

2024 BENEFITS GUIDE



FELLOWSHIP
BIBLE CHURCH





BENEFITS OVERVIEW

Fellowship Bible Church is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits (Medical and Dental), and Fellowship Bible Church provides other benefits at no cost to you (Basic Life/AD&D and Long Term Disability). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

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BENEFITS OFFERED

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA) and Health Savings Account (HSA)
- Basic Life and AD&D
- Voluntary Life and AD&D
- Voluntary Short-Term Disability
- Long Term Disability
- Cancer, Accident, and Permanent Term Life

ELIGIBILITY

You and your dependents are eligible for Fellowship Bible Church benefits on the first of the month following your full-time date of hire.

Eligible dependents are your spouse, children under age 26, and disabled dependent children.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days. Some examples of this would include:

- Marriage or Divorce
- Loss or Gain of Spouse's Employment
- Birth or Adoption of a child
- Loss of a Dependent
- Death of a Dependent
- Court or Administrative Order
- Legal Guardianship

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



EMPLOYEE CONTRIBUTIONS

EMPLOYEE CONTRIBUTIONS FOR BENEFITS

BENEFIT PLAN	PER PAY PERIOD
Medical/Rx PPO	
Employee	\$67.00
Employee + Spouse	\$142.00
Employee + Child(ren)	\$120.50
Family	\$163.50
Medical/Rx HDHP <i>Enrolling in this plan includes Fellowship's \$50 per pay period contribution to your HSA!</i>	
Employee	\$49.00
Employee + Spouse	\$103.50
Employee + Child(ren)	\$88.00
Family	\$119.25

BENEFIT PLAN	PER PAY PERIOD
Dental Rates	
Employee	\$9.25
Employee + Spouse	\$18.25
Employee + Child(ren)	\$20.75
Family	\$31.50
Vision Rates	
Employee	\$5.14
Employee + Spouse	\$9.50
Employee + Child(ren)	\$10.28
Family	\$14.40

VOLUNTARY LIFE RATES PER \$1,000—USABLE LIFE

Employee	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 -74	75+
Employee	\$0.056	\$0.061	\$0.081	\$0.114	\$0.177	\$0.298	\$0.516	\$0.822	\$1.362	\$2.389	\$4.018
Spouse	\$0.056	\$0.061	\$0.081	\$0.114	\$0.177	\$0.298	\$0.516	\$0.822	\$1.362	\$2.389	\$4.018
Child(ren)	\$0.160										

VOLUNTARY AD&D RATES PER \$1,000—USABLE LIFE

Employee Rate	Spouse Rate	Child(ren)Rate
\$0.020	\$0.020	\$0.050



MEDICAL BENEFITS

Administered by Arkansas BlueCross BlueShield

Fellowship Bible Church offers you a choice of a PPO and High Deductible Health Plan (HDHP). The **PPO** has set copays for some services and a deductible and coinsurance for others. With the **HDHP**, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. After you meet the deductible, the health plan pays 100% of your covered in-network claims for the rest of the year. If you are enrolled in the HDHP, your employer contributes to a Health Savings Account on your behalf.

	PPO		HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited	
Annual Deductible	\$1,000 single \$2,000 family	\$3,000 single \$6,000 family	\$3,200 single \$6,400 family	\$6,400 single \$12,800 family
Annual Out-of-Pocket Maximum (includes deductible)	\$3,000 single \$6,000 family	\$6,000 single \$12,000 family	\$3,200 single \$6,400 family	\$12,800 single \$25,600 family
Coinsurance	20%	40%	0%	20%
DOCTOR'S OFFICE				
Primary Care Office Visit	\$30 copay	40% after deductible	0% after deductible	20% after deductible
Specialist Office Visit (Coinsurance may apply to additional services)	\$50 copay; 20% may apply	40% after deductible	0% after deductible	20% after deductible
Preventive Care (Child and Adults)	0%	20% after deductible	0%	20% after deductible
Diagnostic Test	20% after deductible	40% after deductible	0% after deductible	20% after deductible
Imaging	20% after deductible	40% after deductible	0% after deductible	20% after deductible
PRESCRIPTION DRUGS				
Retail—Generic (30-day supply)	\$15 copay		0% after deductible	Not covered
Retail—Preferred Brand (30-day supply)	\$35 copay			
Retail—Non-preferred Brand (30-day supply)	\$55 copay			
Retail—Specialty (30-day supply)	\$110 copay			
Mail Order—Generic (100-day supply)	\$30 copay		N/A	N/A
Mail Order—Preferred Brand (100-day supply)	\$70 copay			
Mail Order—Non-preferred Brand (100-day supply)	\$110 copay			
Mail Order—Specialty (100-day supply)	\$220 copay			
HOSPITAL SERVICES				
Emergency Room	20% after deductible	20% after deductible	0% after deductible	0% after deductible
Inpatient	20% after deductible	40% after deductible	0% after deductible	20% after deductible
Outpatient Surgery (Includes surgery, diagnostics, lab and X-ray)	20% after deductible	40% after deductible	0% after deductible	20% after deductible
Ambulance Service	20% after deductible	20% after deductible	0% after deductible	0% after deductible

MEDICAL BENEFITS (Continued)

Administered by Arkansas BlueCross BlueShield

	PPO		HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
MENTAL HEALTH SERVICES				
Inpatient Services	20% after deductible	40% after deductible	0% after deductible	20% after deductible
Outpatient Services				
SUBSTANCE ABUSE SERVICES				
Inpatient Services	20% after deductible	40% after deductible	0% after deductible	20% after deductible
Outpatient Services				
OTHER SERVICES				
Maternity Services	20% after deductible	40% after deductible	0% after deductible	20% after deductible
All other maternity hospital/physician services				
Physical, Occupational and Speech Therapy Services	Inpatient: 20% after deductible; Outpatient: \$30 copay, 0% after deductible Inpatient limited to 60 days and Outpatient limited to 30 visits total)	Inpatient: 40% after deductible; Outpatient: 40% after deductible Inpatient limited to 60 days and Outpatient limited to 30 visits total)	0% after deductible*	20% after deductible*

** Visit limitations may apply to some service types.

Blue Cross Resources

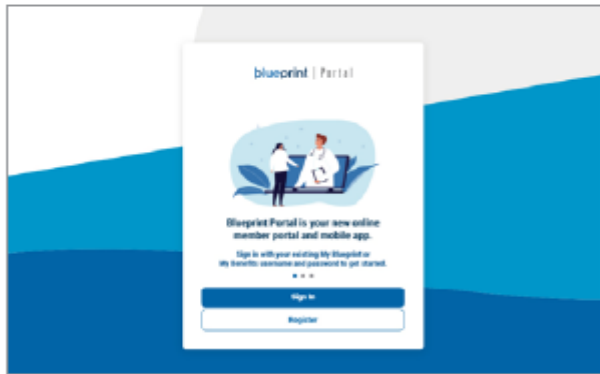
Blueprint Portal

Arkansas Blue Cross and Blue Shield members have access to health plan information 24 hours a day, seven days a week with Blueprint Portal.



With Blueprint Portal, you can:

- Access, share, fax or order a replacement ID card
- Review real-time claims status and history
- Check your deductible
- Find a doctor or hospital
- Estimate your treatment costs
- View your personal health record
- Review a recent doctor visit



How to register for Blueprint Portal

- Go to blueprintportal.com
- Select **Register**
- Follow the instructions. All you need is your:
 - Member ID or the last four digits of your Social Security number
 - Name
 - Date of birth

And anyone covered on your health plan can set up a Blueprint Portal account.

