



EFCA

Multiplying Transformational
Churches Among All People

2023 Benefit Guide



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Benefits Overview

Evangelical Free Church of America (EFCA) is proud to offer a comprehensive benefits package to eligible employees who work 30 hours or more per week. This summary describes your 2023 benefits. For each benefit plan, you will find a description of your coverage, as well as information about eligibility, enrollment, and costs. This summary is intended to provide an overview of each of your benefit plans. Although care was taken to properly and completely describe these plans, you should consult your actual policy certificates for full details.

Benefit Plans Offered

- Medical
- Dental
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Life and Accidental Death & Dismemberment Insurance
- (AD&D)
- Supplemental Life and AD&D
- Short-Term Disability
- Long-Term Disability
- Tax Deferred Annuity 403(b) Plan (TDA)

Eligibility

You and your dependents are eligible for the EFCA benefits on your date of hire.

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 31 days.

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.

Medical Benefits

Administered by HealthPartners

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide a free review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through the EFCA.

The EFCA offers you a choice of three medical plans through HealthPartners outlined below.

Definitions

Deductible: The amount you owe for healthcare services your plan covers before it begins to pay. The deductible may not apply to all services, for example preventive care.

Copayment: A fixed amount you pay for a covered service, usually when you receive the service. For example, office visits, Rx, urgent care. The amount can vary by the type covered service.

Coinsurance: Your share of the cost for a covered service, shown as a percent of the amount of the service. You pay the coinsurance + any deductibles. The health plan pays the rest of the allowed amount.

Out of Pocket Max: The most you pay during the plan year before your health insurance pays 100% of the allowed amount. This limit does not include premium, balance-billed charges, or non-covered services.

	Plan\$300-\$25 Plan	\$1,500-75% 3FF Plan	\$3,500-100% RxPlus HSA
Network	Open Access		
IN-NETWORK PLAN DESIGN FEATURES			
Deductible (accumulates 1/1-12/31)	\$300/person \$900/family	\$1,500/person \$3,500/family	\$3,500/person \$7,000/family
Coinsurance (Carrier %/Your %)	75%/25%	75%/25%	100%/0%
Out-of-Pocket Maximum (Includes deductible, copays, and coinsurance)	\$2,750/person \$5,500/family	\$4,500/person \$8,500/family	\$3,750/person \$7,500/family
MEDICAL			
Preventative Care (routine exams, x-rays/tests, immunizations, well baby care, cancer screenings)	100% coverage	100% coverage	100% coverage
Office Visit	PCP: \$25 copay	25% after deductible (first 3 visits are free)	No charge after deductible
Convenience/Retail Care Clinic	\$10 copay (first 3 visits are free)	25% after deductible (first 3 visits are free)	No charge after deductible
Urgent Care	\$25 copay	25% after deductible (first 3 visits are free)	No charge after deductible
Diagnostic Tests (X-ray, blood work)	25% after deductible	25% after deductible	No charge after deductible
Imaging (CT/PET scans, MRIs)	25% after deductible	25% after deductible	No charge after deductible
Inpatient Hospitalization	25% after deductible	25% after deductible	No charge after deductible
Outpatient Hospitalization	25% after deductible	25% after deductible	No charge after deductible
Emergency Room Services	25% after deductible	25% after deductible	No charge after deductible

Plan	\$300-\$25 Plan	\$1,500-75% 3FF Plan	\$3,500-100% RxPlus HSA
Network	Open Access		
OTHER SERVICES			
Mental Health & Substance Abuse Services	Inpatient: 25% after deductible Outpatient: \$25 copay	Inpatient: 25% after deductible Outpatient: 25% coinsurance (rst 3 visits are free)	No charge after deductible
Physical, Occupational and Speech Therapy Services	\$25/visit/treatment type	25% after deductible	No charge after deductible
PRESCRIPTION DRUGS (RX)			
Generic Drugs	\$12 copay	\$12 copay	No charge after deductible*
Preferred Brand Drugs	\$45 copay	\$45 copay	No charge after deductible*
Non-Preferred Brand Drugs	\$90 copay	\$90 copay	20% after deductible
MEDICAL PLAN MONTHLY EMPLOYEE RATES (PRE-TAX)			
Employee Only	\$247.78	\$155.62	\$100.42
Employee + Spouse	\$542.50	\$340.72	\$219.88
Family	\$685.24	\$430.36	\$277.72

*Preventive Medication for the \$3,500-100% plan has a \$12 copay for generic and \$45 copay brand.

