age 16 (1 per 24 months)
- Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for age 40+)
- Full mouth / panoramic x-rays (1 per 24 months)

Basic Services (Class B):

No waiting period

- Emergency treatment (1 per 12 months)
- Simple restorative services (fillings) (benefit allowed for amalgam restorations on posterior teeth)
- Simple extractions
- Oral surgery (extractions and impacted teeth) & anesthesia (subject to review, covered with complex oral surgery)
- Non-Surgical periodontics
- Endodontics (root canals)
- Surgical periodontics (gum treatments)

Major Services (Class C):

No waiting period

- Inlays and onlays
- Repair of crown, denture, or bridge
- Crowns, bridges, dentures and endosteal implants (in lieu of an approved 3-unit bridge)

Orthodontics (Class D):

No waiting period

- Separate maximum lifetime benefit: \$1,500
- Up to 25% of lifetime allowance may be payable on initial banding.
- Dependent children to age 19 only.

Voluntary Life Insurance – UNUM

- Coverage is available for you, spouse and dependent children at employee cost
- Available for employees working 20+ hours per week (part and full- time)
- Annual open enrollment available - employees can apply for additional benefit units up to the maximum benefit available under the plan
- Evidence of Insurability is required for requests over \$80,000 for employee and \$25,000 for spouse
- Maximum coverage up to 5x of employee annual salary
- Spouse can elect up to 100% of the employee election to the plan maximum
- Coverage is Portable

Voluntary 24/7 Accident Insurance – Allstate

- Coverage is available for you, spouse and dependent children at employee cost
- Available to employees working 20+ hours per week (part and full- time)
- Pays a lump sum benefit based on the type of injury sustained and treatment needed. For example for broken bones, cuts, burns, ER visits, physician treatments and hospital stay.
- Coverage is Portable

Voluntary Critical Illness Insurance – Allstate

- Coverage is available for you, spouse and dependent children at employee cost
- Available to employees working 20+ hours per week (part and full- time)
- True Guarantee Issue with Underwriting guidelines when first hired
- Pre-existing exclusion will apply, 12 months prior and 12 months after policy effective date
- Allstate's Critical Illness policy pays a tax-free lump sum benefit, based on the date of diagnosis, up to 100% of the policy's face amount if the insured becomes diagnosed with a covered critical illness
- Employee, spouse and child coverage option of \$10,000
- Covered Critical Illnesses: Heart Attack, Stroke, Major Organ Transplant, End Stage Renal (Kidney) Failure, Coronary Artery Bypass Surgery, Cancer and Carcinoma in Situ (Optional Rider)

*Go to Creekhelpp.com for more detailed information

*Overview sheets and individual rates are on next pages

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

Worksheet

Calculate your costs

1. Enter the Term Life coverage amount you want.
†
2. Divide by the amount shown.
3. Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age. (Choose the age you will be when your coverage becomes effective on 04/01/2017. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 04/01/2017.)
4. Enter your bi-weekly cost.

Term Life	1	2	3	4
Employee	\$_____,000	÷ \$10,000 = \$_____	X \$_____	= \$_____
Spouse	\$_____,000	÷ \$5,000 = \$_____	X \$_____	= \$_____
Child	\$_____,000	÷ \$2,000 = \$_____	X \$_____	= \$_____
Total cost				

Term Life bi-weekly rate for employee		Spouse bi-weekly rate	Child bi-weekly rate
Age	Per \$10,000 of coverage Cost	Per \$5,000 of coverage Cost	\$0.350 per \$2,000 of coverage
15 - 24	\$0.240	\$0.164	
25 - 29	\$0.263	\$0.180	
30 - 34	\$0.355	\$0.240	
35 - 39	\$0.526	\$0.344	
40 - 44	\$0.803	\$0.517	
45 - 49	\$1.251	\$0.808	
50 - 54	\$1.842	\$1.198	
55 - 59	\$2.635	\$1.770	
60 - 64	\$3.392	\$2.453	
65 - 69	\$4.823	\$3.494	
70 - 74	\$9.125	\$6.607	
75+	\$28.205	\$20.423	

1. Enter the AD&D coverage amount you want.
†
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate

AD&D	1	2	3	4
Employee	\$_____,000	÷ \$10,000 = \$_____	X \$0.132	= \$_____
Spouse	\$_____,000	÷ \$5,000 = \$_____	X \$0.069	= \$_____
Child	\$_____,000	÷ \$2,000 = \$_____	X \$0.029	= \$_____
Total cost				



Group Accident Insurance

Helps cover costs associated with injury treatments

Group voluntary accident coverage from Allstate Benefits pays cash benefits for expenses associated with an accidental injury and can help protect hard-earned savings should an off-the-job accidental injury occur.



group accident insurance (off-the-job)