Already registered?

If you're already a Blueprint Portal user, simply go to blueprintportal.com and enter your username and password to sign in and access your account.



No ID Card? No Problem!

With the Blueprint Portal app, you can access, share or fax your ID card while in your doctor's office. You can also access many more Blueprint Portal features.



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Blue Cross Resources







blueprint

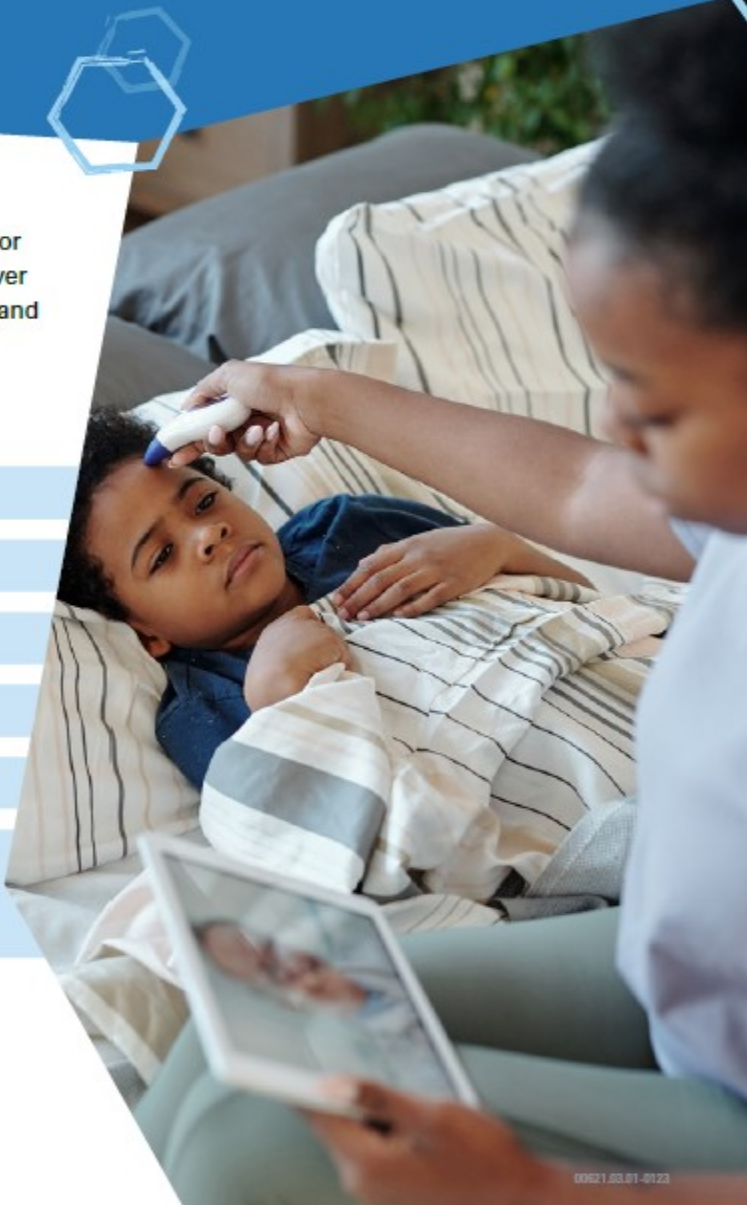
... Virtual Health ... BEHAVIORAL | MEDICAL

Wouldn't it be great if you had professional counselors and personal doctors on call 24/7? You do!

Avoid the cost and inconvenience of going to the ER for nonemergency medical conditions. Use your computer or phone to access board-certified physicians from wherever you are, providing you with the answers, prescriptions, and referrals you need to get better.

Use it for nonemergencies like:

-  **Family trouble**
-  **Substance use problems**
-  **Job stress**
-  **A sinus infection**
-  **Stomach problems**
-  **Your child's fever
*(pediatricians are available)***



Blue Cross Resources

Register today, so when you need care, help is available.

State-licensed, board-certified physicians and psychiatrists, and licensed therapists are always ready and waiting around the clock.

Go to myvirtualhealth.com and follow the simple steps to register or sign in.

Anytime your emotional condition might make you a danger to yourself or others, seek inpatient care immediately. And go to the ER for medical emergencies like broken bones, excessive bleeding, dangerously high fever, symptoms of heart attack or stroke, etc.



Virtual Health is perfect for nonemergency conditions such as:

Behavioral health conditions:

- Addictions
- Anxiety
- Depression
- Bipolar disorders
- Eating disorders
- LGBTQ support
- Grief and loss
- Relationship issues
- Men's issues
- Panic disorders
- Stress management
- Trauma and PTSD
- Women's issues

Medical conditions:

- Allergies
- Common cold
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Flu
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Respiratory problems
- Sore throat
- Urinary problems
- Vomiting



Virtual Health currently is available to all fully insured health plans but not available to all health plans. Members with an active medical plan whose coverage includes Virtual Health should be able to successfully register via the link within Blueprint Portal. Your benefit summary will indicate if Virtual Health is available to you.

Behavioral health benefits through Virtual Health are available for select members served by Arkansas Blue Cross and Blue Shield. For coverage verification, call the number on the back of your member ID card or contact your group administrator.

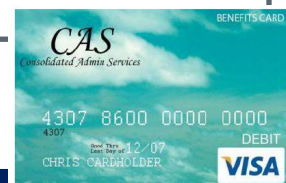
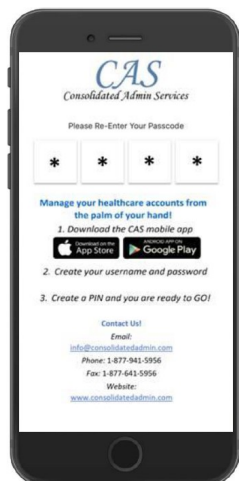
Spending Accounts—Health Care HSA & FSA

Paying for Health Care. FBC offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	Health Savings Account (HSA)*	Flexible Spending Account (FSA)
What medical plan can I choose?	HDHP	PPO
What expenses are eligible?	Medical, prescription drug, dental, vision, and qualified over-the-counter expenses (See IRS publication 502 for a full list of eligible expenses)	
When can I use the funds?	Funds are available as you contribute to the account	All of the funds you elect for the year are available January 1
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you change employment or retire)	No, you will lose any funds remaining in your account at the end of the year, except that you have a “grace period” to March 15 of next year to use any remaining contributions from the prior plan year for eligible expenses incurred
How do I pay for eligible expenses?	With your CAS debit card and you can also submit claims for reimbursement online at www.consolidatedadmin.com	With your CAS debit card and you can also submit claims for reimbursement online at www.consolidatedadmin.com
How much can I contribute each year?	\$4,150 for individual coverage or \$8,300 for family coverage (this total includes employer funding) in 2024. (Age 55 or older may contribute an additional \$1000)	The health care FSA contribution limit was \$3,050 in 2023. The IRS announces the new contribution limit in Nov for the next year. Proliant will be updated to reflect the new limits.
Does my employer contribute to my account?	Yes, FBC contributes \$100 per month (\$50 per pay period) to your HSA.	No
Can I change my contributions throughout the year?	Yes, contact Human Resources regarding changing your contribution amounts	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

*Note: If you are enrolled in Medicare, by law you are not allowed to contribute to a Health Savings Account.