This analysis 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 more details. Policy forms for your reference will be made available upon request.



Network Definitions:

All plans use the Open Access Network. To locate an in-network provider, go to www.healthpartners.com and select the “Find a Provider” link at the top of the webpage.

www.HealthPartners.com:

Access helpful and personalized information on your health plan, review your benefits, and manage plan payments, like your deductible usage. You can also order ID cards and access additional information on the resources below. Register your member ID today to take control of you and your family’s health plan. You can also download the myHP app for your smartphone from the Google Play or the App Store.

CareLineSM Service:

Need advice after clinic hours or not sure if you should see a doctor? Talk to a nurse who is trained to review your symptoms and explain your treatment options. Available 24 hours/day, 7 days/week, 365 days/year. Call [612.339.3663](tel:612.339.3663), [1.800.551.0859](tel:1.800.551.0859) or [952.983.5474](tel:952.983.5474) (TTY).

BabyLine Phone Service:

Helps expectant and new parents up to six weeks after the baby is born. Nurses can answer questions about mood swings, morning sickness, healthy eating, safe medications and more. Nurses can also help you tell the difference between normal discomfort and signs of pre-term labor. Available 24 hours/day, 7 days/week, 365 days/year. Call [612.333.2229](tel:612.333.2229) or [1.800.845.9297](tel:1.800.845.9297).

HealthPartners Nurse NavigatorSM Program:

When you need help sorting out health and insurance issues, call our nurse navigators. You’ll talk to skilled nurses who can research and coordinate healthcare based on your benefits and coverage. They can also guide you through tough decisions like choosing a treatment option. Available Monday through Friday, 8 a.m. to 5 p.m., CST. Call [952.883.5000](tel:952.883.5000), [1.800.883.2177](tel:1.800.883.2177) or [952.883.5127](tel:952.883.5127) (TTY).

Behavioral Health Personalized Assistance Line (PAL):

Talk to professionals who can help when you have questions about mental and chemical health network, benefits and services. Available Monday through Friday, 8 a.m. to 5 p.m., CST. Call [952.883.5811](tel:952.883.5811) or [1.888.638.8787](tel:1.888.638.8787).

Healthy Discounts:

Get special discounts or prices on a variety of services. For the latest list of discounts, log on to healthpartners.com.

Virtuwell:

Your 24/7 online clinic. Get a treatment plan and a prescription if you need one, right from your home or office. If you elect the \$300-\$25 plan, or the \$1,500-75% 3FF plan, you get three free visits per family member!

Mail Order Pharmacy:

Save time and money; obtain a three-month supply of your medications. Shipping is free and sent within 3 business days in the U.S. Call [952.833.0497](tel:952.833.0497) or [1.888.356.6656](tel:1.888.356.6656) or visit www.healthpartners.com/mailorder.



Workout anytime, anywhere—just login to www.HealthPartners.com on your browser or download the Wellbeats app for your Android or Apple iOS device. Wellbeats offers hundreds of classes, fitness assessments and challenges that can be easily accessed from home or on-the-go.

Health Savings Account (HSA)

Administered by Optum

An HSA is an individually owned, tax-exempt account which may be used as either a savings or a spending account. Its intended purpose is to provide pre-tax contribution and tax-free interest growth to pay for qualified out-of-pocket healthcare expenses now or at retirement. This account must be paired with the medical \$3,000-100% RxPlus HSA plan.

The EFCA will be contributing the following to your HSA Account in 2023:

- \$125/month for single coverage (\$1,500 annually)
- \$125/month for single +1 coverage (\$1,500 annually)
- \$125/month for family coverage (\$1,500 annually)

The HSA may also be funded by your own contributions on a pre-tax basis via payroll deduction.

2023 Maximum Contribution Limits:

- \$3,850 for Individual coverage
- \$7,750 for Individual +1 and Family coverage
- Those who are age 55+ may make an additional \$1,000 pre-tax contribution to their HSA account as a catch-up contribution.

What are some advantages of an HSA?

- HSA payroll contributions lower your payroll taxes.
- You own the account. You can use it or save it. Balances roll over year to year.
- You get tax-deferred earnings from interest-bearing and invested funds.