BASE ACCIDENT BENEFITS

Accidental Death*	Employee Spouse Child	PLAN \$60,000 \$30,000 \$15,000
Common Carrier Accidental Death*	Employee Spouse Child	\$300,000 \$150,000 \$75,000
Dismemberment ¹	Employee Spouse Child	up to \$60,000 up to \$30,000 up to \$15,000
Dislocation or Fracture ²	Employee Spouse Child	up to \$6,000 up to \$3,000 up to \$1,500
Hospital Confinement ³		\$1,500
Daily Hospital Confinement ³		\$300
Intensive Care ³		\$600
Ambulance	Regular Ambulance Air Ambulance	\$300 \$900
Accident Physician Treatment*		\$150
X-ray*		\$300
Emergency Room Services*		\$300
BENEFIT ENHANCEMENTS		PLAN
Lacerations ²		\$150
Burns*	< 15% of body surface > 15% or more	\$300 \$1,500
Skin Graft (% of Burns Benefit)*		50%
Brain Injury Diagnosis ⁴		\$450
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) ⁴		\$150
Paralysis ⁴	Paraplegia Quadriplegia	\$22,500 \$45,000
Coma with Respiratory Assistance ⁴		\$30,000
Open Abdominal or Thoracic Surgery ⁴		\$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery ⁴ Exploratory	\$1,500 \$450
Ruptured Disc Surgery ⁴		\$1,500
Eye Surgery*		\$300
General Anesthesia		\$300
Blood and Plasma*		\$900
Appliance*		\$375
Medical Supplies*		\$15
Medicine*		\$15
Prosthesis*	One Device Two or More	\$1,500 \$3,000
Physical Therapy ⁷		\$90
Rehabilitation Unit ¹⁰		\$300
Non-Local Transportation ¹¹		\$1,200
Family Member Lodging ⁹		\$300
Post-Accident Transportation ⁷		\$600
Accident Follow-Up Treatment ¹¹		\$150
ADDITIONAL RIDER BENEFIT		PLAN
Outpatient Physician's Benefit ¹²		\$100

*Benefits are payable
once/covered accident/
covered person

¹based on amounts shown
in the Injury Benefit
Schedule on reverse

²once/covered person/year

³per day, max. 90 days

⁴payable once/covered
person

⁵payable once/covered
person/accident/year

⁶2 or more procedures
through same entry point
are considered 1 operation

⁷per day, max. 6
treatments/accident/
covered person

⁸per trip, max. 3
times/accident

⁹per day, max. 30 days

¹⁰per day, max. 30
days/covered person/
confinement, max. 60
days/year

¹¹per day, max. 2
treatments/accident/
covered person

¹²per visit, max. 2 visits/
year, 4 if dependents
are covered



Allstate.
BENEFITS

injury benefit schedule

Benefit amounts for coverage and one occurrence are shown below.
Covered spouse gets 50% of the amounts shown and children 25%.

LOSS OF LIFE OR LIMB	PLAN
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$60,000
One eye, hand, arm, foot, or leg	\$30,000
One or more entire toes or fingers	\$6,000
COMPLETE DISLOCATION	PLAN
Hip joint	\$6,000
Knee or ankle joint*, bone or bones of the foot*	\$2,400
Wrist joint	\$2,100
Elbow joint	\$1,800
Shoulder joint	\$1,200
Bone or bones of the hand*, collarbone	\$900
Two or more fingers or toes	\$420
One finger or toe	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN
Hip, thigh (femur), pelvis**	\$6,000
Skull**	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$2,400
Foot**, hand or wrist**	\$2,100
Lower jaw**	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$900
One rib, finger or toe, coccyx	\$420

*Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). **Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

premiums - low plan

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.93	\$5.71	\$7.96	\$9.97
Bi-Weekly	\$7.86	\$11.42	\$15.92	\$19.94
Semi-Monthly	\$8.52	\$12.37	\$17.24	\$21.59

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

Issue Ages: 18 and over If Actively at Work

PROTECTION solutions

What can **living** with a **critical illness** mean to you?

mortgage doctor prescriptions

Daily out-of-pocket expenses for fighting the disease while still paying your bills!