- You can check your HSA or FSA account balance and file claims from the **CAS Mobile App** or online at www.consolidatedadmin.com.
- You may also use your CAS Visa to pay for qualified expenses.
- If you have questions about your FSA or HSA, please contact CAS at 877-941-5956 or info@consolidatedadmin.com



To get started, follow these three simple steps.

- 1**
Download CAS Mobile APP by searching Consolidated Admin Services in App Store or Google Play
- 2**
Click “Forgot Password” – Complete Setup & Security Question Process
* Your User ID is: First Name Initial, Last Name and Last 4 digits of SS#*
- 3**
Login to begin using the Mobile App

Spending Accounts—Dependent Care FSA

Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses. This plan is also administered by Consolidated Admin Services (CAS).

	Dependent Care FSA
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, Dependent Care funds that are not used during the plan year are forfeited.
How do I pay for eligible expenses?	With your CAS debit card (you can also submit claims for reimbursement online at www.consolidatedadmin.com)
How much can I contribute each year?	You can contribute \$5,000 to your dependent health care FSA in 2024 if married and filing jointly, or you are a single parent. If you are married and filing separate, you can contribute a maximum of \$2,500.



FSA & HSA Eligible Expenses



Eligible and
Ineligible Items:
FSA & HSA

Maximize the Value of Your Reimbursement Account

Below is a list of expenses currently eligible and not eligible by the Internal Revenue Service ("IRS") as deductible medical expenses. This list is not necessarily inclusive or exclusive, and may be subject to change based on regulations, IRS revenue rulings and case law. It is solely based on our current interpretation of IRC Section 213(d) and is not intended to be legal advice.

For a complete up-to-date list of HSA Eligible Products & Services please reference [IRS Publication 502](#).

Eligible Expenses		
<p>BABY/CHILD TO AGE 13</p> <ul style="list-style-type: none"> ■ Lactation Consultant* ■ Lead-Based Paint Removal ■ Special Formula* ■ Tuition: Special School/Teacher for Disability or Learning Disability* ■ Well Baby /Well Child Care <p>DENTAL</p> <ul style="list-style-type: none"> ■ Dental X-Rays ■ Dentures and Bridges ■ Exams and Teeth Cleaning ■ Extractions and Fillings ■ Oral Surgery ■ Orthodontia ■ Periodontal Services <p>EYES</p> <ul style="list-style-type: none"> ■ Eye Exams ■ Eyeglasses and Contact Lenses ■ Laser Eye Surgeries ■ Prescription Sunglasses ■ Radial Keratotomy <p>HEARING</p> <ul style="list-style-type: none"> ■ Hearing Aids and Batteries ■ Hearing Exams <p>LAB EXAMS/TESTS</p> <ul style="list-style-type: none"> ■ Blood Tests and Metabolism Tests ■ Body Scans ■ Cardiograms ■ Laboratory Fees X-Rays 	<p>MEDICAL EQUIPMENT/SUPPLIES</p> <ul style="list-style-type: none"> ■ Air Purification Equipment* ■ Arches and Orthotic Inserts ■ Contraceptive Devices ■ Crutches, Walkers, Wheel Chairs ■ Exercise Equipment* ■ Hospital Beds* ■ Mattresses* ■ Medic Alert Bracelet or Necklace ■ Nebulizers ■ Orthopedic Shoes* ■ Oxygen* ■ Post-Mastectomy Clothing ■ Prosthetics ■ Syringes ■ Wigs* <p>MEDICAL PROCEDURES/SERVICES</p> <ul style="list-style-type: none"> ■ Acupuncture ■ Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care) ■ Ambulance ■ Fertility Enhancement and Treatment ■ Hair Loss Treatment* ■ Hospital Services ■ Immunization ■ In Vitro Fertilization ■ Physical Examination (not employment-related) ■ Reconstructive Surgery (due to a congenital defect, accident, or medical treatment) ■ Service Animals ■ Sterilization/Sterilization Reversal ■ Transplants (including organ donor) ■ Transportation* 	<p>MEDICATIONS</p> <ul style="list-style-type: none"> ■ Insulin ■ Prescription Drugs <p>OBSTETRICS</p> <ul style="list-style-type: none"> ■ Breast Pumps and Lactation Supplies ■ Doulas* ■ Lamaze Class ■ OB/GYN Exams ■ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth) ■ Pre- and Postnatal Treatments <p>PRACTITIONERS</p> <ul style="list-style-type: none"> ■ Allergist ■ Chiropractor ■ Christian Science Practitioner ■ Dermatologist ■ Homeopath ■ Naturopath* ■ Optometrist ■ Osteopath ■ Physician ■ Psychiatrist or Psychologist <p>THERAPY</p> <ul style="list-style-type: none"> ■ Alcohol and Drug Addiction ■ Counseling (not marital or career) ■ Exercise Programs* ■ Hypnosis ■ Massage* ■ Occupational ■ Physical ■ Smoking Cessation Programs* ■ Speech ■ Weight Loss Programs*

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

FSA & HSA Eligible Expenses

Please Note: Currently, the IRS does NOT allow the following expenses to be reimbursed under HSA, as they are not prescribed by a physician for a specific ailment.

Sample List of Ineligible Expenses

- Contact Lens or Eyeglass Insurance
- Cosmetic Surgery/Procedures
- Electrolysis
- Marriage or Career Counseling
- Swimming Lessons
- Personal Trainers
- Sunscreen (spf less than 30)

Note: This list is not meant to be all-inclusive.

Please Note: With the passage of the CARES Act (COVID-3 Stimulus Bill), effective 1/1/2020, the IRS will allow Over-the-Counter (OTC) medicines or drugs to be purchased with HSA funds without a prescription.

Eligible Over-the-Counter Medicines and Drugs

- Acid controllers
- Acne medications
- Allergy & sinus
- Antibiotic products
- Antifungal (Foot)
- Antiphrastic treatments
- Antiseptics & wound cleansers
- Anti-diarrhea's
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments & creams
- Baby teething pain
- Cold sore remedies
- Contraceptives
- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear care
- Eye care
- Feminine antifungal & anti-itch
- First aid burn remedies
- Foot care treatment
- Hemorrhoidal preps
- Homeopathic remedies
- Incontinence protection & treatment products
- Laxatives (non-fiber)
- Medicated nasal sprays, drops, & inhalers
- Medicated respiratory treatments & vapor products
- Menstrual Care Products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies
- Unmedicated vapor products

Note: This list is not meant to be all-inclusive.

OTC items that are not medicines or drugs remain eligible for purchase with HSAs. You can use your benefits card for these items.

