



# **SADDLEBACK CHURCH**

## **EMPLOYEE BENEFITS**

**07.01.18**





This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the Human Resources Team.

# EMPLOYEE BENEFITS

07.01.18

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### Online Benefits Information

You can access your benefits information whenever you want, from home or any place where you have internet access, by visiting the Saddleback Church Online Enrollment System, UltiPro. Go to the Myself tab and click on “Electronic Forms” in the “My Company” section to find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, plan documents, evidence of coverage booklets, claim forms, and much more.

UltiPro login information is located on page 6 of this guide.

# ENROLLMENT INFORMATION

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## Who May Enroll

If you are a regular full-time employee working at least 40 hours per week, you and your eligible dependents may participate in Saddleback Church's benefits program. Your eligible dependents include:

- Legally married spouse (marriage certificate may be required)
- Dependent children (natural, adopted, and step) up to age 26 - Medical Only
- Unmarried children up to age 19, or up to age 25 if they are full-time students - Dental & Vision
- Unmarried children up to age 21, or up to age 25 if they are full-time students - Voluntary Life

If you are a full-time employee working between 30-39 hours per week, you may participate in the Medical plan only.

If you are a new hire employee with variable hours, your employment will be measured over a 12-month initial measurement period that begins on your hire date to determine if you average 30 or more hours per week. If so, you will be offered coverage for a 12-month stability period that will begin no later than the first day of the 14th month following your hire date. Saddleback Church's standard measurement period is from April 16th through April 15th each year with the standard stability period the following July 1st through June 30th. Your hours as an ongoing employee (if you have worked one complete initial measurement period) will be measured over the standard measurement period to determine your eligibility during the associated standard stability period. Refer to our employee handbook or medical plan document for additional eligibility details.

## When You May Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the church's benefits program on the first day of the month following the completion of 30 days of full-time employment
- Each year, during annual open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes to Enrollment below)

## Changes To Enrollment

Our benefit plans are effective July 1st through June 30th of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following July 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

### NOTE

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please log-in to our Online Enrollment System, UltiPro, to update your elections as needed. If you do not update your coverage within 30 days from the family status change, you must wait until our next annual open enrollment period to update your coverage.



# ENROLLMENT INFORMATION

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## When Coverage Ends

Your participation in Saddleback Church's sponsored benefit plans will terminate either when your employment ends or at the end of the month in which your employment ends, depending on the benefit. Saddleback Church is exempt from offering COBRA for health insurance when you end your employment. Saddleback Church does offer 12 months of continuation coverage on our Medical, Dental, and Vision plans. If you elect continuation coverage, you will be required to contribute the full cost of the plan coverage.

When your dependent child(ren) reach an ineligible age (see Who May Enroll on page 4), coverage will end on the last day of the child's birthday month.

# THE AFFORDABLE CARE ACT

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## Grandfathered Health Plan

The Saddleback Church Health Benefit Plan believes its coverage is "grandfathered" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status should be directed to the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov).

## Federal Health Insurance Marketplace

The Affordable Care Act (ACA) has created new options for purchasing health insurance coverage through a Federal Health Insurance Marketplace. Because Saddleback Church's Medical plans are considered affordable and meet minimum value under Health Care Reform, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your Medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of Medical insurance premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information, please visit [www.coveredca.com](http://www.coveredca.com) or [www.healthcare.gov](http://www.healthcare.gov).

# ANNUAL NOTICES

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ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Saddleback Church has posted all federally required annual notices on our Online Enrollment System, UltiPro, for you to download and read at your convenience, such as:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- Summary of Benefits and Coverage (SBC)

# ONLINE ENROLLMENT

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UltiPro is Saddleback Church's on-line enrollment system. You must log-in to make your benefit elections and confirm or make changes to your personal information.



## To Log-in to UltiPro

Go to <https://ew21.ultipro.com>

Once you are logged in, hover over the Myself tab and select one of the following options:

- Open Enrollment - to complete your benefit elections during our open enrollment period
- Life Events - for elections/changes related to your new hire enrollment/qualifying event

## Important

- Be sure to read the instructions on each page!
- Add beneficiaries on the Beneficiary and Dependent Information page before moving to the next pages.
- You do NOT need to re-enroll in your current plans, with the exception of the Flexible Spending Accounts.
- Your current Health Care and/or Dependent Care Flexible Spending Account elections do not carry-over from year to year. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.
- You may save your session at any time by clicking "Draft" in the top right corner.

# HCONLINE PORTAL

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HealthComp's HCOOnline web portal allows you the ability to access your claim history for Medical and Vision. You may also obtain Explanation of Benefits (EOBs) and order additional or replacement ID cards. Available claim information includes claim numbers, received dates, dates of service, types of service, billed amounts, and paid/non-paid amounts. Please note that diagnosis or sensitive information is not accessible through this feature.

The HCOOnline portal also allows you to view your Flexible Spending transaction history. For additional information, see page 18 of this guide.



## How to Access HCOOnline

Go to [www.healthcomp.com](http://www.healthcomp.com).

If you are a first time user, click on Members, then HCOOnline. In the username field, enter your Social Security number omitting the dashes. In the password field, enter your date of birth (example: 01/01/1985 = 19850101).

Once you are logged in using your Social Security number, click "User Account" to change your username.

## HCOOnline Mobile App

HCOOnline also has a mobile application available for your smartphone or tablet. For additional information, see the HCOOnline Mobile App instructions sheet posted on UltiPro.

# CLAIMS ADMINISTRATION

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## Medical and Vision

HealthComp is the administrator of our Medical and Vision plan coverages. Upon your initial enrollment, you will receive a welcome packet including your new ID card(s), information on where to send claims, information to help you understand your Explanation of Benefits (EOB), information on how to locate an Anthem Blue Cross (CA) or BlueCard (BCBS outside of CA) participating provider, information on wellness tools and resources, instructions to access HealthComp's web portal, HCOOnline and more.

