

# **Benefits Guide**

**2017**



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 and Vision Care

## **Feeling Secure**

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

## **Work/Life Balance**

- Critical Illness
- Accident

# Important Annual Notices

## 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 employer 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](http://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](http://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](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

## COBRA and State Continuation

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?

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, domestic partnership status change, 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, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partner'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

Below is an overview of our current plan design with United Healthcare (UHC). This PPO HSA medical plan allows you the freedom to use providers in and out of the network. Participating providers and hospitals can be found on the website [myUHC.com](http://myUHC.com). The network is *Choice Plus*.

- Your dependent children are eligible to be on this plan until the end of the month in which they reach age 26 (unless the adult dependent waiver applies)

Plan Provisions (Showing In-Network only) Effective April 1, 2017 – March 31, 2018	United Healthcare (UHC) Health Savings Account (HSA)
Deductible (single/family)	\$3,000 / \$6,000
Coinsurance %	0% after Ded.
Out-of-Pocket (single/family)	\$5,000 / \$10,000
Office Visit Copay (PCP/Specialist)	Ded, then \$25 / \$50
Inpatient/Outpatient Co-Insurance	0% after Ded.
Preventive Services	Paid at 100%
Prescription Drug (generic/pref brand/non-pref brand)	Ded, then \$10/\$35/\$60
ER/Urgent Care Copay	Ded, then \$250 / \$75

- After you meet your deductible, the plan pays at 100% for medical services. The copays listed are what accumulate towards your out of pocket maximum.

## Your Cost in 2017:

If you choose to enroll in the UHC medical plan, there is no cost to participate.

Single	Employee & Spouse	Employee & Child	Family
No Cost	No Cost	No Cost	No Cost

## Spousal Waiver and Adult Dependent Policy:

An employee's spouse who is eligible for group health insurance through his or her own employer should be enrolled in their own employers group health plan. CedarCreek will allow a spouse to be enrolled if they choose not to enroll in their employers plan, however, the employee will be responsible for 100% of the spousal portion of the premium. Same rules apply for an Adult Dependent who is age 19 or older.

Bi Weekly Cost Share: \$180.

## Health Savings Account (HSA)

- Used in conjunction with the United Healthcare medical plan
- An HSA account can be opened using Optum Bank
- Cedar Creek will contribute \$1,500 single / \$3,000 family Annually
- Additional employee HSA contributions will be matched up to \$500 single / \$1,000 family.
- “Deductible Hardship Grant”. If an employee reached their maximum deductible of \$3,000 Single / \$6,000 Family, they can apply for a “Hardship Grant”. CedarCreek will review each case and consider whether to grant an additional \$500 to their HSA Account. (and verify IF they have not exceeded their annual maximum contribution limit).
- The 2017 maximum HSA contributions are \$3,400 single / \$6,750 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
- At complete list of eligible expenses can be found at [www.irs.gov](http://www.irs.gov)

## 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



# 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.

**myuhc.com**

**Quick access to items most often used**

- View My Claims**
- Look up My Benefits**
- FIND A DOCTOR**
- Manage My Prescriptions**

**Information about new services and programs**

**Health tools and resources in different languages**

**Quick access to a nurse**

**Your health plan name and numbers you may need**

**Take charge. Know more.**

**Plan Details**

**My Coverage: Active 000000**

**Plan Name: Medical Plan**

**Group/Account: 0000000**

**Member ID: 000000000**

**Related Web Sites**

- African American Health
- SpinaWoman
- Other Languages
- English
- Spanish
- Tiếng Việt



## 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 Health4Me<sup>SM</sup> Mobile App

Quick access to items most often used

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



## Vision Insurance – UNUM

- Employer pays the full cost of this coverage for full time employees
- You may opt out only if you have coverage through a spouse's employer
- 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 highlight sheet 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

## Dental Insurance – UNUM

- Employer pays the full cost of this coverage for full time employees
- You may opt out only if you have coverage through a spouse's employer
- 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.
- Out of Network benefit have the same percentage as In-Network (blind PPO)

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 Vision<sup>SM</sup>

## 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 points<sup>1</sup>, 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 <sup>3</sup> : (1 per 12 months)	\$0 Co-pay	
(Includes fit <sup>4</sup> , 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.



## Unum Dental<sup>SM</sup>

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 2<sup>nd</sup> or 3<sup>rd</sup> 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.

## Basic Life Insurance – UNUM

- Employer pays the full cost of this coverage
- 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

## Voluntary Short Term Disability – UNUM

- Available only for employees working 20-29 hours per week (part time)
- Employee is responsible for cost of coverage
- Pays in the event you become disabled from a non-work related injury or sickness
- Rates are Age Banded

Short-Term Disability	
Benefits Begin	0 Day Accident/Injury / 7 Day Sickness
Benefits Payable	Up to 13 weeks
Monthly Benefit	60% of Income to a maximum of \$3,000

## 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)
- Employee is responsible for cost of coverage
- Guarantee issue for all employees during open enrollment up to \$70,000 for employee, \$25,000 for spouse and \$10,000 for children
- 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)
- Employee is responsible for cost of coverage
- 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)
- Employee is responsible for cost of coverage
- 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)

\*See HR for individual rates on all voluntary products



## **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

## **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](mailto: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
- StateBank: to open an HSA Bank Account
- UNUM: Dental, Vision
- UNUM: Employer Paid LTD, STD, Group Life, Voluntary Life Insurance, Vol STD
- Allstate: Critical Illness, Accident
- Spousal Waiver Form / Adult Dependent Form

## **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. 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.*