Eligible Over-the-Counter Items

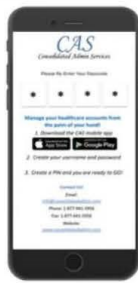
- **Baby Electrolytes and Dehydration**
- **Contraceptives**
Unmedicated condoms
- **Denture Adhesives, Repair, and Cleansers**
- **Diabetes Testing and Aids**
Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products
- **Diagnostic Products**
Thermometers, blood pressure monitors, cholesterol testing
- **Ear Care**
Unmedicated ear drops, syringes, ear wax removal
- **Elastics/Athletic Treatments**
Elastic bandages, braces/supports, hot/cold therapy, orthopedic supports, rib belts, splints & casts
- **Eye Care**
Contact lens care
- **Family Planning**
Pregnancy and ovulation kits
- **First Aid Dressings and Supplies**
Band Aid, 3M Nexcare, non-sport tapes
- **Foot Care Treatment**
Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles
- **Glucosamine &/or Chondroitin**
Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements
- **Hearing Aid/Medical Batteries**
- **Home Health Care (limited segments)**
Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs
- **Incontinence Products**
Attends, Depend, GoodNites for juvenile incontinence, Prevail
- **Menstrual Products**
Tampons, pads, menstrual cups
- **Nasal Care**
- **Prenatal Vitamins**
- **Reading Glasses and Maintenance Accessories**

HSA Investments - Manage from the CAS Mobile App!

Manage your HSA investments with the CAS Mobile App! HSA Funds over \$2,000 automatically go into your investment account. Contact Consolidated Admin Services (CAS) at 877-641-5956 for more information.

CONSUMER PORTAL QUICKSTART GUIDE: HSA INVESTMENT

Welcome to your Consolidated Administrative Services Benefit Accounts Consumer Portal. This one-stop portal gives you 24/7 access to view information and manage your Health Savings Account Investments. You also have the option to manage your accounts via our CAS mobile app. **You can download the app from the [Android Play Store](#) or [Apple App Store](#) on your phone by clicking these links or searching for Consolidated Admin Services in either app store.**



Our one-stop investment portal provides you with:

- Anytime, anyplace access to your HSA account and investments, including online portfolio changes and 24/7/365 availability
- Integrated access to your investments, meaning you only need to remember one username and password
- Fund performance and prospectus information for several available mutual funds
- View your investment account activity details
- Manage one-time investment transfers
- No trade/transfer fees

I opened my Health Savings Account with Consolidated Admin Services.

What should I do now?

Go to the Consumer Portal today! www.consolidatedadmin.com

- 1 **To Register Online:** Navigate to the top of the menu bar and click the drop-down arrow beside **“Logins”**. You will then select the **“Participant/Employee login”** hyperlink which will open a new browser window. It will give you the option to either login as an existing user or create an account as a new user. Once you select **“Get Started”** under the new user section you will be prompted to enter you first name, last name, zip code, and social or employee ID. **(Note: Always enter social rather than employee id)** Once you have properly completed the general information page it will then allow you to choose your security questions. The next page will ask for your contact information such as email, phone, and address. The username will automatically generate as your first initial, last name, and last four of social. You can then input a password of your choosing. You will be granted access into your account once you have signed the Terms & Conditions.
- 2 **CAS Mobile App:** After downloading our mobile app you will login to your account as normal or go through the process of setting your account up as a new user as described above
- 3 **Set up Investment Sweeps:** You will be surprised at how quickly your account will grow! Be ready to maximize your account by setting up your account to sweep to investments automatically at **\$2,000** or higher. See **“How do I sign up to Access/Sweep cash to Investments?”** instructions on page 2.

Medical Emergency Transport Services



Enroll in the Emergent Plus plan today and protect you and your family against the financial burden of massive out-of-pocket ambulance costs, all at an **affordable group rate.**



EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members \$0 in out-of-pocket costs for emergency transport.

Emergent Air Transportation

In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

Emergent Ground Transportation

In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

Non-Emergency Inter-Facility Transportation

In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

Repatriation/Recuperation

Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in excessive bills.


 **\$5,000**

 **\$60,000**

\$14 /MONTH

Contact Your MASA MTS Representative, **Lisa Cassidy-Lee, National Account Director** to learn more about membership plan options.

@ lcassadylee@masamts.com

 (270) 925-7508

The information provided in this product sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms and conditions please refer to the applicable member service agreement for your territory. MASA MTS products and services are not available where prohibited. For Florida residents, Medical Air Services Association of Florida, Inc. is doing business as MASA MTS and is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 operating in Florida at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.

Medical Emergency Transport Services



PLATINUM MEMBERSHIP BENEFITS

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Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

Escort Transportation

If you or a family member requires medical transportation, you may elect to have a family member or friend accompany you during the medical transport. This benefit is limited to space availability within the vehicle, giving due priority to medical personnel and equipment.

Visitor Transportation

If you or a family member is hospitalized more than 100-miles away from home for more than 7-days (consecutively), you may elect to have a family member or friend transported (by commercial airline) to be present while you recover.

Contact Your MASA MTS Representative, Lisa Cassady-Lee, National Account Director to learn more about membership plan options.

@ lcassadylee@masamts.com

Return Transportation

In the event a Member is hospitalized more than 100-miles away from home for more than 24-hours, Member has access to return transportation, upon their release, to the commercial airport nearest their home.

Mortal Remains Transportation

If you or a family member dies more than 100-miles from home, MASA shall pay (on behalf of the Member's estate) the airway bill associated with the return of the Member's mortal remains.

Minor Return

Suppose you require the use of one or more of the transportation benefits and, as a result of your need, a minor child (who is in your custody) is left unattended. Even if this occurs, the minor child will be covered for return transportation (by commercial airline) to the commercial airport nearest the child's home.

Organ Retrieval/Organ Transportation

In the event of an organ transplant procedure, MASA will arrange for the transportation of you or the transplant organ to the transplant site.

Vehicle Return

Suppose you use one or more of the member transportation benefits. As a result of using the benefit, you may elect to have MASA transport your ground vehicle to your home or rental return location.

Pet Return

If you use one or more of the member transportation benefits while with your pet, you may elect to have MASA MTS transport your pet home.

Worldwide Coverage

Contingent on a 10-day prior notice to MASA MTS of your travel plans, you have coverage for worldwide non-emergent air transportation, repatriation/recuperation, return transportation, escort transportation, visitor transportation, and mortal remains transportation. Coverage is limited to 90 days or less of travel.

\$39 /MONTH

The information provided in this product sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms and conditions please refer to the applicable member service agreement for your territory. MASA MTS products and services are not available where prohibited. For Florida residents, Medical Air Services Association of Florida, Inc. is doing business as MASA MTS and is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 operating in Florida at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.

VER: PMPSLAVS1.050521

SOURCE: Welch, Shari. "Emergency Department Usage Trend Data Can Help Physicians Prepare for Patients." ACEP Now <http://bit.ly/3qBvNrc>



DENTAL BENEFITS

Administered by Delta Dental of Arkansas

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Fellowship Bible Church dental benefit plan.

SERVICES	DELTA DENTAL PPO PLUS PREMIER	
	PREMIER & IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$1,000	\$1,000
Preventive Dental Services (cleanings, exams, x-rays)	100%	90%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80%	72%
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50%	45%
Orthodontia Services (Orthodontic services for children to age 19 to the end of the month year in which the child reaches age 26)	50% to \$1,000 lifetime maximum	45% to \$1,000 lifetime maximum

Carryover Benefit: If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year and the total Benefit does not exceed \$499 in that Benefit Year, up to \$250 will carry over to the next Benefit Year’s Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000.

Evidence Based Dentistry: For covered members with diabetes, heart disease, a history of periodontal disease, or who are pregnant, Delta Dental will cover up to four routine cleanings or periodontal maintenance procedures per year.