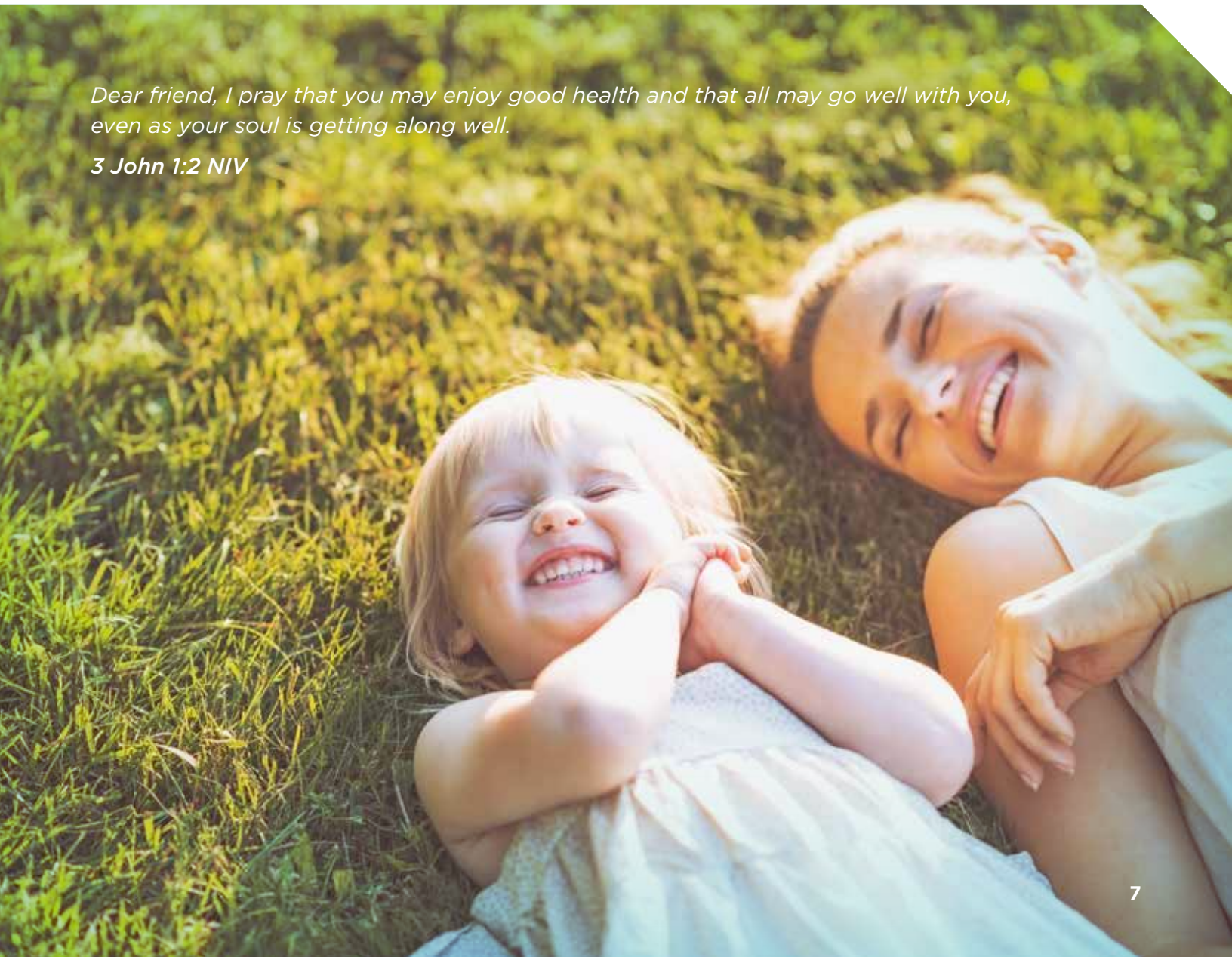
All physician and hospital claims should be filed by your provider's office to Anthem Blue Cross using the address located on your ID card. Your claims will be priced and then forwarded to HealthComp for payment according to the benefit plan design. Vision claims should be sent directly to HealthComp using the address located on your ID card.

## Dental

Cigna is the administrator of our Dental plan coverage. Dental claims can be submitted directly to Cigna for processing.

*Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well.*

**3 John 1:2 NIV**





# MEDICAL/PHARMACY INSURANCE

## EPO Medical Plan

The Anthem Blue Cross Exclusive Provider Organization (EPO) administered by HealthComp allows you to direct your own care. You are limited to the physicians within the Anthem Blue Cross PPO Prudent Buyer Large Group network and you may self-refer to in-network specialists. Except in an emergency, you will receive benefits only if you use the doctors, clinics, and hospitals that belong to the Anthem Blue Cross PPO Prudent Buyer Large Group network. Pre-certification review is necessary for hospitalizations, home health care, and home infusion therapy.

## PPO Medical Plan

The Anthem Blue Cross Preferred Provider Organization (PPO) administered by HealthComp allows you to direct your own care. You are not limited to the physicians within the Anthem Blue Cross PPO Prudent Buyer Large Group network and you may self-refer to specialists. If you receive care from a physician who is a member of the Anthem Blue Cross Prudent Buyer Large Group network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider, however, you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filing claims. Pre-certification review is necessary for hospitalizations, home health care, and home infusion therapy.



### Finding a Medical Provider

- **California:** Go to [www.anthem.com/ca](http://www.anthem.com/ca). Refer to the “Blue Cross PPO (Prudent Buyer) - Large Group” network when prompted.
- **Outside-of-California:** Go to [www.anthem.com/ca](http://www.anthem.com/ca). Refer to the “National PPO (Blue Card PPO)” network when prompted.