Important Note: To be eligible to open an HSA, you must meet the eligibility requirements set forth by the IRS. If you are covered under your spouse's non-QDHP medical plan, if you and/or your spouse participate in a medical reimbursement flexible spending account plan (unless this plan is limited to dental and vision care expenses only) and/or if you are currently on Medicare, you are not eligible to contribute to an HSA and your employer may not contribute to an HSA on your behalf. Please contact Human Resources for specific HSA eligibility rules.



Flexible Spending Accounts (FSA)

Administered by HR Simplified

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. That's where the savings comes in. Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Annual Flexible Spending Account Limit	\$3,050
Annual Dependent Care Spending Limit	\$5,000

Flexible Spending Account (FSA) - allows you to pay for unreimbursed healthcare expenses on a pre-tax basis. Eligible expenses may include co-pays, deductible, eyeglasses, orthodontia and other qualified expenses. The maximum benefit election for 2022 is \$2,750.

Limited Purpose Flexible Spending Account (LFSA) - If you are enrolled in a qualified HDHP Medical Insurance Plan (either your employer's HSA plan or another HSA plan), and you also enroll in this FSA, the use of your FSA funds will be limited in scope—I.e., you will only be able to use your FSA funds for dental and vision expenses not covered by medical insurance, medical expenses AFTER you have met the HSA deductible, and other expenses as required by a Limited Purpose FSA.

Dependent Care Spending Account – reimburses you for child care or dependent care expenses incurred while you are at work. Child must be under age 13 or if older mentally or physically incapable of self-care. The maximum benefit election is \$5,000.

Here's How an FSA Works

- You decide the annual amount you want to contribute based on your expected healthcare and/or dependent childcare/elder care expenses.
- Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
- You can pay with the **FSA debit card** for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
- You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.

Expenses claimed under the FSA and/or Dependent Care FSA must be incurred during the Plan Year (January 1 – December 31). With the exception of the \$610 Rollover Rule (described below), unused money at the end of the Plan Year is forfeited (use-it-or-lose-it). Enrollment in the plan does NOT roll over from year to year; employees must make a positive election each year, in order to participate in the Medical Flexible Spending or Dependent Care Reimbursement Account(s).

\$610 Rollover Rule

If you do not use the entire amount of your Health Care FSA for the plan year, you have the option to carry over up to \$610 from the current plan year to the following plan year. The rollover amount does not count towards the \$3,050 FSA contribution limit.



Dental Benefits

Administered by HealthPartners

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 EFCA dental benefit plan.

Dental Options Plan through HealthPartners					
	Select Network		Open Access Network		Any Dentist Network
	In-Network	out-of-Network	In-Network	out-of-Network	In and Out-of-Network
Annual Deductible (per calendar year)	\$0 Single \$0 family	\$50 Single \$150 Family	\$0 Single \$0 Family	\$50 Single \$150 Family	\$25 Single \$75 Family
Annual Benefit Maximum (per calendar year)	\$2,000	\$500	\$2,000	\$500	\$2,000
Preventive & Diagnostic Care - Teeth cleaning, exams, dental X-rays, uroide treatments & sealants	100%	80%	100%	80%	100%
Basic Care I - Fillings (amalgam & anterior composite) - Posterior composite (white) llings - Simple extractions - Non-surgical periodontics - Endodontics (root canal therapy)	100% 80% 80% 80% 80%	50% 50% 50% 50% 50%	100% 80% 80% 80% 80%	50% 50% 50% 50% 50%	100% 80% 80% 80% 80%
Basic Care II - Surgical periodontics - Complex oral surgery	80% 80%	50% 50%	80% 80%	50% 50%	80% 80%
Special Care - Restorative crowns & onlays	50%	0%	50%	0%	50%
Prosthetics - Bridges, dentures, & partial dentures - Dental implants	50% 50%	0% 0%	50% 50%	0% 0%	50% 50%
Dental Plan Monthly Employee Rates (pre-tax)					
	Dental Select Network		Open Access Network		Any Dentist Network
Employee only	\$6.18		\$14.90		\$27.16
Employee +1	\$11.98		\$28.90		\$52.70
Family	\$16.54		\$39.88		\$65.22

*This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

How do I find a participating HealthPartners clinic?

www.healthpartners.com

Customer Service: 952.883.5000

There are three networks associated with the HealthPartners dental program:

Dental Select Plan – a narrow network of providers that offer lower costs. Researching and working with a PPO provider will help you save money.

Open Access – a broader network inclusive of many dentists in your area.