Finding In-network Dentists

You pay less for services when you use a dentist in the Delta Dental network. You can find an in-network dentist by visiting www.deltadental.com or calling 1.800.462.5410.



VISION BENEFITS

Administered by Delta Dental of Arkansas

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. Delta Dental uses the EyeMed Insight Network, which includes Wal-Mart.

SERVICE	DELTA VISION [®] 150	
	IN-NETWORK (ANY DELTA VISION PROVIDER)	OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE)
Eye Exam — once every 12 months	\$10 copay	Up to \$30
LENSES — ONCE EVERY 12 MONTHS		
Single Vision Lenses	\$10 copay	Up to \$25
Bifocal Lenses	\$10 copay	Up to \$40
Trifocal Lenses	\$10 copay	Up to \$55
Lenticular Lenses	N/A	
Frames — once every 12 months	\$150 retail allowance; 20% off balance over retail allowance	Up to \$75
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		
Conventional	\$150 retail allowance	Up to \$120
Disposable	\$150 retail allowance	Up to \$120
Medically Necessary	Covered in full	Up to \$210

Finding In-network Eye Doctors

You can find an in-network eye doctor in the EyeMed Insight network by visiting www.deltadentalar.com or downloading the EyeMed Members App. You may also contact EyeMed at 888-922-4875.





LIFE INSURANCE BENEFITS

Basic Life/AD&D Insurance—USABLE Life

Fellowship Bible Church provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to eligible employees through USABLE Life. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates through USABLE Life.

Voluntary Life/AD&D Insurance—USABLE Life

You may elect to cover you, your spouse, and children. This benefit is 100% employee paid. New hires have Guaranteed Issue opportunity up to \$150,000 on yourself and \$30,000 on your spouse. If you are not a new hire or you chose to elect coverage above these amounts, you will need to answer health questions by completing the Evidence of Insurability forms.

	How it Works	Basic Life/AD&D (Employer-paid benefit)	Voluntary Life/AD&D (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	Amounts of \$25,000, \$50,000, or \$100,000 depending on employee classification and length of service*	<p>You: Increments of \$10,000 to a maximum of \$500,000. Guaranteed Issue for New Hires: \$150,000</p> <p>Your spouse: Increments of \$5,000 up to \$250,000. Guaranteed Issue for New Hires: \$30,000</p> <p>Your child(ren): 6 months to age 26 years: \$5,000 to \$10,000</p>
AD&D	You (or your beneficiaries) receive this benefit if you pass away in an accident or are seriously injured in an accident	Amounts of \$25,000, \$50,000, or \$100,000 depending on employee classification and length of service*	<p>AD&D benefits match your Vol Life benefits:</p> <p>You: Increments of \$10,000 to a maximum of \$500,000.</p> <p>Your spouse: Increments of \$5,000 up to \$250,000.</p> <p>Your child(ren): 6 months to age 26 years: \$5,000 to \$10,000</p>



Keep Your Beneficiaries Up to Date

Make sure to keep your beneficiary information updated so your benefit is paid according to your wishes.

*Benefit exclusions including terms and conditions apply to these policies. Refer to the policy documents for more details.



VOLUNTARY AD&D INSURANCE

Voluntary AD&D Insurance—Lincoln Financial Group

You may purchase Employee AD&D insurance in addition to the company-provided coverage. You may also purchase Family AD&D insurance for your dependents if you purchase coverage for yourself.

Your employee AD&D coverage amount will reduce by 35% when you reach age 70, and an additional 20% of the original amount when you reach 75, and an additional 15% of the original amount when you reach 80, and an additional 15% of the original amount when you reach 85. Benefits end when you retire.

Employee— In increments of \$100,000; \$400,000 maximum amount

Spouse Coverage without child(ren)— 60% of your coverage amount to a maximum of \$50,000

Spouse Coverage with children—Spouse 50%, and each child 15% of your coverage amount to a maximum \$50,000

Child(ren) coverage without spouse— 20% of your coverage amount for each dependent child to a maximum \$50,000

AD&D Insurance with Lincoln Fellowship Bible Church provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

Accidental death & dismemberment coverage can help protect the ones you love through cost management.



Lincoln Financial Group will pay the benefit listed in this chart if: (1) an insured person sustains an accidental bodily injury while insured under this provision; and (2) that injury directly causes one of the following nonfatal losses within 365 days after the date of the accident. The loss must result directly from the injury and from no other causes.

Amount Payable	
Loss of Life	Principal Sum
Loss of one Member (Hand, Foot or Eye)	1/2 Principal Sum
Loss of Thumb and Index Finger	1/4 Principal Sum
Loss of Two or More Members	Principal Sum
Loss of Speech and Hearing in Both Ears	Principal Sum
Loss of Either Speech or Hearing in Both Ears	1/2 Principal Sum
Loss of Hearing in One Ear	1/4 Principal Sum
Quadriplegia	Principal Sum
Paraplegia	3/4 Principal Sum
Hemiplegia	1/2 Principal Sum

The amount of AD&D insurance will reduce:

35% upon the person’s attainment age of 70, an additional 20% of the original amount at age 75, an additional 15% of the original amount at age 80, an additional 15% of the original amount at age 85, benefits will terminate upon retirement. For family coverage, spouse coverage will terminate when the spouse attains age 70 when the insured employee retires, whichever comes first.

Child Eligibility - Unmarried child at least 14 days old but less than 19 years of age. Unmarried child less than 25 years of age if full time student. Unmarried child who is totally and permanently disabled who became disabled prior to reaching 25 years of age.

	Benefit Amount	Cost Per Pay Period
Employee AD&D	\$100,000	\$2.00
	\$200,000	\$4.00
	\$300,000	\$6.00
	\$400,000	\$8.00
Family AD&D	\$100,000	\$3.00
	\$200,000	\$6.00
	\$300,000	\$9.00
	\$400,000	\$12.00

Benefit exclusions including terms and conditions apply to these policies. Refer to the policy documents for more details.



DISABILITY INSURANCE

VOLUNTARY SHORT TERM DISABILITY INSURANCE

Insured by Lincoln Financial Group

Fellowship Bible Church provides you an opportunity to enroll in Short Term Disability insurance through Lincoln Financial Group. This benefit replaces a portion of your income if you become disabled and are unable to work. This benefit is voluntary and is 100% employee paid.

	HOW IT WORKS	WHO PAYS FOR THE BENEFIT
Short-term Disability	You receive 60% of your income up to \$1,500 per week. Benefits begin after 7 calendar days of absence from work due to illness or injury. The maximum benefit period is 12 weeks.	Employee

LONG TERM DISABILITY INSURANCE—100% EMPLOYER PAID

Insured by USABLE Life

Fellowship Bible Church provides disability insurance through USABLE Life for all full-time benefits eligible employees at no cost to you! This benefit replaces a portion of your income if you become disabled and are unable to work.

	HOW IT WORKS	WHO PAYS FOR THE BENEFIT
Long-term Disability	You receive 60% of your income up to \$9,000 per month. Benefits begin after 90 calendar days of absence from work and continues until you reach the Social Security Normal Retirement Age (SSNRA).	Your Employer





Watch our video
How accident insurance
can get you back on your feet.

Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?

Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer an increased benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

The child must be covered at the time the accident occurred and be 18 years of age or younger.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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FELLOWSHIP BIBLE CHURCH

ALL ELIGIBLE EMPLOYEES

2021-117413 (03/23)

Kit created 02/03/2023

Group number: 00510722

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Your accident coverage

	ACCIDENT
COVERAGE - DETAILS	
Your Monthly premium	\$25.81
You and Spouse	\$41.35
You and Child(ren)	\$41.59
You, Spouse and Child(ren)	\$57.13
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$25,000 Spouse \$12,500 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$175
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$150
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits

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Your accident coverage

FEATURES (Cont.)

Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$10,000
Concussions	\$75
Dislocations	Schedule up to \$4,400
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$5,500
Hospital Admission	\$1,000
Hospital Confinement	\$225/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$500, 3 times per accident
X - Ray	\$30

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.

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 ALL ELIGIBLE EMPLOYEES

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 Group number: 00510722

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Your accident coverage

UNDERSTANDING YOUR BENEFITS (Cont.):

- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a

fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-1-AC-IC-12

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18

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ALL ELIGIBLE EMPLOYEES

Kit created 02/03/2023

Group number: 00510722

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Watch our video
How cancer insurance can
ease the financial burden of
a cancer diagnosis.

Cancer insurance

If you're diagnosed with cancer, the last thing you need to think about is the cost. Cancer insurance helps ease the financial burden.

Every year, more and more people are diagnosed with cancer. Unfortunately, in addition to bearing the physical and emotional toll of this disease, patients are often saddled with added financial expenses.

Who is it for?

Cancer insurance is for people who want added financial protection, in addition to their regular health insurance. It comes into play if you are diagnosed with cancer—providing additional financial support to help keep the focus on your cancer treatment and recovery.

What does it cover?

Cancer insurance benefits can help you handle medical plan deductibles, co-pays and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment, or are hospitalized for surgery to treat cancer. These benefits can be used for non-medical expenses such as transportation to treatment facilities, and even everyday living expenses like groceries, rent, and mortgage payments.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. The unexpected out-of-pocket expenses of cancer recovery, including transportation, co-pays, and deductibles, can add up fast. What's more, some of the costs you may incur during recovery are non-medical, such as covering a mortgage, childcare, and household expenses. Cancer insurance can help you pay for all of them.

Plus, cancer insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Extra support

Sarah's diagnosed with kidney cancer after a screening test and decides to undergo kidney removal surgery.

Average surgical expense: **\$25,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Sarah's still responsible for 20%: **\$4,700**

Total out-of-pocket amount for Sarah (deductible + coinsurance): **\$6,200**

Sarah has Guardian's Cancer Advantage policy, which pays her **\$2,500** as an initial diagnosis benefit and **\$2,100** for a 7-day hospital stay.

This gives her a total of **\$4,600** to help cover a portion of her out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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FELLOWSHIP BIBLE CHURCH

ALL ELIGIBLE EMPLOYEES

7021-117399 (03/23)

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Group number: 00510722

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Your cancer coverage

CANCER	
COVERAGE - DETAILS	
Your Monthly premium	\$28.27
You and Spouse	\$49.13
You and Child(ren)	\$30.27
You, Spouse and Child(ren)	\$51.13
INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.	
Benefit Amount(s)	Employee \$6,500 Spouse \$6,500 Child \$6,500
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	0 Days
CANCER SCREENING	
Benefit Amount	\$75; \$75 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY	
Benefit	Schedule amounts up to a \$15,000 benefit year maximum.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 month look back period, 12 month exclusion period.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime

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FELLOWSHIP BIBLE CHURCH

ALL ELIGIBLE EMPLOYEES

Kit created 02/03/2023

Group number: 00510722

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Your cancer coverage

FEATURES (Cont.)

Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
Immunotherapy	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$75/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500
Second Surgical Opinion	\$200/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$4,125
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included

UNDERSTANDING YOUR BENEFITS :

- Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

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FELLOWSHIP BIBLE CHURCH

ALL ELIGIBLE EMPLOYEES

Kit created 02/03/2023

Group number: 00510722

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Your cancer coverage

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

If Cancer insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Contract # GP-1-CAN-IC-12

Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form # GP-1-CAN-IC-12, et al, GP-1-LAH-12R

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America
FELLOWSHIP BIBLE CHURCH
ALL ELIGIBLE EMPLOYEES

Kit created 02/03/2023
Group number: 00510722 **10**

FPP^g

5Star Life Insurance Company
Family Protection Plan
Group Term Life Insurance to age 121

Quality of Life Rider



Nearly
85%

of people said they thought most people need life insurance.*

Yet only
59%

said that they have coverage themselves.*

And
33%

wish their spouse or partner had more life insurance.*

Prepare for the future. Protect your loved ones.

CUSTOMIZABLE

With several options to choose from, select the coverage that best meets the needs of your family.

FAMILY COVERAGE

You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children (14 days to 19 years old, 26 if full-time student) under your coverage or your spouse's. No matter what the future brings, you and your family are protected.

PORTABLE

Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly.

TERMINAL ILLNESS ACCELERATION OF BENEFITS

Coverage pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

CONVENIENT

Easy payments through payroll deduction.

PROTECTION YOU CAN COUNT ON

Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

QUALITY OF LIFE

Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

* Scanlon, James T., Terry, Karen R., and Leyes, Maggie, 2018 Insurance Barometer Study, April 4, 2018, www.limra.com/Research/Abstracts/Public/2018/2018_Insurance_Barometer.aspx. Please note there may be a cost associated with this study.

Underwritten by 5Star Life Insurance Company (a Lincoln, Nebraska company);
Administered by NTT Data at 777 Research Drive, Lincoln, NE 68521
Product not available in all states. Policy #: ICC18-GFPPPOL