# MEDICAL/PHARMACY INSURANCE

## Pharmacy Benefits

If you are enrolled in a Saddleback Church Medical plan, you will automatically receive pharmacy benefits through Express Scripts. We chose Express Scripts for prescription benefit coverage so you can be confident you're receiving the best care and service available. You have the option of receiving a 30-day prescription drug supply through an Express Script network retail pharmacy, or if you are taking a maintenance medication, you can use the Express Scripts mail order program and receive a 90-day supply with refills up to a year and no shipping charges on all standard shipping.

To register online, go to [www.express-scripts.com](http://www.express-scripts.com). Express Scripts offers online resources to help you learn about and manage your prescription benefits. As a registered user, you'll have 24/7 access to a pharmacist from the privacy of your home. Use the Express Scripts website to manage your prescriptions, compare drug costs, locate participating pharmacies, obtain order/claim forms, submit mail order refills, and check on the status of Express Scripts mail orders.

## Express Scripts Smart90 / Walgreens Program

As a member, you will receive a 90-day supply of long-term medications for the cost of only one mail order copay (Generic \$20 / Brand Name \$60 / Non Formulary 50%) by visiting a Walgreens retail pharmacy or by using the Express Scripts mail-order pharmacy.

## Express Scripts Mobile App

With the Express Scripts Mobile App, you have immediate and secure access to refill and renew home delivery prescriptions, view lower-cost prescription options, view your medications, set reminders to take or reorder your prescriptions, receive personalized safety alerts, track order status, and much more. Download the app using AppStore for iPhone or Google Play for Android.



### Locating a Pharmacy

Go to [www.express-scripts.com](http://www.express-scripts.com). Once logged in, you may search for a pharmacy using your home or work zip code.

### NOTE

If your doctor writes a prescription order for a brand name drug which has a chemically-equivalent generic version available and does not note "dispense as written" or "DAW", you will receive the generic equivalent.

## LiveHealth Online

LiveHealth provides 24/7 access to board certified doctors via live video. Doctors can answer your health questions, make a diagnosis and even prescribe basic medications when necessary. Save time and money! No need to drive to the doctor's office and wait for your appointment.

Some of the most common uses include:

- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions

LiveHealth Online is not intended for emergencies. Enroll for free at [livehealthonline.com](http://livehealthonline.com) or on the app (LiveHealth Online Mobile) and schedule your appointment as needed.

# MEDICAL/PHARMACY INSURANCE - EPO

| Plan Features                          | Anthem Blue Cross - Medical EPO  |
|--|--|
| <b>Health Benefits</b>                 |  |
| <b>Provider Network</b>                | <b>California:</b> Blue Cross PPO (Prudent Buyer) - Large Group<br><b>Outside of California:</b> National PPO (Blue Card PPO)  |
| Maximum Lifetime Benefit               | Unlimited  |
| Maximum Plan Year Benefit              | Unlimited  |
| Deductibles per Benefit Year           | After deductible, plan pays a percentage of covered charges. If out-of-pocket amounts are reached, plan will pay 100% of the remainder of covered charges for the rest of the benefit year unless stated otherwise |
| Per Covered Person                     | \$250  |
| Per Family Unit                        | \$750 members can combine amounts to satisfy the family deductible   |
| Out-of-Pocket Maximum per Benefit Year | Deductibles and cost containment penalties do not apply to the out-of-pocket maximum and are never paid at 100%  |
| Per Covered Person                     | \$2,000  |
| Per Family Unit                        | \$6,000  |
| Hospital Services                      |  |
| Room and Board (Semi-Private Room)     | Deductible, 20%  |
| Intensive Care Unit (Hospital)         | Deductible, 20%  |
| Emergency Room                         | Deductible, \$100 copay (copay waived if admitted)   |
| Urgent Care                            | \$20 copay, deductible, 20%  |
| Skilled Nursing Facility               | Deductible, 20%  |
| Benefit Maximum                        | 100 days/benefit year (combined with home health care)   |
| Home Health Care                       | Deductible, 20%  |
| Benefit Maximum                        | 100 visits/benefit year (combined with skilled nursing facility)   |
| Physician Services                     | The office visit copay excludes chemotherapy, radiation therapy and infusion therapy performed in a doctor's office  |
| Office Visits                          | \$20 copay, deductible, 20%  |
| Pregnancy - Pre/Post-Natal Visits      | \$20 copay, deductible, 20%  |
| Allergy Testing Serum and Injections   | Deductible, 20%  |
| Surgery                                | Deductible, 20%  |
| Hospice Care                           | Deductible, 20%  |
| Ambulance Services                     | Deductible, 20%  |
| Occupational/Speech/Physical Therapy   | Deductible, 20%  |
| Durable Medical Equipment              | Deductible, 20%  |
| Prosthetics/Orthotics                  | Deductible, 20%  |
| Hearing Aid                            | Deductible, 20% - Includes exams/materials/fittings/counseling/adjustments/repairs   |
| Benefit Maximum                        | 1 hearing aid for each ear each 24 months  |
| Chiropractic Services                  | \$20 copay, deductible, 20%  |
| Benefit Maximum                        | 24 visits/benefit year   |
| Acupuncture                            | \$20 copay, deductible, 20%  |
| Benefit Maximum                        | 12 visits/benefit year   |