Any Dentist – the broadest network inclusive of any dentists in your area. Discounted prices may not be significant.

Basic Life and AD&D Insurance

Insured by Mutual of Omaha Insurance

What would happen to your family or financial obligations if something happened to you? Life insurance is designed to provide protection for your dependents or to enable your beneficiary to settle your affairs in the event of your death. Regardless of your age, income, or health status, life insurance may help secure the future of your survivors.

Basic Group Term Life and Accidental Death & Dismemberment (AD&D)

As an eligible participant under this plan, paid for by the EFCA, you are covered for 1 times your annual salary up to \$100,000. Spouses are covered up to \$5,000 and children 6 months to age 19 (26 if full-time student) are covered at \$1,000 each or per child.

Basic Group Term Life and AD&D	
Life Benefit	1x annual salary up to \$100,000
AD&D Benefit	2x annual salary up to \$200,000

Supplemental Life and Accidental Death & Dismemberment (AD&D)

This is a voluntary benefit, with an additional after-tax cost. In order to purchase life and AD&D coverage for your dependents, you must buy this coverage for yourself. The life insurance guaranteed issue only applies at initial eligibility.

Monthly Rates		
Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000
<34	\$.08	\$.08
35-39	\$.10	\$.10
40-44	\$.15	\$.15
45-49	\$.28	\$.28
50-54	\$.47	\$.47
55-59	\$.74	\$.74
60-64	\$1.16	\$1.16
65-69	\$1.96	\$1.96
70-79	\$5.18	N/C
80+	\$15.67	N/C
Child Per \$1,000		\$.10
AD&D Coverage		Rates
Employee		\$0.03

Disability Benefits

Administered by Mutual of Omaha Insurance

Disabilities can happen to anyone, anywhere, at any time. One out of three Americans can expect to have sickness or a disability lasting at least 90 days (sometimes even longer) at some time during their working years. Meeting your basic living expenses can be a real challenge if you become disabled and are unable to work for a period of time. The EFCA provides employees with both company paid short-term and long-term disability coverage to protect against financial hardship if you become disabled for any length of time.

Short-Term Disability

The Short-Term Disability (STD) Program provides income if you become disabled due to a non work-related injury or illness. Benefits begin after a 14 day waiting period after an illness or injury and can continue up to 11 weeks.

After satisfying the waiting period, the weekly benefit payable through payroll equals 60% of your weekly base pay, up to a maximum of \$500 per week.

Loss of income can also be supplemented by accrued but unused PTO.

Long-Term Disability

Long-Term Disability (LTD) Insurance provides income when you have been disabled through the 90 day waiting period with a qualified illness or injury, the benefit amount is based on 60% of your monthly pay. As long as you are continuously disabled, this plan will continue to pay up to social security normal retirement age.

Long-Term disability premiums are paid by the EFCA before taxes, which means that any benefit you receive under this plan is taxable. If an employee would like to pay taxes on the premium, they may do so to get the benefit tax free.

	Disability Benefits	
	Short-Term Disability	Long-Term Disability
Waiting Period	14 days	90 days
Benefit	60% of weekly base pay	60% of monthly base pay
Maximum Benefit	\$500	\$5,000
Duration	up to 11 weeks	Social Security Normal Retirement Age

Paid Parental Leave

Eligible employees are entitled to two weeks of paid Maternity Leave and/or two weeks of paid Bonding Leave in conjunction with the birth or adoption of a child.

Benefits-eligible employees who have worked for at least 12 consecutive months immediately preceding request for leave may be eligible for Maternity Leave and/or Bonding Leave per the definitions below.

Maternity Leave

Maternity leave offers two weeks of paid leave for biological mothers only and is for the purpose of physical recovery after giving birth.

Bonding Leave

Bonding leave offers two weeks of paid leave for biological mothers, biological fathers, and adoptive parents for the purpose of relational bonding with the new child.

Timing of Leave

Maternity leave begins immediately after the birth of the child. Bonding leave begins immediately following maternity leave for biological mothers. Bonding leave begins no later than the day the child returns home from the hospital for fathers or on the day the child is placed in the home for adoptive parents.

Tax Deferred Annuity 403(b) Plan (TDA)

Administered by FCMM

The Tax Deferred Annuity 403(b) Plan (TDA) is a qualified retirement plan allowing you and the EFCA to jointly contribute funds on a pre-tax basis into a retirement account established for you. You have the convenience of contributing to your retirement savings through payroll deductions. You can transfer balances from other retirement accounts into the plan. Eligible rollovers include distributions from other qualified plans, 403(b) plans and IRAs.