FPPg QoL-FlyerR1218



PERMANENT LIFE INSURANCE

FPPg Rate Sheet

Semi-Monthly Rates with Quality of Life Rider
Defined Benefit



Issue Age	\$5,000	\$10,000	\$15,000	\$25,000	\$30,000	\$35,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
18-25	\$4.10	\$4.94	\$5.79	\$7.49	\$8.34	\$9.19	\$10.03	\$11.73	\$15.97	\$20.21	\$24.45	\$28.69
26	\$4.10	\$4.96	\$5.81	\$7.52	\$8.38	\$9.23	\$10.09	\$11.79	\$16.06	\$20.34	\$24.60	\$28.88
27	\$4.13	\$4.99	\$5.87	\$7.61	\$8.47	\$9.35	\$10.21	\$11.95	\$16.31	\$20.67	\$25.03	\$29.37
28	\$4.15	\$5.04	\$5.94	\$7.73	\$8.62	\$9.52	\$10.41	\$12.20	\$16.69	\$21.17	\$25.65	\$30.12
29	\$4.18	\$5.12	\$6.04	\$7.91	\$8.84	\$9.77	\$10.70	\$12.57	\$17.22	\$21.88	\$26.53	\$31.19
30	\$4.23	\$5.21	\$6.20	\$8.16	\$9.14	\$10.12	\$11.10	\$13.07	\$17.97	\$22.87	\$27.78	\$32.69
31	\$4.28	\$5.31	\$6.36	\$8.42	\$9.45	\$10.48	\$11.51	\$13.59	\$18.76	\$23.91	\$29.08	\$34.25
32	\$4.34	\$5.44	\$6.52	\$8.71	\$9.80	\$10.90	\$11.98	\$14.17	\$19.63	\$25.09	\$30.54	\$36.00
33	\$4.40	\$5.56	\$6.71	\$9.01	\$10.16	\$11.32	\$12.47	\$14.77	\$20.54	\$26.30	\$32.05	\$37.81
34	\$4.48	\$5.70	\$6.93	\$9.38	\$10.61	\$11.82	\$13.05	\$15.50	\$21.63	\$27.75	\$33.88	\$40.01
35	\$4.56	\$5.86	\$7.16	\$9.77	\$11.08	\$12.38	\$13.68	\$16.29	\$22.81	\$29.34	\$35.86	\$42.38
36	\$4.64	\$6.03	\$7.44	\$10.22	\$11.61	\$13.00	\$14.40	\$17.19	\$24.16	\$31.12	\$38.09	\$45.06
37	\$4.74	\$6.24	\$7.73	\$10.71	\$12.20	\$13.69	\$15.19	\$18.16	\$25.63	\$33.09	\$40.54	\$48.00
38	\$4.84	\$6.44	\$8.03	\$11.22	\$12.82	\$14.41	\$16.00	\$19.19	\$27.16	\$35.13	\$43.09	\$51.07
39	\$4.96	\$6.67	\$8.37	\$11.79	\$13.51	\$15.21	\$16.92	\$20.34	\$28.87	\$37.42	\$45.96	\$54.51
40	\$5.09	\$6.91	\$8.75	\$12.41	\$14.24	\$16.07	\$17.90	\$21.56	\$30.72	\$39.88	\$49.04	\$58.19
41	\$5.22	\$7.19	\$9.16	\$13.10	\$15.07	\$17.03	\$19.00	\$22.94	\$32.78	\$42.62	\$52.47	\$62.32
42	\$5.38	\$7.49	\$9.62	\$13.86	\$15.97	\$18.10	\$20.21	\$24.45	\$35.06	\$45.67	\$56.28	\$66.87
43	\$5.53	\$7.80	\$10.08	\$14.63	\$16.90	\$19.18	\$21.45	\$26.00	\$37.37	\$48.75	\$60.13	\$71.50
44	\$5.69	\$8.13	\$10.57	\$15.45	\$17.89	\$20.33	\$22.77	\$27.65	\$39.85	\$52.05	\$64.24	\$76.44
45	\$5.86	\$8.47	\$11.08	\$16.29	\$18.90	\$21.51	\$24.12	\$29.33	\$42.38	\$55.42	\$68.46	\$81.50
46	\$6.04	\$8.84	\$11.63	\$17.21	\$20.01	\$22.79	\$25.58	\$31.17	\$45.13	\$59.08	\$73.04	\$87.01
47	\$6.24	\$9.21	\$12.20	\$18.16	\$21.14	\$24.12	\$27.10	\$33.06	\$47.97	\$62.88	\$77.79	\$92.69
48	\$6.43	\$9.60	\$12.77	\$19.12	\$22.29	\$25.46	\$28.63	\$34.98	\$50.84	\$66.71	\$82.58	\$98.44
49	\$6.63	\$10.02	\$13.39	\$20.16	\$23.54	\$26.92	\$30.30	\$37.06	\$53.97	\$70.88	\$87.78	\$104.69
50	\$6.86	\$10.47	\$14.07	\$21.29	\$24.90	\$28.51	\$32.11	\$39.33	\$57.38	\$75.42	\$93.46	\$111.50
51	\$7.11	\$10.97	\$14.83	\$22.55	\$26.42	\$30.28	\$34.14	\$41.86	\$61.15	\$80.46	\$99.76	\$119.07
52	\$7.40	\$11.56	\$15.71	\$24.02	\$28.18	\$32.33	\$36.49	\$44.79	\$65.56	\$86.34	\$107.10	\$127.88
53	\$7.73	\$12.21	\$16.69	\$25.65	\$30.12	\$34.61	\$39.08	\$48.04	\$70.44	\$92.84	\$115.23	\$137.62
54	\$8.10	\$12.95	\$17.79	\$27.48	\$32.33	\$37.17	\$42.02	\$51.71	\$75.94	\$100.17	\$124.40	\$148.63
55	\$8.48	\$13.72	\$18.95	\$29.41	\$34.65	\$39.88	\$45.12	\$55.59	\$81.75	\$107.92	\$134.08	\$160.25
56	\$8.92	\$14.59	\$20.26	\$31.60	\$37.28	\$42.94	\$48.62	\$59.96	\$88.31	\$116.67	\$145.02	\$173.38
57	\$9.38	\$15.49	\$21.62	\$33.87	\$39.99	\$46.11	\$52.24	\$64.48	\$95.10	\$125.71	\$156.33	\$186.94
58	\$9.83	\$16.42	\$23.01	\$36.18	\$42.76	\$49.34	\$55.94	\$69.10	\$102.03	\$134.96	\$167.88	\$200.81
59	\$10.31	\$17.37	\$24.43	\$38.54	\$45.60	\$52.66	\$59.72	\$73.84	\$109.12	\$144.42	\$179.71	\$215.00
60	\$10.81	\$18.36	\$25.92	\$41.02	\$48.58	\$56.13	\$63.69	\$78.79	\$116.57	\$154.34	\$192.11	\$229.88
61	\$11.32	\$19.39	\$27.46	\$43.59	\$51.67	\$59.73	\$67.80	\$83.94	\$124.28	\$164.63	\$204.97	\$245.32
62	\$11.86	\$20.47	\$29.08	\$46.30	\$54.90	\$63.51	\$72.12	\$89.33	\$132.38	\$175.42	\$218.46	\$261.50
63	\$12.43	\$21.61	\$30.79	\$49.15	\$58.34	\$67.52	\$76.70	\$95.06	\$140.97	\$186.88	\$232.78	\$278.69
64	\$13.05	\$22.86	\$32.66	\$52.27	\$62.07	\$71.88	\$81.68	\$101.29	\$150.32	\$199.34	\$248.35	\$297.37
65	\$13.75	\$24.25	\$34.75	\$55.75	\$66.25	\$76.75	\$87.25	\$108.25	\$160.75	\$213.25	\$265.75	\$318.25
66	\$13.91	\$24.56	\$35.22	\$56.53	\$67.19	\$77.84	\$88.50	\$109.81	\$163.09	\$216.38	\$269.66	\$322.94
67	\$14.78	\$26.31	\$37.84	\$60.90	\$72.43	\$83.95	\$95.48	\$118.54	\$176.19	\$233.83	\$291.48	\$349.13
68	\$15.77	\$28.29	\$40.81	\$65.85	\$78.38	\$90.90	\$103.42	\$128.46	\$191.06	\$253.67	\$316.27	\$378.88
69	\$16.90	\$30.55	\$44.19	\$71.49	\$85.14	\$98.79	\$112.43	\$139.73	\$207.97	\$276.21	\$344.45	\$412.69
70	\$18.17	\$33.09	\$48.01	\$77.84	\$92.76	\$107.68	\$122.60	\$152.44	\$227.03	\$301.63	\$376.22	\$450.81

*Quality of Life not available ages 66-70. Quality of Life benefits not available for children.

Available only on children of employee or spouse, 14 days to 19 years or 26 if full time student.
\$0.50 semi-monthly for \$5,000 coverage and \$1.00 semi-monthly for \$10,000 coverage.

