



YOUR HEALTH | YOUR FAMILY | YOUR LIFE

# 2017-18 BENEFITS Enrollment Guide

October 1, 2017 - September 30, 2018

**WELCOME** Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. This brochure was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your Registered Domestic Partner (RDP) and their children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

To show that you are not subject to a penalty, Healthcare Reform law requires you to enter the Social Security Number for all covered dependents at enrollment. The company is required to securely submit this confidential information to the IRS each year.

## When Coverage Begins

**You must complete the enrollment process within the time frame provided by HR.** If you enroll on time, coverage is effective on the first of the month following 30 days. If you fail to enroll on time, you will not have benefits coverage (except for Company-paid benefits). Changes made during Open Enrollment are effective at the start of the plan year.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching age 26
- Death of a spouse, Registered Domestic Partner (RDP), or child
- Change in child custody
- Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment period
- You lose coverage under your spouse's/RDP's plan

**To make changes to your benefit elections, you MUST contact Human Resources within 31 days of the Qualifying Event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

See inside to learn more about your benefits.

# Medical Plans



Christian Health Care Center is proud to offer you a medical plan through Premera Blue Cross. Coverage under this plan includes comprehensive medical care and prescription drug coverage.

Key Medical Benefits	PPO Prime Network \$750	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual / Family	\$750 / \$1,500	\$1,500 / \$3,000
<b>Out-of-Pocket Maximum</b> (per calendar year)**		
Individual / Family	\$5,000 / \$10,000	N/A
<b>Covered Services</b>		
Office Visits (physician / specialist)	\$25 copay	50%*
Routine Preventive Care	No charge	Not covered
Outpatient Diagnostic Lab & X-ray	20%	50%*
Complex Imaging	20%	50%*
Chiropractic <sup>3</sup>	\$25 copay <sup>2</sup>	50%*
Ambulance	20%*	
Emergency Room	\$150 copay, 20%*	
Urgent Care Facility	\$25 copay	50%*
Inpatient Hospital Stay	20%*	50%*
Outpatient Surgery	20%*	50%*
<b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3)		
Retail Pharmacy (30-day supply)	\$15 / \$30 / \$50	Cost Share, 40% (to allowable)
Mail Order (90-day supply)	\$37 / \$75 / \$125	Not covered

Coinsurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

\* Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

\*\* Employee Only or Employee + Dependent: When you exceed \$3,000 of your Out-of-Pocket Maximum, HRA will start and will reimburse the remaining Out-of-Pocket Maximum up to \$2,000

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. 12 Visits Per Calendar Year

# Dental Plans



Christian Health Care Center is proud to offer you a choice between two different dental plans through Guardian.

Key Dental Benefits	DPPO Base Plan		DPPO Buy Up Plan	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; Preventive, Basic and Major Services combined)				
Per Individual	\$1,500	\$1,500	\$1,500 <sup>2</sup>	\$1,500 <sup>3</sup>
<b>Covered Services</b>				
Preventive Services	No charge	No charge	No charge	No charge
Basic Services	20%	20%	20%	20%
Major Services	Not covered		50%	50%

Coinsurance percentages and copay amounts shown in the above charts represent what the member is responsible for paying.

\* Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Maximum Rollover In Network Only \$500/year to \$1,250 max
3. Maximum Rollover: \$350/year to \$1,250 max

# Vision Plan

You have an opportunity to enroll in the VSP vision plan.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$20 copay	Up to \$45
<b>Materials Copay</b>	\$20 copay	N/A
<b>Lenses</b> (once every 12 months) Single Vision Bifocal Trifocal	Included in Prescription Glasses	Up to \$30 Up to \$50 Up to \$65
<b>Frames</b> (once every 24 months)	\$150 allowance	Up to \$70
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	\$150 allowance	Up to \$105

# Flexible Spending Accounts (FSA)

Christian Health Care Center provides you with an opportunity to participate in two Flexible Spending Accounts (FSAs) administered through Infinisource. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Healthcare FSA

For 2017, you may contribute up to \$2,600 to cover eligible healthcare expenses incurred by you, your spouse, and your children up to age 26. For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Dependent Care FSA

For 2017, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (split if you and your spouse file separate tax returns). For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

## IMPORTANT FSA RULES

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **Healthcare FSA:** Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. **Unused funds over \$500 will NOT be returned to you or carried over to the following year.**
- **Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year.
- You can incur claims through September 30, 2018 and must file claims by November 30, 2018.

# Life/AD&D

**Life Insurance** provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Guardian.

Benefit Amount	
	\$50,000

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the Company-paid Basic Life/AD&D coverage, you may purchase additional coverage for yourself and your eligible family members.

	Benefit Option	Guarantee Issue*
<b>Employee</b>	\$5,000 increments to a maximum of \$500,000	\$100,000
<b>Spouse/RDP</b>	\$2,500 increments to a maximum of \$250,000	\$50,000
<b>Child(ren)</b>	\$10,000	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guarantee Issue amounts without having to provide Evidence of Insurability (information about your health). Coverage amounts that require Evidence of Insurability will not be effective unless approved by the insurance carrier.

Premiums are available on the MyBenefits website.

# Disability

Disability Insurance through The Standard provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Voluntary Short-Term Disability

<b>Benefit Percentage</b>	60%
<b>Weekly Benefit Maximum</b>	\$1,000
<b>When Benefits Begin</b>	After 14th day of disability
<b>Maximum Benefit Duration</b>	11 weeks

## Voluntary Long-Term Disability

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$5,000
<b>When Benefits Begin</b>	After 90th day of disability
<b>Maximum Benefit Duration</b>	2 Years

Premiums are available on the MyBenefits website.

# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

## Contact Information

Coverage	Carrier	Phone #	Website / Email
Medical	Premera Blue Cross	(800) 722-1471	<a href="http://www.premera.com">www.premera.com</a>
Dental	Guardian	(800) 459-9401	<a href="http://www.GuardianAnytime.com">www.GuardianAnytime.com</a>
Vision	VSP	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts (FSA)	Infinisource	(866) 370-3040	<a href="http://www.Infinisource.com">www.Infinisource.com</a>
Life/AD&D	Guardian	(800) 459-9401	<a href="http://www.GuardianAnytime.com">www.GuardianAnytime.com</a>
Disability	The Standard	(800) 368-1135	<a href="http://www.Standard.com">www.Standard.com</a>

### Benefits Website

Save <https://tinyurl.com/hubmybenefits> to your favorites. Your username and password is **Chcc2000**. This website provides additional information on our benefit programs, enrollment forms, claim forms and links to insurance carriers.

### Questions?

If you have additional questions, you may also contact:

Kari Heeringa at (360) 354-4434  
[KDHeeringa@CHCCLynden.org](mailto:KDHeeringa@CHCCLynden.org)

Angel Stewart, HUB International NW  
Direct Line: (360) 603-4639  
Toll Free (800) 339-9270  
[angel.stewart@hubinternational.com](mailto:angel.stewart@hubinternational.com)



**Important Note:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.