Plan Benefits

There are multiple benefits to taking advantage of this savings plan. The first benefit is that you don't pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after you retire. Allowable contributions to a 403(b) plan are either excluded or deducted from your income. The second benefit is that earnings and gains on amounts in your 403(b) account aren't taxed until you withdraw them. The third benefit is that you may be eligible to take a credit for elective deferrals contributed to your 403(b) account.

403(b) Plan	
Component	Features
Salary Deferral	You can elect to enroll immediately. The 403(b) plan limits the amount of your deferral to 60% of your compensation to a maximum amount determined by the IRS. The 2023 combined limit for pre-tax and after-tax Roth contributions is \$22,500. Anyone age 50 and over may contribute additional funds and should contact your administrator to see if you qualify to defer more money.
Company Contribution	The EFCA will contribute to an employee's TDA on the first pay period after 90 days of continuous service. The EFCA's contribution for 2023 is 5% of annual wages or salary, plus another 2.5% if the employee contributes at least 2.5% of his or her salary to the plan.

Contact Information

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

Benefit	Administrator	Phone	Website
Medical	HealthPartners	952.883.5000	www.healthpartners.com
Dental			
Health Savings Account (HSA)	Optum	1.866.234.8913	www.optumbank.com
Flexible Spending Account (FSA)	HR Simplified	888.318.7422	www.hrsimplified.com
Life and AD&D Insurance Short-Term Disability Long-Term Disability	Mutual of Omaha Insurance	Contact Calli 952.853.8443	www.mutualofomaha.com
Tax Deferred Annuity 403(b) Plan (TDA)	FCMM	800.995.5357	www.fcmmbenefits.org

Additional Benefits Questions?

please reach out to Matt Smith: msmith@nesbitagencies.com or Megan Rosencrance: mrosencrance@nesbitagencies.com



Legal Notices

1. HIPAA Special Enrollment Rights
2. Women's Health and Cancer Rights Act Annual Notice
3. HIPAA Notice of Privacy Practices
4. Medicaid and the Children's Health Insurance Program Offer Free or Low-Cost Health Coverage to Children and Families (CHIPRA Notice) 5. Initial/General Notice of COBRA Continuation Coverage Rights
6. Annual Medicare Part D Certification (Creditable Coverage Notice)

HIPAA Special Enrollment Rights

Please take time to familiarize yourself with this information. If you have dependents that are enrolled in Evangelical Free Church of America plan(s), please make sure they also have the opportunity to review this information.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, 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 dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Calli Johnson, Human Resources at [952.853.8443](tel:952.853.8443) or by email at calli.johnson@efca.org.

Women's Health and Cancer Rights Act Annual Notice

On October 21, 1998 the federal government passed the Women's Health and Cancer Rights Act of 1998. As part of our plan's compliance with this Act, we are required to provide you with this annual notice outlining the coverage that this law requires our plan to provide.

Our group health plan has always provided coverage for medically-necessary mastectomies. This coverage includes procedures to reconstruct the breast, on which the mastectomy was performed, as well as the cost of necessary prostheses (implants, special bras, etc.) and treatment of any physical complications resulting from any stage of the mastectomy. However, as a result of this federal law, the plan now provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery.

The following benefits must be provided if benefits are provided for a mastectomy:

- Coverage for reconstruction of the breast on which the mastectomy is performed.
- Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
- Coverage for prostheses and physical complications resulting from any stage of the mastectomy, including lymph edemas.

These benefits are subject to the same deductible, copayments and coinsurance that apply to mastectomy benefits under the plan.

HIPAA Notice of Privacy Practices

This notice is to advise you that Evangelical Free Church of America maintains a HIPAA privacy policy and a notice of the company's privacy practices is available to you at any time. If you would like to request a copy of the privacy practice, please contact Calli Johnson, Human Resources at [952.853.8443](tel:952.853.8443) or by email at calli.johnson@efca.org.

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 **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 or call [www.askebsa.dol.gov866.444.EBSA \(3272\)](http://www.askebsa.dol.gov866.444.EBSA).