Gallagher Marketplace— Home and Auto Insurance Quoting Tool



Scan here to check out Gallagher Marketplace

Giving you year-round access to additional benefits that could save you money with Gallagher Marketplace.

Auto Insurance



Homeowners Insurance



Extended Vehicle Warranties



Program Overview

Gallagher Marketplace offers non-traditional benefits to every employee, like home and auto insurance, renters insurance, extended vehicle warranties, as well as boat, ATV and RV coverage. Because your employer partners with Gallagher, you have access to the best benefits available.

The Value of Gallagher Marketplace

- Whether full-time, part-time or contract workers, all employees are eligible for this dynamic solution.
- View multiple quotes side-by-side from top carriers offering flexible payment plans and licensed agents to help guide.
- Get access to top benefits with the potential to save money on benefits you may need and want.

Insurance is subject to availability and individual eligibility.

How It Works

- 1 Go to ajg.com/GallagherMarketplace, see the benefits available, and select a product to view more details.
- 2 Enter preliminary details and receive a no-obligation quote.
- 3 Connect with an agent who will answer your questions, and assist you with the application process.

ajg.com The Gallagher Way. Since 1927.



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EAP—Employee Assistance Program

Welcome to balanced care for a better life.

EAP can give you the support you need.

Whether you sense that a life challenge is just ahead, or you're already knee-deep in it, the EAP is here to help with top-notch providers, experts and offerings in these areas near you:

- Relationship and family challenges
- Life-changing events
- Legal or financial challenges
- Stress
- Excessive worry
- Feeling sad/blue
- Substance dependence or addiction
- Workplace challenges

Resources to help you find your best self.

We're here for you around the clock:

Start a Chat

Go online for quick and easy access to experts who can immediately point you to the right resources.

Visit ndbh.com

View more than 10,000 resources to assist you in your improvement journey. Some available resources include:

- Videos
- Will Prep Toolkit
- Calculators
- Self-Assessments
- Budgeting Worksheets
- Legal Documents
- Provider Directories
- Elder & Child Care Resources
- Stress Management Tools

Our expansive list of EAP resources includes:

Relationship Support

Visit ndbh.com to help you find resources to work through parental, personal or work-related relationship challenges.

Legal Resource Center

Explore a large database of free, customizable legal documents for wills, budgeting, retirement planning, big purchases and more. Store documents in one place for easy updates and secure saving.

Health Resource Library

Search a comprehensive collection of articles, videos, self-assessments, calculators and planners for information on thousands of topics designed to help improve your health.

Weekly Tips

Sign up for weekly tips and advice on how to work through stress, parenting, being your best at work and other helpful material — delivered right to your inbox.

Stress Toolkit

Understand the impact of stress on your happiness and productivity with this online toolkit. Take steps to improving your health with assessments, apps, tools and resources designed to reduce stress.

For any additional questions or concerns, visit ndbh.com.

Our EAP representatives are available 24/7/365.

Visit ndbh.com to begin improving your health.

Together is the way forward.



ndbh.com



CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Arkansas BlueCross BlueShield	800.238.8379	arkansasbluecross.com
Dental	Delta Dental	800.462.5410	deltadentalar.com
Vision	Eye Med	888-922-4875	deltadentalar.com / eyemed.com
Flexible Spending Account & Health Savings Account	Consolidated Admin Service	877.941.5956	consolidatedadmin.com
Life and AD&D	USable Life	800.370.5856	usablelife.com
Voluntary AD&D	Lincoln Financial Group	800.423.2765 reference ID: FELLOWBC2	LincolnFinancial.com
Short Term Disability	Lincoln Financial Group	800.423.2765 reference ID: FELLOWBC2	LincolnFinancial.com
Long Term Disability	USable Life	800.370.5856	usablelife.com
Accident and Cancer	Guardian	888.482.7342	guardianlife.com
Permanent Life	5 Star Life Insurance	866.863.9753	5starlifeinsurance.com
Employee Assistance Program (EAP)	New Directions	800.624.5544	ndbh.com
Human Resources	Leigh Ann Horton	501.224.7171	lhorton@fellowshipar.com
Gallagher Benefit Services	Holly Schimmel	501.485.3079	holly_schimmel@ajg.com





LEGAL NOTICES

Patient Protections Disclosure

The Fellowship Bible Church Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation Arkansas BlueCross BlueShield designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Arkansas BlueCross BlueShield at 501.378.2010 or arkansasbluecross.com.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Arkansas BlueCross BlueShield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Arkansas BlueCross BlueShield at 501.378.2010 or arkansasbluecross.com.

Women's Health & 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 under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: BC 1000-80_E_2 PLAN (Individual: 20% after deductible and \$1,000 deductible; Family: 20% coinsurance and \$2,000 deductible)

Plan 2: BC 3000-100_HDHP_E PLAN (Individual: 0% after deductible and \$3,000 deductible; Family: 0% coinsurance and \$6,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 501.224.7171 or lhorton@fellowshipar.com.

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

LEGAL 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 already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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** 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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-54477	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

LEGAL NOTICES

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=enUS Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspreassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

LEGAL NOTICES

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP)(pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

LEGAL NOTICES

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Fellowship Bible Church is committed to the privacy of your health information. The administrators of the Fellowship Bible Church Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Leigh Ann Horton - Human Resources Director at 501.224.7171 or lhorton@fellowshipar.com.

LEGAL NOTICES

HIPAA Special Enrollment Rights

Fellowship Bible Church Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Fellowship Bible Church Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward 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).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Leigh Ann Horton - Human Resources Director at 501.224.7171 or lhorton@fellowshippar.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

LEGAL NOTICES

Notice of Creditable Coverage

Important Notice from Fellowship Bible Church About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Fellowship Bible Church and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Fellowship Bible Church has determined that the prescription drug coverage offered by the medical plan is, 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. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Fellowship Bible Church coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Fellowship Bible Church coverage, be aware that you and your dependents will be able to get this coverage back.

LEGAL NOTICES

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Fellowship Bible Church and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Fellowship Bible Church changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2024
Name of Entity/Sender:	Fellowship Bible Church
Contact—Position/Office:	Leigh Ann Horton - Human Resources Director
Office Address:	1401 Kirk Rd Little Rock, Arkansas 72223-6004 United States
Phone Number:	501.224.7171

LEGAL NOTICES

Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Leigh Ann Horton.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

² An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

LEGAL NOTICES

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Fellowship Bible Church		4. Employer Identification Number (EIN) 71-0502452	
5. Employer address 1401 Kirk Rd		6. Employer phone number 501.224.7171	
7. City Little Rock		8. State Arkansas	9. ZIP code 72223-6004
10. Who can we contact about employee health coverage at this job? Leigh Ann Horton			
11. Phone number (if different from above)		12. Email address lhorton@fellowshipar.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:
 - Some employees. Eligible employees are: All full time employees who work a minimum of 30 hours per week and have satisfied the waiting period
- With respect to dependents:
 - We do offer coverage. Eligible dependents are: Legal spouse, dependent children up to age 26, and disabled dependent children.
 - We do not offer coverage.
 - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

LEGAL NOTICES

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months? Yes

X Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?

No

14. Does the employer offer a health plan that meets the minimum value standard³? Yes

Yes (Go to question 15)

No (STOP and return form to employee)

15. For the lowest cost plan that meets the minimum value standard³ offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$49

b. How often? Weekly Every 2 weeks x Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan?

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

³ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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This benefit summary prepared by



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.