

# Group Benefits Program



## **Administered by the Board of Pension and Benefits of the Evangelical Covenant Church**

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.

## **Bethany Benefit Service**

**Toll Free** (800) 313-8955

**Phone** (773) 907-3376 **Fax** (773)784-2249

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

**web** [CovChurch.org/benefits/insurance](http://CovChurch.org/benefits/insurance)

## Q: What insurance is included?

- ✓ Medical benefits
- ✓ Dental benefits
- ✓ Vision benefits
- ✓ Prescription drug benefits
- ✓ Term life insurance and AD&D (for full-time employees)
- ✓ Long-term disability insurance (for full-time employees)
- ✓ An employee assistance program

## Q: Who can participate?

The Covenant benefit program is available to employees of participating Covenant churches, regional conferences, camps, and other 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 in health insurance only.

Full-time employees may enroll in life and long-term disability benefits if they have health insurance through a secondary employer. This allows the employee to add health insurance to their account at any time of the year.

If you change your employment from one program participant (Covenant church, camp, etc.) to another, submit a transfer of benefits form with your new employment information

to Bethany Benefit Service and your policy will continue without interruption.

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 up to 18 months under provisions similar to the COBRA law. The premium for continuation of coverage is slightly 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 on our website ([CovChurch.org/benefits/insurance](http://CovChurch.org/benefits/insurance)). Contact Bethany Benefit Service for an application.

# Q: How do I enroll?

## When to Enroll

**New Employees**—You are eligible, beginning on your date of hire, to enroll by submitting an application to Bethany Benefit Service within 90 days of date of eligibility (the date of employment or change in job description).

**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, although a few exceptions apply. Check with Bethany Benefit Service.

## Enrollment Process

Contact Bethany Benefit Service for an application. 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 health plan provided by a secondary employer. To do so, complete the application and indicate to waive health insurance. Dental and vision coverage may be waived for a small cost savings.

Applicants with families have the choice to enroll in family or individual 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. 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. Billing for insurance coverages will be consolidated and mailed quarterly. Payment to Bethany Benefit Service is due on receipt of each statement. (Late or missing premium payments may result in cancellation of coverage.)

Monthly payments are permitted if you sign up for electronic funds transfer (ACH). Call to acquire forms and information.

# Q: What are the benefits?

## 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 and orthodontics.

## Vision Benefits

*Insured by DeltaVision*—Coverage includes eye exams, glasses and contacts, as well as discounts for Lasik/PRK procedures.

## Prescription Drug Benefits

*Administered by Express Scripts*—Drug card used to provide coverage for filling prescriptions, either retail or mail order. Mail ordered 90-day supply is encouraged for maintenance drugs.

## 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 dismemberment benefit for enrollees provides double indemnity in the case of accidental death and certain disability benefits in the case of accidental disability. *(Only available to actively-working, full-time employees)*

## Long-Term Disability Insurance

In the event of long-term disability and after a 90-day waiting period, the benefits are the lesser of: 60% of monthly earnings, OR 70% of monthly earnings less other income. For persons receiving LTD benefits, health insurance will be paid for up to 24 months. Also, for members of the Covenant Pension Plan, payments will be made to the pension plan at pre-disability levels to maintain pension benefits. *(Only available to actively-working, full-time employees)*

## Employee Assistance Program

A 24-hour-per-day telephone assistance and referral service staffed by qualified professional counselors is included. *(Available to all members enrolled in life insurance.)*

# 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

	PPO		
	<i>In Network</i>	<i>Out of Network</i>	<i>Retiree or Missionary</i>
<b>LIMITS</b>			
Individual deductible	\$ 300	\$ 600	\$ 300
Family deductible	\$ 600	\$ 1,200	\$ 600
Added deductible for failure to pre-qualify hospitalization	\$ 400	\$ 400	\$ 400
Individual max. out-of-pocket [stop loss]	\$ 1,500	\$ 3,000	\$ 1,500
Family max. out-of-pocket [stop loss]	\$ 3,000	\$ 6,000	\$ 3,000
<b>HOSPITAL BENEFITS</b>			
Hospital expense	80%	60%	80%
Hospital emergency	80%	60%	80%
<b>PHYSICIAN BENEFITS</b>			
Non-surgical office visit	100%	60%	100%
<i>co-pay</i>	\$ 20		\$ 20
Other physician fees	80%	60%	80%
<b>OTHER BENEFITS</b>			
Ambulance	80%	80%	80%
Home health care	80%	80%	80%
Psychiatric care inpatient	80%	60%	80%
Psychiatric care outpatient	100%	60%	100%
<i>co-pay</i>	\$ 20		\$ 20
<b>DRUG &amp; ALCOHOL ABUSE</b>			
Inpatient	80%	60%	80%
Outpatient	100%	60%	100%
<i>co-pay</i>	\$ 20		\$ 20

## Medical Coverage (continued)

	PPO		
	In Network	Out of Network	Retiree or Missionary
<b>LIMITS</b>			
Physical/well baby care <i>after co-pay</i>	100% \$ 20	60%	100% \$ 20
Mammography <i>no co-pay</i>	100% \$ 0	0%	100% \$ 0
Pap Smear <i>after co-pay</i>	100% \$ 20	0%	100% \$ 20

## Dental Coverage

Preventative services	100%	Individual deductible	\$25
Basic work	80%	Maximum family deductible	\$75
Major work	50%	Individual annual limit*	\$1,500
Orthodontics	50%	<i>lifetime maximum</i>	\$1,500

## Vision Coverage

Examination**	\$20 co-pay
Glasses frames**	\$100 allowance, 20% off balance over \$100
Glasses lenses**	\$20 co-pay, for standard plastic lenses
Contact lenses**	\$80 allowance, 15% off balance over \$80

## Prescription Drug Coverage

	Generic	Brand	
		Formulary	Non-Formulary
Retail	\$8 co-pay	\$40 co-pay	\$65 co-pay
Mail order (90-day supply)	\$16 co-pay	\$85 co-pay	\$140 co-pay

\*Benefit limit balance can be carried over to the next year for a maximum of \$3,000 per year. Restrictions apply.

\*\*Refer to schedule of benefits for out-of-network coverages.

# Bethany Benefit Service

*A ministry of the Evangelical Covenant Church*

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**Important Plan Information:** This group health plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act. As permitted by the PPACA, a grandfathered health plan might not include certain consumer protections of the PPACA that apply to other plans. However, Bethany Benefit Service far exceeds most minimum requirements for consumer protections in the Affordable Care Act. Please contact Bethany Benefit Service with questions.

For more information about us and our benefits packages, please visit [CovChurch.org/benefits](https://CovChurch.org/benefits).

CALL **(800) 313-8955**