On average, every 40 seconds, someone in the United States has a stroke.¹

¹Heart Disease and Stroke Statistics - 2011 Update, American Heart Association

GVCIP2 **GROUP CRITICAL ILLNESS INSURANCE**
Best in Benefits SeriesSM

 **Allstate**
BENEFITS

group voluntary critical illness benefit amounts

INITIAL CRITICAL ILLNESS BENEFITS

	PLAN
Heart Attack (100%)	\$10,000
Stroke (100%)	\$10,000
Coronary Artery Bypass Surgery (25%)	\$2,500
Major Organ Transplant (100%)	\$10,000
End Stage Renal Failure (100%)	\$10,000
Waiver of Premium (Employee only)	Yes

CANCER CRITICAL ILLNESS BENEFITS

Invasive Cancer (100%)	\$10,000
Carcinoma in Situ (25%)	\$2,500

CRITICAL ILLNESS ADDITIONAL BENEFIT

Second Event Initial Critical Illness Benefit ¹	Yes
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SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II

Advanced Alzheimer's Disease (25%)	\$2,500
Advanced Parkinson's Disease (25%)	\$2,500
Benign Brain Tumor (100%)	\$10,000
Coma (100%)	\$10,000
Complete Blindness (100%)	\$10,000
Complete Loss of Hearing (100%)	\$10,000
Paralysis (100%)	\$10,000

ADDITIONAL BENEFITS

Wellness Benefit (per year)		\$75
Second Evaluation Benefit Rider		
Second Consultation		\$1,000
Non-Local Transportation ² (per trip or mile)	Air Fare	\$500
	Personal Vehicle	\$0.50
Outpatient Lodging ³ (daily)		\$100
Family Member Lodging ³ (daily)		\$100
and Transportation ² (per trip or mile)	Air Fare	\$500
	Personal Vehicle	\$0.50

¹ Pays same amount as Initial Critical Illness Benefit

² Limit \$5,000/12 mo. period

³ Limit \$1,000/12 mo.

weekly premiums

PLAN - \$10,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$2.21	\$3.50	\$2.21	\$3.50
36-50	\$4.78	\$7.35	\$4.78	\$7.35
51-60	\$9.60	\$14.58	\$9.60	\$14.58
61-63	\$14.91	\$22.54	\$14.91	\$22.54
64+	\$22.06	\$33.27	\$22.06	\$33.27

tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$3.28	\$5.10	\$3.28	\$5.10
36-50	\$7.71	\$11.74	\$7.71	\$11.74
51-60	\$15.76	\$23.82	\$15.76	\$23.82
61-63	\$22.78	\$34.35	\$22.78	\$34.35
64+	\$33.90	\$51.03	\$33.90	\$51.03

bi-weekly premiums

PLAN - \$10,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$4.42	\$7.00	\$4.42	\$7.00
36-50	\$9.56	\$14.70	\$9.56	\$14.70
51-60	\$19.20	\$29.16	\$19.20	\$29.16
61-63	\$29.82	\$45.08	\$29.82	\$45.08
64+	\$44.12	\$66.54	\$44.12	\$66.54

tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$6.56	\$10.20	\$6.56	\$10.20
36-50	\$15.42	\$23.48	\$15.42	\$23.48
51-60	\$31.52	\$47.64	\$31.52	\$47.64
61-63	\$45.56	\$68.70	\$45.56	\$68.70
64+	\$67.80	\$102.06	\$67.80	\$102.06

semi-monthly premiums

PLAN - \$10,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$4.79	\$7.59	\$4.79	\$7.59
36-50	\$10.34	\$15.91	\$10.34	\$15.91
51-60	\$20.79	\$31.59	\$20.79	\$31.59
61-63	\$32.29	\$48.84	\$32.29	\$48.84
64+	\$47.79	\$72.09	\$47.79	\$72.09

tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$7.09	\$11.04	\$7.09	\$11.04
36-50	\$16.69	\$25.44	\$16.69	\$25.44
51-60	\$34.14	\$51.61	\$34.14	\$51.61
61-63	\$49.34	\$74.41	\$49.34	\$74.41
64+	\$73.44	\$110.56	\$73.44	\$110.56

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family.

Issue Ages: 18 and over if Actively at Work

Who do I contact if I have questions regarding my benefits?

For general questions regarding your benefits, you may contact our HR Department, 419-661-8661 or email HR@CedarCreek.tv

Who do I contact if my employer cannot answer my questions?

If your question is in regards to how something is covered under a specific benefit or regarding a medical bill, you should contact your provider directly for the fastest answer. You may also call the Customer Service 800# on the back of your card.

What is the next step if my provider did not answer my question?

If your provider is unable to answer your question, you can contact your benefits plan manager, Stapleton Insurance Group. Your representative's name is Annie Ragland and she can be reached at (419) 720-6446 or Annie@StapletonInsurance.com. Your benefits plan manager will need a signed HIPAA authorization form and copies of your bills or EOBs before your provider will speak with them regarding your questions or concerns.

What do I do if I am not sure a medical bill was properly paid?

Collect all billing statements and Explanations of Benefits (EOBs) that relate to your claim. Match up the bills with the EOBs, so you can compare how the insurance company processed the claim with how you've been billed. (If you don't have a matching EOB, call the number on your ID card to make sure the insurance company received it.) If the amounts don't match, call your doctor's office and ask them why you're being billed a different amount from what the EOB says you owe.

What other questions can my Benefits Plan Manager help me with?