# MEDICAL/PHARMACY INSURANCE - EPO

| Plan Features   |  | Anthem Blue Cross - Medical EPO  |  |
|---|--|--|--|
| Health Benefits   |  |  |  |
| Provider Network  |  | <b>California:</b> Blue Cross PPO (Prudent Buyer) - Large Group<br><b>Outside of California:</b> National PPO (Blue Card PPO)  |  |
| Infertility   |  | Deductible, 50%  |  |
| Benefit Maximum   |  | \$2,500/lifetime - you must be enrolled for 12 consecutive months  |  |
| Homeopathy  |  |  |  |
| Professional Services                                     |  | \$20 copay, deductible, 20%  |  |
| Homeopathic Supplies                                      |  | Deductible, 20%  |  |
| Homeopathic Benefit Maximum                               |  | \$2,500/benefit year   |  |
| Mental Disorders and Substance Abuse                      |  | Medically necessary counseling services performed by a psychiatrist will be covered as any other sickness  |  |
| Inpatient   |  | Deductible, 20%  |  |
| Outpatient Office Visit                                   |  | \$20 copay, deductible, 20%  |  |
| Christian Counseling                                      |  | See page 14 for details.   |  |
| Outpatient Provider                                       |  | Saddleback Staff Christian Counseling Network.   |  |
| Outpatient Office Visit                                   |  | Deductible, \$36 copay - for each one hour session   |  |
| Preventive Care (Deductible Waived)                       |  | Deductible waived for all preventive care services   |  |
| Routine Well Adult Care                                   |  | No charge - includes office visits, age appropriate physical exams, x-rays, fecal occult/laboratory blood tests, immunizations, TB tests, and flu/pneumonia shots  |  |
| Mammogram   |  | Deductible, no charge  |  |
|   |  | If recommended after a diagnosis, then 20% coinsurance applies   |  |
| Screening Colonoscopy/Sigmoidoscopy                       |  | No charge  |  |
| Routine Hearing Exam                                      |  | No charge (1 per 24 months)  |  |
| Routine Well Child Care                                   |  | No charge - includes office visits, age appropriate routine physical exams, x-rays and laboratory blood tests through age 18. Limited to: 6 exams 1st year, 2 exams 2nd year; age 2 through 18, one exam every 12 months |  |
| Routine Immunizations/TB Tests/Flu Shots (through Age 18) |  | No charge  |  |
| Travel Immunizations                                      |  | 50%  |  |
| LiveHealth Online   |  | \$15 copay, 20%  |  |
| Pharmacy Benefits   |  |  |  |
| Provider Network  |  | Express Scripts Pharmacy   | Express Scripts Mail Order / Walgreens |
| Generic Drugs   |  | \$10 copay   | \$20 copay                             |
| Brand Name Drugs  |  | \$30 copay   | \$60 copay                             |
| Non-Formulary Brand Name Drugs                            |  | 50%  | 50%                                    |
| Supply Limit  |  | 30 days  | 90 days                                |



# MEDICAL/PHARMACY INSURANCE - PPO

| Plan Features                          |  | Anthem Blue Cross - Medical PPO  |   |
|--|--|--|---|
| <b>Health Benefits</b>                 |  |  |   |
| <b>Provider Network</b>                |  | <b>California:</b> Blue Cross PPO (Prudent Buyer) - Large Group<br><b>Outside of California:</b> National PPO (Blue Card PPO)  | Non-Network                                 |
| Maximum Lifetime Benefit               |  | Unlimited  |   |
| Maximum Plan Year Benefit              |  | Unlimited  |   |
| Deductibles per Benefit Year           |  | After deductible, plan pays a percentage of covered charges. If out-of-pocket amounts are reached, plan will pay 100% of the remainder of covered charges for the rest of the benefit year unless stated otherwise |   |
| Per Covered Person                     |  | \$500  |   |
| Per Family Unit                        |  | \$1,500 members can combine amounts to satisfy the family deductible   |   |
| Out-of-Pocket Maximum per Benefit Year |  | Deductibles and cost containment penalties do not apply to the out-of-pocket maximum and are never paid at 100%  |   |
| Per Covered Person                     |  | \$2,500  |   |
| Per Family Unit                        |  | \$7,500  |   |
| Hospital Services                      |  |  |   |
| Room and Board (Semi-Private Room)     |  | Deductible, 20%;   | Deductible, 40%                             |
| Intensive Care Unit (Hospital)         |  | Deductible, 20%  | Deductible, 40%                             |
| Emergency Room (Deductible Waived)     |  | \$100 copay, 20% (copay waived if admitted)  | \$100 copay, 40% (copay waived if admitted) |
| Urgent Care                            |  | \$35 copay, deductible, 20%  | Deductible, 40%                             |
| Skilled Nursing Facility               |  | Deductible, 20%  | Deductible, 40%                             |
| Benefit Maximum                        |  | 100 days/benefit year (combined with home health care)   |   |
| Home Health Care                       |  | Deductible, 20%  | Deductible, 40%                             |
| Benefit Maximum                        |  | 100 visits/benefit year (combined with skilled nursing facility)   |   |
| Physician Services                     |  | The office visit copay excludes chemotherapy, radiation therapy and infusion therapy performed in a doctor's office  |   |
| Office Visits                          |  | \$35 copay, deductible, 20%  | Deductible, 40%                             |
| Pregnancy - Pre/Post-Natal Visits      |  | \$35 copay, deductible, 20%  | Deductible, 40%                             |
| Allergy Testing Serum and Injections   |  | Deductible, 20%  | Deductible, 40%                             |
| Surgery                                |  | Deductible, 20%  | Deductible, 40%                             |
| Hospice Care                           |  | Deductible, 20%  | Deductible, 40%                             |
| Ambulance Services                     |  | Deductible, 20%  | Deductible, 40%                             |
| Occupational/Speech/Physical Therapy   |  | Deductible, 20%  | Deductible, 40%                             |
| Durable Medical Equipment              |  | Deductible, 20%  | Deductible, 40%                             |
| Prosthetics/Orthotics                  |  | Deductible, 20%  | Deductible, 40%                             |
| Hearing Aid                            |  | Includes exams/materials/fittings/counseling/adjustments/repairs   |   |
| Benefit Maximum                        |  | Deductible, 20%  | Deductible, 40%                             |
|  |  | 1 hearing aid for each ear each 24 months  |   |
| Chiropractic Services                  |  | \$35 copay, deductible, 20%  | Deductible, 40%                             |
| Benefit Maximum                        |  | 24 visits/benefit year   |   |