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, 2020. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx 916.440.5676
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado’s Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hip/index.html 877.357.3268
GEORGIA – Medicaid
https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, ext. 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid http://www.indianamedicaid.com 800.403.0864
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563
KANSAS – Medicaid
http://www.kdheks.gov/hcf/default.htm 800.792.4884
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIP.PPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: http://www.maine.gov/dhhs/ofi/public-assistance/index.html 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
http://www.mass.gov/eohhs/gov/departments/masshealth 800.862.4840
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcnp.nv.gov v 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/oii/hipp.htm 603.271.5218 Toll-Free:800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org g 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIP-Program.aspx 800.692.7462
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.go v 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.go v 888.828.0059
TEXAS – Medicaid
http://gethipptexas.co m 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669

VERMONT – Medicaid
http://www.greenmountaincare.org g 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/hipp / Medicaid: 800.432.5924 CHIP: 855.242.8282
WASHINGTON – Medicaid
https://www.hca.wa.gov / 800.562.3022
WEST VIRGINIA – Medicaid
http://mywvhipp.com/ 855.MyWVHIP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

General Notice of COBRA Continuation Coverage Rights

Upon enrollment in our medical, dental and/or life coverage, we are required to send you (and your family) the General Notice of COBRA Continuation Coverage Rights. This notice explains continuation of your coverage and when it may become available to you and/or your family members under the federal COBRA law. It also provides you important information regarding your responsibilities if you were to experience a “qualifying event”. For instance, if your dependent child loses eligibility on the Evangelical Free Church of America plan, you must notify Human Resources in writing within 60 days. If you fail to notify your employer, your dependent would lose their right to COBRA continuation. This document is important to read so you are aware of Evangelical Free Church of America and your rights and responsibilities.

General Notice of Cobra Continuation Coverage Rights

Notice of COBRA Continuation Coverage Rights (For Evangelical Free Church of America Health Plan)

You’re getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator. You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Human Resources.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 31 days or less after the qualifying event occurs. You must provide this notice to your HR Department.

Plan contact information

To obtain more information, contact Calli Johnson, Human Resources at 952.853.8443 or by email at calli.johnson@efca.org.

Annual Medicare Part D Certification Important Information

Applies if you or one of your dependents is on Medicare or becomes covered under Medicare while you remain an active employee.

Medicare offers insurance coverage for prescription drugs through Medicare Part D. Evangelical Free Church of America's Medical Plan will continue to offer prescription drug coverage as a benefit under these plans for active employees and their covered dependents. Evangelical Free Church of America's coverage is considered 'creditable coverage', which means Evangelical Free Church of America's Medical Plans' prescription drug benefits provide coverage at least as good as or better than Medicare Part D. If you or one of your dependents is on Medicare or becomes covered under Medicare while you remain an active employee, please print the Certificate of Creditable Coverage, and keep it in your records. This Certificate of Creditable Coverage will allow you and your dependents to join Medicare Part D in the future without paying late enrollment fees.

During your employment, you have the option to choose to continue your prescription drug coverage through Evangelical Free Church of America's Medical Plan or to elect Medicare Part D. However, if you choose to elect Medicare Part D, you will not be eligible to participate in Evangelical Free Church of America's Medical Plan that provide both medical and prescription drug coverage. Please read materials sent to you from Medicare or other Medicare Part D providers carefully before making your decision.

Important Notice from Evangelical Free Church of America 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 Evangelical Free Church of America 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. Evangelical Free Church of America has determined that the prescription drug coverage offered by the Medical Plans are, 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 Evangelical Free Church of America coverage will not be affected. The \$300-\$25 Plan and the \$1,000-75% 3FF Plan offer the following prescription drug coverage for a 1-month supply: 100% coverage after a \$12 copay for Generic, or a \$45 copay for Brand Preferred, and \$90 copay for Brand Non-Preferred drugs. The \$3000-100% RxPlus HSA Plan offers the following prescription drug coverage for a 1-month supply: 100% coverage after a you have met your deductible. Members may keep this coverage if they elect part D and this plan will coordinate with Part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Evangelical Free Church of America coverage, be aware that you and your dependents may be able to get this coverage back.

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 Evangelical Free Church of America 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 November 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 Evangelical Free Church of America 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:	01-01-2023
Name of Entity/Sender:	Evangelical Free Church of America
Contact--	Calli Johnson, Manager of Human Resources
Position/Office:	Evangelical Free Church of America
Address:	901 East 78th Street Minneapolis, MN 55420
Phone Number:	952.853.8443



Notes

This benefit summary prepared by