If you have tried to resolve an issue with the insurance company on any of the following items and are unable to get the answers you need, Stapleton Insurance can help!

- Plan information or explanation
- Help with claims
- Information on eligibility
- Help with doctor, hospital or other provider issues
- Help with prescriptions

What changes can I make during open enrollment?

You can enroll or terminate individual and/or dependent coverage in the medical, dental, vision plans. You can also enroll in the pre-tax insurance premium plan and add or make changes to the Voluntary Plans.

What forms do I need to complete at initial enrollment, or with a qualifying event?

You will need to complete a provider specific enrollment form for each coverage you wish to purchase and/or participate in. Forms to be completed:

- United Healthcare: Medical
- Online Election Form
- StateBank: to open an HSA Bank Account
- UNUM: Dental, Vision
- UNUM: Employer Paid LTD, STD, Group Life, Voluntary Life Insurance
- Allstate: Critical Illness, Accident

When are the forms due and where do I return them?

New Hire: Return to HR within 30 days of hire date

Open Enrollment: Month of March

Summary of Benefits and Coverage (SBC)

SBC's will be provided to each employee at initial enrollment, and during open enrollment. SBC's are always available when requested, and can be viewed on our website Creekhelp.com.

Please contact HR if you did not receive your copy.



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide 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 Guide 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 your Guide, contact Human Resources.

Terms to Understand

Medical Premiums – The monthly cost the insurance carrier charges employers to have an insurance plan

Deductible – Portion of your medical expenses you will be responsible for before the insurance company will start to pay for your medical expenses

Health Savings Accounts (HSA) – A bank account you set up specifically to pay for qualified medical expenses on a tax free basis. This account is subject to federal government regulations. Employee funds and owns the account.

Health Reimbursement Account (HRA) – Employer funded health plan that reimburses employees for out of pocket medical expenses after a certain threshold. Employer funds and own the account

High Deductible Plan - Insurance plan that meets established federal guidelines. You must have a qualified high deductible health plan in order to have an HSA bank account.

Explanation of Benefits (EOB) – This is a form you receive from your insurance provider after a claim is filed. It describes the medical expenses incurred with the date of service, and the amount you and the amount the insurance carrier is responsible for.

Affordable Care Act (ACA) – Commonly referred to as ObamaCare. This is a government law that sets regulations and restrictions on what medical plans can and cannot be offered to employees, and what kind of information that we as an employer are required to report to the government

Defined Contribution – This is the amount of dollars that CedarCreek Church is providing to you to spend on your healthcare needs. We have a set dollar amount for an Employee, Employee + One, and Family coverage. You can choose one or a combination of medical, dental, vision, and the voluntary offerings.

Coinsurance – Expenses that come into play after you have met your deductible, including copays for prescriptions or office visits.

Out of Network Provider – A doctor who does not have a contract with our insurance carrier. This can lead to very high additional costs to an employee if you choose to utilize their services.

Maximum Out of Pocket – The total amount an employee is responsible for in a plan. Accumulation of deductible, coinsurance, and copays equals the out of pocket. After the maximum out of pocket has been met, the insurance carrier picks up the cost at 100% for the remainder of the year

Calendar Year Deductible – Even though our renewal date is April 1st, our medical deductible runs on a calendar year January 1st through December 31st, and resets each January

Benefit Contacts

	<ul style="list-style-type: none"> ○ Benefits Account Manager 	<p>Annie Ragland Email: annie@stapletoninsurance.com (419) 517-1063</p>
	<ul style="list-style-type: none"> ○ Medical Insurance ○ Group number: 7K1376 	<p>www.myuhc.com Member Services: (866) 414-1959</p>
	<ul style="list-style-type: none"> ○ Prescriptions 	<p>www.optumrx.com Customer Service: (800) 788-4863</p>
	<ul style="list-style-type: none"> ○ Dental ○ Vision ○ Group number: 00424330 	<p>www.alwayscarebenefits.com Customer Service: (888) 400-9304</p>
	<ul style="list-style-type: none"> ○ Basic Life Insurance & AD&D ○ Short Term Disability ○ Long Term Disability ○ Voluntary Supplemental Life ○ Voluntary Short Term Disability ○ Employee Assistance Program ○ Group number: 424206 	<p>www.unum.com Customer Service: (866) 679-3054</p>
	<ul style="list-style-type: none"> ○ Health Reimbursement Account 	<p>www.cdatpa.com Customer Service: (419) 833-2600 Email: Claims@cdatpa.com Fax: 419-833-2604</p>
	<ul style="list-style-type: none"> ○ Health Saving Account 	<p>Perrysburg Banking Location Member Services: (419) 874-2090</p>
	<ul style="list-style-type: none"> ○ Accident ○ Critical Illness ○ Group number: V5863 	<p>www.allstatebenefits.com Customer Service: (888) 282-2550</p>