# MEDICAL/PHARMACY INSURANCE - PPO

| Plan Features   |  | Anthem Blue Cross - Medical PPO  |   |
|---|--|--|---|
| <b>Health Benefits</b>                                    |  |  |   |
| <b>Provider Network</b>                                   |  | <b>California:</b> Blue Cross PPO (Prudent Buyer) - Large Group<br><b>Outside of California:</b> National PPO (Blue Card PPO)  | Non-Network                                   |
| Acupuncture   |  | \$35 copay, deductible, 20%  | Deductible, 40%                               |
| Benefit Maximum   |  | 12 visits/benefit year   |   |
| Infertility   |  | Deductible, 20%  | Deductible, 40%                               |
| Benefit Maximum   |  | \$2,500/lifetime - you must be enrolled for 12 consecutive months  |   |
| Homeopathy  |  |  |   |
| Professional Services                                     |  | \$35 copay, deductible, 20%  | Deductible, 40%                               |
| Homeopathic Supplies                                      |  | Deductible, 20%  | Deductible, 40%                               |
| Homeopathic Benefit Maximum                               |  | \$2,500/benefit year   |   |
| Mental Disorders and Substance Abuse                      |  | Medically necessary counseling services performed by a psychiatrist will be covered as any other sickness  |   |
| Inpatient   |  | Deductible, 20%  | Deductible, 40%                               |
| Outpatient Office Visit                                   |  | \$35 Copay, deductible, 20%  | Deductible, 40%                               |
| Christian Counseling                                      |  | See page 14 for details.   |   |
| Outpatient Provider                                       |  | Saddleback Staff Christian Counseling Network.   |   |
| Outpatient Office Visit                                   |  | Deductible, \$48 copay – for each one hour session   |   |
| Preventive Care (Deductible Waived)                       |  | Deductible waived for all preventive care services   |   |
| Routine Well Adult Care                                   |  | No charge  | No charge                                     |
|   |  | Includes office visits, age appropriate physical exams, x-rays, fecal occult / laboratory blood tests, immunizations, TB tests, and flu/pneumonia shots  |   |
| Mammogram   |  | Deductible, no charge  | Deductible, no charge                         |
|   |  | If recommended after a diagnosis, then 20% / 40% coinsurance applies   |   |
| Screening Colonoscopy/Sigmoidoscopy                       |  | No charge  | No charge                                     |
| Routine Hearing Exam                                      |  | No charge (1 per 24 months)  | No charge (1 per 24 months)                   |
| Routine Well Child Care                                   |  | No charge  | No charge                                     |
|   |  | Includes office visits, age appropriate routine physical exams, x-rays and laboratory blood tests through age 18. Limited to: 6 exams 1st year, 2 exams 2nd year; age 2 through 18, one exam every 12 months |   |
| Routine Immunizations/TB Tests/Flu Shots (through Age 18) |  | No charge  | No charge                                     |
| Travel Immunizations                                      |  | Deductible, 50%  | Deductible, 50%                               |
| LiveHealth Online   |  | \$30 copay, 20%  | Not Covered                                   |
| <b>Pharmacy Benefits</b>                                  |  |  |   |
| <b>Provider Network</b>                                   |  | <b>Express Scripts Pharmacy</b>  | <b>Express Scripts Mail Order / Walgreens</b> |
| Generic Drugs   |  | \$10 copay   | \$20 copay                                    |
| Brand Name Drugs  |  | \$30 copay   | \$60 copay                                    |
| Non-Formulary Brand Name Drugs                            |  | 50%  | 50%   |
| Supply Limit  |  | 30 days  | 90 days                                       |

# MEDICAL/PHARMACY INSURANCE

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## **Saddleback Staff Christian Counseling Network**

We have carefully selected a group of counseling providers to be in the Saddleback Staff Christian Counseling Network based on their grounding in Biblical principles and their familiarity with Saddleback Church.

To take advantage of this program, you and your dependents must be enrolled in Saddleback Church's medical plan. Only counselors in the Saddleback Staff Christian Counseling Network are covered and the counseling benefits do not cover psychological testing of any type.

The most current list of Christian Counselors can be found in UltiPro. Hover over Menu and click on Myself - Electronic Forms, or contact Human Resources.





# DENTAL INSURANCE

## DHMO Dental Plan

With the Dental Health Maintenance Organization (DHMO) plan through Cigna, you are required to select a general dentist who is a member of the network to provide your dental care. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

## PPO Dental Plan

With the Cigna Preferred Provider Organization (PPO) Dental plan, you may visit a PPO Advantage dentist or a PPO dentist and benefit from the negotiated rate or you may visit a non-network dentist. When you utilize a PPO Advantage or a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Please note that our Dental and Vision plans are bundled and thus, if you elect one, you must elect the other.

| Plan Features  | Cigna - DHMO          | Cigna - PPO      |                 |                            |
|--|-----------------------|------------------|-----------------|----------------------------|
| Dental Benefits  |                       |                  |                 |                            |
| Provider Network   | Cigna Dental Care HMO | DPPO Advantage   | DPPO            | Non-Network                |
| Maximum Plan Year Benefit  | Unlimited             | \$1,500          | \$1,000         | \$1,000                    |
| Deductibles per Plan Year  |                       |                  |                 |                            |
| Per Covered Person   | \$0                   | \$50             | \$100           | \$100                      |
| Per Family Unit  | \$0                   | \$150            | \$300           | \$300                      |
| Preventive Services (Deductible Waived)  |                       |                  |                 |                            |
| Oral Exams, Cleanings, Flouride Treatments, Sealants, Diagnostic X-Rays        | 100%                  | 100%             | 100%            | 100% up to RCA*            |
| Exam and Cleaning Limitation   | 2/calendar year       | 2/policy year    |                 |                            |
| Basic Services   |                       |                  |                 |                            |
| Fillings, Extractions, Endodontic Root Canal Therapy, Periodontics, Anesthesia | See Copay Schedule    | Deductible, 20%  | Deductible, 50% | Deductible, 50% up to RCA* |
| Major Services   |                       |                  |                 |                            |
| Crowns, Bridges, Dentures  | See Copay Schedule    | Deductible, 50%  | Deductible, 50% | Deductible, 50% up to RCA* |
| Orthodontia (Adults / Children)  |                       |                  |                 |                            |
| Copay  | \$2,108 / \$1,604     | N/A              |                 |                            |
| Coinsurance  | N/A                   | 50%              |                 |                            |
| Orthodontia Benefit Maximum  | N/A                   | \$1,000/lifetime |                 |                            |

\*RCA: Reasonable and customary allowances up to 80th percentile, but dentist may balance bill up to their usual fees



### Finding a Dental Provider

Go to [www.cigna.com](http://www.cigna.com).

