

## Coverages\*

Current deductibles, "out-of-pocket" [stop-loss] limits, co-payment percentages, and benefit limits.

\* See current Benefit booklets for specific age limits and coverage timelines.

Medical Coverage	Retiree or Indemnity	PPO	
		In Network	Out of Network
<b>Limits</b>			
Individual Deductible	\$300	\$300	\$600
Family Deductible	600	600	1,200
Added Deductible for failure to pre-qualify hospitalization	400	400	400
Individual maximum out-of-pocket [stop loss]	1,500	1,500	3,000
Family maximum out-of-pocket [stop loss]	3,000	3,000	6,000
<b>Hospital Benefits</b>			
Hospital Expense	80%	80%	60%
Hospital Emergency	80%	80%	80%
<b>Physician Benefits</b>			
Non-surgical office visit co-pay	100% \$20	100% \$20	60%
Other physician fees	80%	80%	60%
<b>Other Benefits</b>			
Ambulance	80%	80%	80%
Home health care Maximum days/year	80% 120	80% 120	80% 120
Psychiatric care inpatient Maximum days/year	80% 30	80% 30	80% 30
Psychiatric care outpatient Max. visits per year	50% 52	50% 52	50% 52

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Medical Coverage	Retiree or Indemnity	PPO	
		In Network	Out of Network
<b>Drug &amp; Alcohol Abuse</b>			
Inpatient Maximum days/year	80% 30	80% 30	60% 30
Outpatient	50%	50%	50%
<b>Routine Preventative</b>			
Physical/well baby care after co-pay	100% \$20	100% \$20	60%
Mammography no co-pay	100% \$0	100% \$0	0%
Pap Smear after co-pay	100% \$20	100% \$20	0%
<b>Lifetime Maximum Medical Benefit</b>			
Active	\$5,000,000	\$5,000,000	\$5,000,000
Retired	\$250,000	\$250,000	\$250,000
<b>Dental Coverage</b>			
Preventative Type A	100%		
Type B coverage	80%		
Type C coverage	50%		
Individual deductible		\$25	
Maximum family deductible		\$75	
Individual annual dental benefit limit		\$1,500	
(Benefit limit balance can be carried over to the next year for a maximum of \$3,000 per year.)			
<b>Vision Coverage</b>			
Examination	\$20 co-pay		
Glasses Frames	\$100 allowance, 20% off balance over \$100		
Glasses Lenses	\$20 co-pay		
Contact Lenses	\$80 allowance, 15% off balance over \$80		
(Refer to your TruAssure booklet for out-of-network coverages.)			
<b>Prescription Drug Coverage</b>			
	<u>Generic</u>	<u>Brand Formulary</u>	<u>Brand Non Formulary</u>
Drugs			
retail	\$8 co-pay	\$40 co-pay	\$65 co-pay
mail order	\$16 co-pay	\$85 co-pay	\$140 co-pay



The Evangelical Covenant Church

# GROUP BENEFIT PROGRAM

## 2010

**Administered by Regional Conferences, Bethany Benefit Service, and the Board of Pensions and Benefits**

This brochure is published for the convenience of enrollees and prospective enrollees in the Covenant group benefit program. It contains a brief overview of the benefits which are currently provided. In the event of an error or a conflict between descriptions in this brochure and the actual insurance contracts, the insurance contracts shall prevail and shall govern all insurance coverage which is provided. For questions, contact:

**BETHANY BENEFIT SERVICE**

**TOLL FREE 1-800-313-8955**

**PHONE 773-907-3376 FAX 773-784-2249**

**EMAIL [bethany@covchurch.org](mailto:bethany@covchurch.org)**

**WEB [www.covchurch.org/bethany-benefit](http://www.covchurch.org/bethany-benefit)**

## Who can participate?

The Covenant benefit program is available to employees of participating Covenant churches, regional conferences and those affiliates, and Covenant pastors who work for voluntary employers of the Covenant Pension Plan. Part-time employees working 20-29 hours per week may enroll for medical coverage only.