- **DHMO:** Refer to the "Cigna Dental Care HMO" Network when prompted.
- **PPO:** Refer to the "DPPO Advantage" or the "DPPO" network when prompted.

# DENTAL INSURANCE

## Dental WellnessPlus Program

If you are a member of the PPO dental plan, you're offered Cigna's Dental WellnessPlus program, which rewards you and your family members for receiving preventive services. When you receive preventive services, your maximum plan year benefit will increase the next plan year, allowing you to build your maximum for future dental needs. Your family members will also see an increase in their maximum plan year benefit for receiving preventive services. If you don't receive preventive services in a given year, your annual dollar maximum will stay the same.

| Plan Features   | Cigna - PPO     |                 |                 |
|---|-----------------|-----------------|-----------------|
| Provider Network  | DPPO Advantage  | DPPO            | Non-Network     |
| Maximum Plan Year Benefit with Maximum WellnessPlus Rewards | Year 1: \$1,500 | Year 1: \$1,000 | Year 1: \$1,000 |
|   | Year 2: \$1,750 | Year 2: \$1,250 | Year 2: \$1,250 |
|   | Year 3: \$2,000 | Year 3: \$1,500 | Year 3: \$1,500 |
|   | Year 4: \$2,250 | Year 4: \$1,750 | Year 4: \$1,750 |

## Dental Oral Health Integration Program

Cigna's Dental Oral Health Integration program is offered to you as a DHMO or PPO participant if you have a specified medical condition that's been found to be associated with gum disease. This program reimburses out-of-pocket costs for people with eligible medical conditions that may improve with dental care.

Please note, you must enroll in this program to receive the benefits. When you join the program, you also get discounts on prescribed mouthwashes, fluoride gels, and toothpastes from your dentist through the Cigna Home Delivery Pharmacy.



### For More Information or to Enroll

Complete the registration form found at [www.mycigna.com](http://www.mycigna.com). You can also call the number on the back of your ID card to have an enrollment form sent to you. You'll need to complete the form one time per qualifying condition.





## VISION INSURANCE

If you are enrolled in the Saddleback Church Dental plan, you will automatically receive Vision benefits. This plan provides you and your enrolled family members with an annual allowance of \$350 to use toward any of the Vision services listed below from any licensed optometrist or ophthalmologist. You may be responsible to pay all charges at the time of your appointment and file an itemized claim with HealthComp.

Please note that our Vision and Dental plans are bundled and thus, if you elect one, you must elect the other.

| Plan Features   | HealthComp - Vision  |
|---|--|
| <b>Vision Benefits</b>  |  |
| <b>Provider Network</b>   | Any licensed Vision provider   |
| Annual Allowance  | \$350/policy year  |
| Exam  | Covered in full up to annual allowance   |
| Glasses   |  |
| Lenses, Frames, Protective Lens Coatings                                    | Covered in full up to annual allowance   |
| Glasses Benefit Maximum   | One pair of glasses every 2 benefit years unless there is a change in prescription |
| Contact Lenses  | Covered in full up to annual allowance   |
| Lasik Surgery or Similar Vision Procedures used to Correct Refractive Error | Covered in full up to annual allowance   |



### Finding a Vision Provider

This plan allows you to use any licensed Vision provider of your choice.



# LIFE AND AD&D INSURANCE

## Basic Life and AD&D

Saddleback Church provides you with Basic Life and Accidental Death and Dismemberment (AD&D) insurance. Life insurance protects your family or other beneficiaries in the event of your death or injury while you are still actively employed with the church. This coverage, offered through Mutual of Omaha, will pay a benefit based on a multiple of your annual salary in the event of your death. The AD&D policy will also pay a percentage of the AD&D benefit if you are injured in an accident. Basic Life and AD&D benefits will reduce by 35% when you reach the age of 65.

## Voluntary Life

In addition to the Basic Life and AD&D benefits provided by Saddleback Church, you may elect to purchase additional Term Life insurance at discounted group rates provided by Mutual of Omaha. You pay for this coverage with after-tax dollars through convenient payroll deductions.

### Employee

You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of the lesser of \$300,000 or 5x your annual salary. Please note that benefit reductions begin when you reach the age of 75.

### Spouse

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. The base policy for spousal coverage is \$10,000. Additional spouse coverage is available up to a maximum benefit of \$150,000. You may elect up to 50% of the combined employer-paid Basic Employee Life and employee-paid Voluntary Employee Life amounts in spouse coverage. The spouse rate is based on the employee's date of birth.

### Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Coverage for your children (ages birth to 21 years or 25 years if the child is a full-time student) is available in the amount of \$10,000.

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- Employee = The lesser of 5 times your annual salary or \$100,000
- Spouse = \$50,000
- Children = \$10,000

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life insurance anytime during the year as long as you provide proof of good health. To provide proof of good health, you will be asked to complete a health questionnaire and are subject to insurance carrier approval.

If you purchase minimum coverage in the age-reducing Employee Voluntary Life plan when you are first eligible, you may increase your benefit amount up to the guarantee issue within 30 days of a qualifying event (see page 4 under Changes To Enrollment for examples of qualifying events).

### NOTE

Consider updating your beneficiary designation if you have experienced a life changing event such as marriage, divorce, the birth of children, etc. You may login to UltiPro to update your beneficiary as needed.

When your employment at Saddleback Church ends, you have the option of converting your Basic Life and/or Voluntary Life policies to permanent Whole Life policies or porting them to another Term Life policy at term life rates.

# DISABILITY INSURANCE

## Short Term Disability

Saddleback Church provides you with Short Term Disability (STD) to provide income replacement if you are disabled due to accident, sickness or pregnancy, through Mutual of Omaha. If you experience a temporary disability, benefits begin immediately for accidental injuries and 7 days after the start of a sickness or pregnancy. STD works with state disability programs, Social Security, and any other group disability coverage, to provide you with a combined monthly benefit equal to 60% of your pre-disability earnings to a maximum benefit of \$1,386 per week. This benefit will continue for a maximum of 13 weeks.

## Long Term Disability

Saddleback Church provides you with Long Term Disability (LTD) to provide income replacement if you are disabled for an extended period of time, through Mutual of Omaha. If you become totally and permanently disabled, benefits begin 90 days after the start of your illness or injury. LTD works with state disability programs, Social Security, and any other group disability coverage, to provide you with a combined monthly benefit equal to 60% of your pre-disability earnings to a maximum benefit of \$10,000 per month. This benefit will continue to age 65 or Social Security Normal Retirement Age (if you are disabled prior to the age of 62).

### NOTE

STD and LTD insurances offset with California State Disability Insurance (CASDI) and Social Security benefits. For more information, please contact Mutual of Omaha at (800) 877-5176.

# LONG TERM CARE

## Long Term Care

After six months of full-time employment, Saddleback Church offers you the opportunity to purchase Long Term Care insurance at discounted group rates, through Transamerica. Long Term Care offers assistance if something unexpected happens causing you to lose the ability to carry out basic self-care activities for an extended period of time. It also provides substantial supervision if you suffer a cognitive impairment such as Alzheimer's disease. Long Term Care insurance reimburses a daily amount (up to a pre-selected limit) for services to assist you with activities of daily living. 7 out of 10 people who reach the age of 65 will use Long Term Care services someday. This plan can help you begin planning for significant life events like this, and it can help you provide peace of mind about your future, your finances, and your independence.



### For More Information or to Enroll

Contact CPS Insurance Services by calling (949) 225-7136 or you may send an email to [ltcsales@cpsinsurance.com](mailto:ltcsales@cpsinsurance.com).



# TRAVEL ASSISTANCE

## Worldwide Travel Assistance

Saddleback Church provides a Worldwide Travel Assistance plan to you at no cost. This program, arranged by Mutual of Omaha and provided by AXA Assistance USA, offers emergency assistance when you and/or your family are traveling 100+ miles away from home or work. Worldwide Travel Assistance is available 24 hours a day, 7 days a week with trained professionals to assist you with pre-trip assistance, medical assistance, identity theft solutions, and emergency travel support services, such as translation and interpreter services, locating legal services, baggage assistance (for lost, stolen or delayed baggage), emergency payment and cash, emergency messages, document replacement, and vehicle return (if evacuation or repatriation is necessary).



### Accessing Travel Assistance Benefits

For inquiries within the US, call toll free (800) 856-9947. For inquiries outside of the US, call collect (312) 935-3658.





# FLEXIBLE SPENDING ACCOUNTS

You can set aside money in HealthComp's Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year and grace period are eligible for reimbursement from your accounts.

You and your eligible dependents over the age of 18 can receive a debit card to be used at your provider's offices for Medical and Dental copays and Vision out-of-pocket expenses, pharmacy copays, and at grocery stores to pay for eligible over-the-counter expenses. You can also use your debit card with daycare providers if they accept swipe payments. There is no cost to you and your eligible dependents to have a debit card as Saddleback Church covers the administration fees. There is a \$10 fee to replace a card.

Please remember that if you are using your debit card, you must save your receipts, just in case HealthComp needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

## Health Care Spending Account (HCSA)

This plan is used to pay for expenses not covered under your Medical, Dental and Vision plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to \$2,650 pre-tax per year.

## Dependent Care Assistance Plan (DCAP)

This plan is used to pay for eligible expenses you incur for child care (for children to age 13 unless mentally and/or physically incapable of caring for him/herself), or for the care of a disabled dependent, while you work. You may defer up to \$5,000 pre-tax per year. If your spouse is offered an employer-sponsored Dependent Care FSA, the combined amount you and your spouse can set aside may not exceed \$5,000. If you are married and file separate tax returns, the maximum contribution allowed by the IRS is \$2,500 each.

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS permits an FSA grace-period of two months and 15 days following the end of your plan year. During the grace period, you may incur expenses and submit claims for these expenses. Funds will be automatically deducted from any remaining dollars in your FSA. We encourage you to plan ahead to make the most of your FSA dollars. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.



### How to Access Your FSA Transaction History

Go to [www.healthcomp.com](http://www.healthcomp.com). On the homepage, click "Login to HCOOnline."

- First Time Users: In the upper-right corner, click Sign Up. From the dropdown menu, click Member. This will open the New User Registration wizard.
- Returning Users: Enter your user name and password to continue.

### NOTE

Your current FSA elections will expire on June 30th. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

# RESOURCES AND CONTACTS

Below is a list of insurance carrier contacts, should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers directly, please contact the Human Resources Team.