If you change your employment from one program participant [Covenant church, camp, etc.] to another program participant, simply notify your regional conference office and submit a transfer of benefits form with your new employment information to Bethany Benefit Service.

If you leave Covenant employment altogether, you will no longer be eligible to participate in the Covenant Benefit Program. However, you will be eligible to continue health insurance coverage for a period of up to 18 months under provisions similar to the COBRA law. The premium for continuation of coverage is higher than the group rate and is at the employee's expense.

Retiring employees may enroll in the retiree Medicare supplement insurance plan as described in the medical and dental plan booklets. Contact Bethany Benefit Service for an application.

## What insurance is included?

- Term life insurance and AD&D
- Long-term disability insurance
- An employee assistance program
- Medical benefits
- Dental benefits
- Vision benefits
- Prescription drug benefits

## What are the benefits?

### Term Life Insurance

to age 65	\$100,000
age 65 to age 70	\$65,000
age 70 to age 75	\$50,000
age 75 and older	\$36,000

An accidental death and disability (AD&D) benefit for enrollees up to age 70 provides double indemnity in the case of accidental death and certain disability benefits in the case of accidental disability.

## Long-Term Disability Insurance

In the event of long-term disability and after the specified waiting period, the benefits are the lesser of: 60% of monthly earnings, OR 70% of monthly earnings less other income. The maximum disability benefit is \$7,500 per month.

For persons covered by LTD benefits, health insurance will be paid for up to 24 months. Also, for members of the Covenant Pension Plan, annual payments will be made to the pension plan at pre disability levels to maintain pension benefits.

## An Employee Assistance Program

A 24-hour-per-day telephone assistance and referral service staffed by qualified professional counselors.

## Medical Benefits

### Administered by Highmark Blue Cross Blue Shield

Specified benefits [after deductibles and/or co-payments] provided by hospitals, physicians, convalescent facilities, well baby care and home health care providers, psychiatric care providers, family counselors, and drug and alcohol dependency treatment facilities.

## Dental Benefits

### Administered by Delta Dental

PPO coverage includes preventative, restorative and corrective dentistry, as well as dentures.

## Vision Benefits

### Insured by TruAssure

Coverage includes eye exams, glasses and contacts, as well as discounts for Lasik/PRK procedures. Most major eye care providers are in-network.

## Prescription Drug Benefits

### Administered by Express Scripts

Drug card used to provide coverage for filling prescription, either retail or mail order. Mail order encouraged for maintenance drugs and available in discounted 90-day supplies.

## When to Enroll

### New Employees

You are eligible to enroll by submitting an application to Bethany Benefit Service within 90 days of date of eligibility [usually the date of employment].

### Other Employees

Employees who are currently eligible for the Covenant Benefit Program but in the past chose not to enroll may apply upon the plan anniversary, January 1. This is the only date for late enrollment. Proof of good health may be required under certain legal provisions for church plans. Check with Bethany Benefit Service. For churches leaving the plan for financial reasons, a two year waiting period to re-enroll applies.

## How to Enroll

Contact Bethany Benefit Service for an enrollment packet. Changes, requests, or updates must be in writing.

*Enrollment Notes:* Applicants must enroll in the entire Covenant Benefit Program, or not at all. Full time employees may choose to enroll in only life and long-term disability if they have medical coverage through a spouse. To do so, complete the application and indicate to waive health insurance.

Married applicants have the choice to enroll in individual or family health insurance. If your employer pays for individual health coverage, you may enroll in family coverage at your own expense if you make arrangements with your employer to reimburse your employer for the difference between the individual and family premiums. All premiums are billed to employers.

## Premium Billing and Payments

To simplify billing and enrollment, the Board of Pensions and Benefits uses Bethany Benefit Service (BBS). Billing for insurance coverages will be consolidated and mailed quarterly. Payment to BBS is due on receipt of each statement. [Late or missing premium payments may result in cancellation of coverage. BBS can only conclude from non-payment of the premium bill that you wish to discontinue coverage.]

Monthly payments are permitted if you sign up for electronic funds transfer with BBS. Call to acquire forms and information.