## Medical / Vision / Flexible Spending Accounts

|   |  |
|---|--|
| HealthComp Member Services (Group #F10).....  | (800) 442-7247   |
| You will be asked to provide our group number, your Member ID #, your name or your Social Security Number |  |
| Medical Fax .....   | (559) 499-2464   |
| Flexible Spending Accounts Fax .....  | (559) 499-2045   |
| HealthComp Address.....   | P.O. Box 454018<br>Fresno, CA 93718-5015                   |
| HealthComp Website .....  | <a href="http://www.healthcomp.com">www.healthcomp.com</a> |
| Pre-Authorization (Anthem Blue Cross) .....   | (800) 274-7767   |
| Network Inquiries (Anthem Blue Cross) .....   | (800) 765-2588   |
| Anthem Blue Cross Website .....   | <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>   |
| Locating a Medical Provider .....   | See page 8 of this guide                                   |
| Locating a Vision Provider .....  | See page 17 of this guide                                  |

## Prescription Drugs

|                                       |  |
|---------------------------------------|--|
| Express Scripts Member Services ..... | (844) 421-7569   |
| 24/7 Pharmacy Assistance .....        | See your member ID card  |
| Express Scripts Website .....         | <a href="http://www.express-scripts.com">www.express-scripts.com</a> |
| Locating a Pharmacy Provider .....    | See page 9 of this guide   |

## Dental

|   |  |
|---|--|
| Cigna Member Services (Group #3322896)..... | (800) 244-6224                                   |
| Cigna Website .....                         | <a href="http://www.cigna.com">www.cigna.com</a> |
| Locating a Dental Provider .....            | See page 15 of this guide                        |

## Life and AD&D / Disability / Travel Assistance

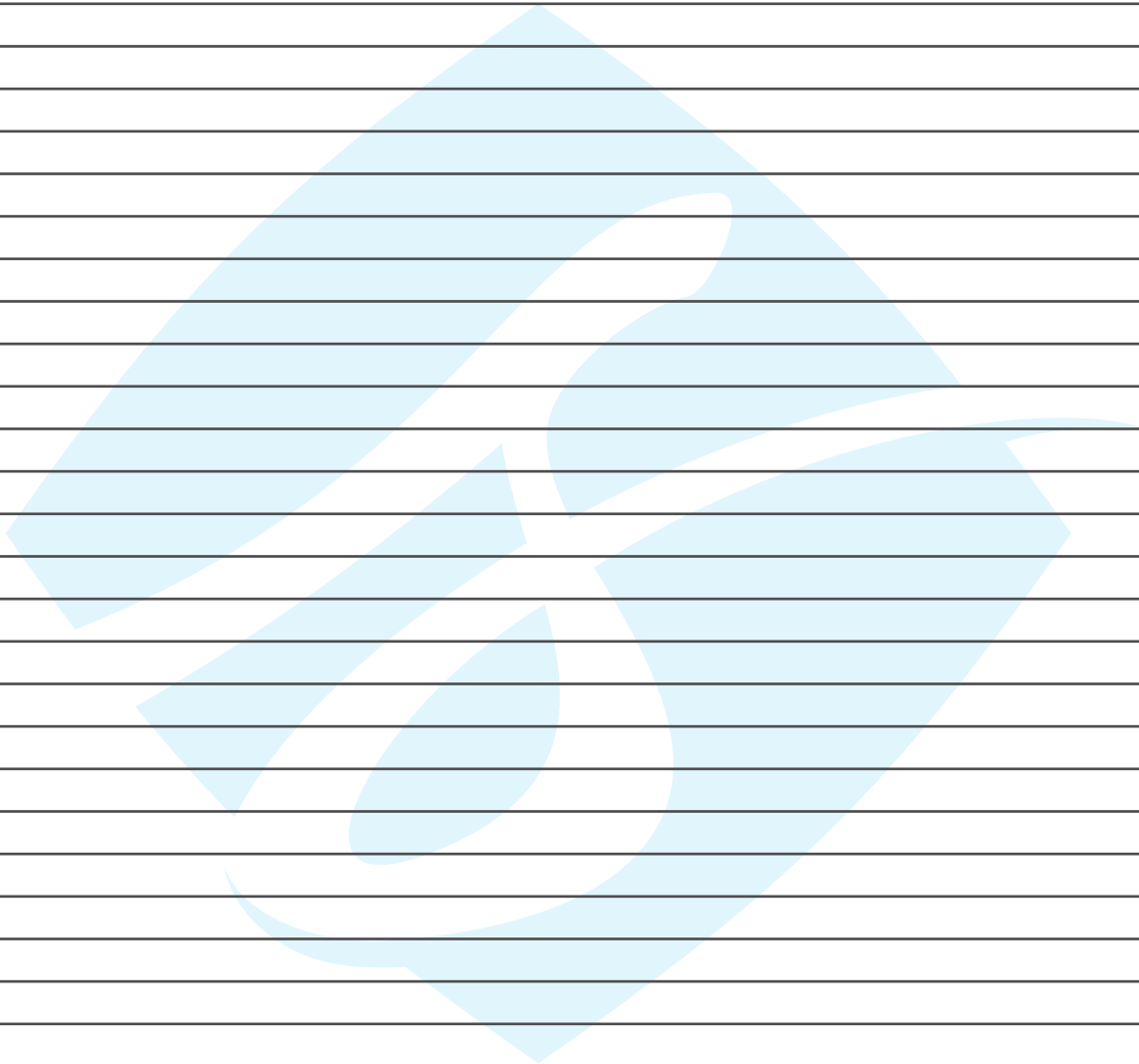
|                                       |   |
|---------------------------------------|---|
| Mutual of Omaha Member Services       |   |
| Life and AD&D (Group #G000AAM9) ..... | (800) 775-8805  |
| Disability (Group #G000AAM9) .....    | (800) 877-5176  |
| Travel Assistance .....               | (800) 856-9947 US<br>(312) 935-3658 Outside the US (call collect) |
| Mutual of Omaha Website .....         | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>  |

## Long Term Care

|                                   |  |
|-----------------------------------|--|
| Transamerica Member Services..... | (800) 338-0257   |
| Transamerica Website .....        | <a href="http://www.transamerica.com">www.transamerica.com</a> |



# NOTES





Learn more at [www.burnhambenefits.com](http://www.burnhambenefits.com)

This guide provides an overview of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern. In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.