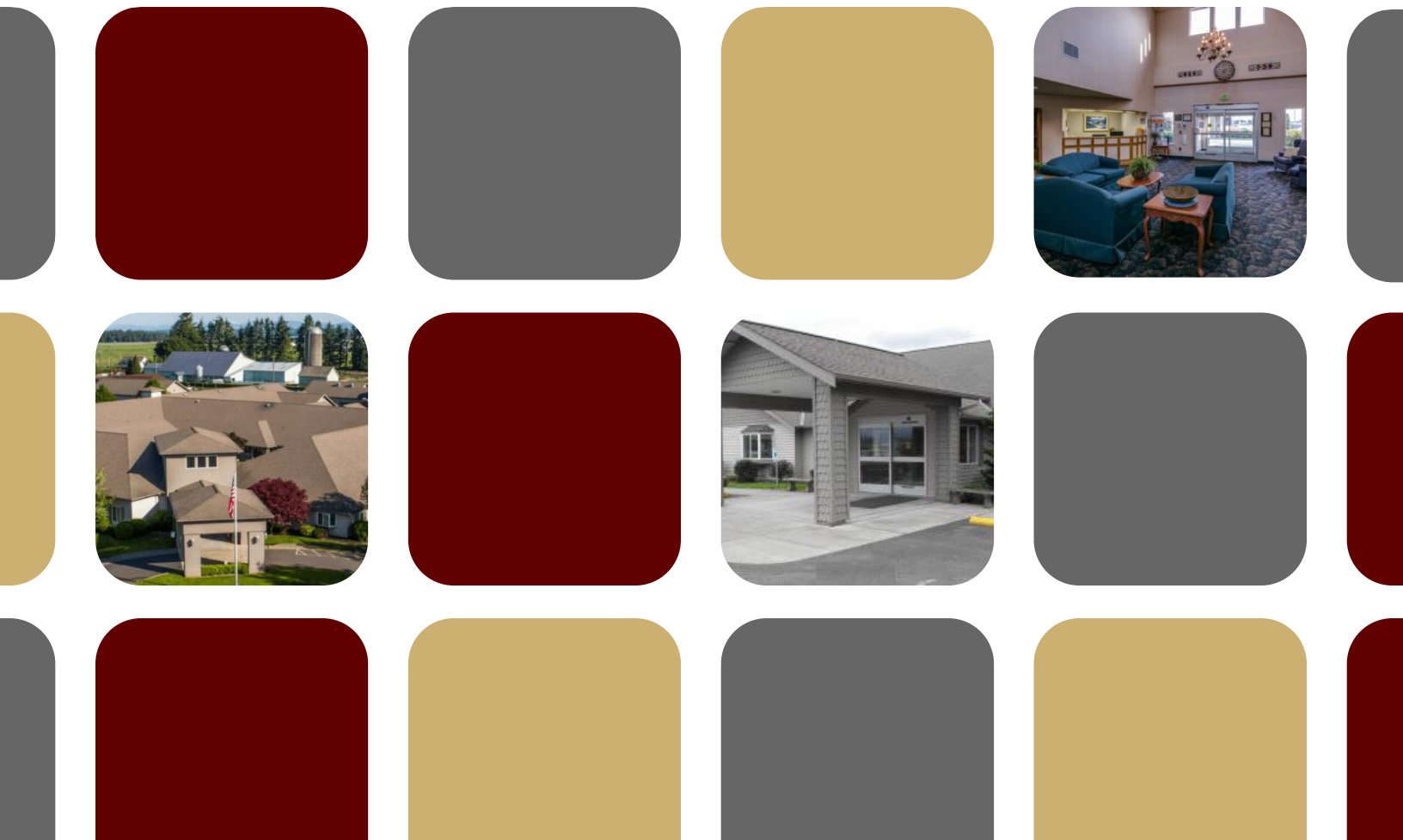




Benefits Overview

October 1st, 2024 - September 30th, 2025



What's Inside



Please scan the QR code to access an electronic copy of your Annual Notices.

- ✓ *This Benefits Guide provides benefit plan highlights and is intended for summary purposes only.*
- ✓ *Your actual rights and benefits are governed by the official plan documents.*
- ✓ *If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail.*
- ✓ *Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.*

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Important Notice - Medicare

Prescription Drug Coverage and Medicare

- ✓ If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.
- ✓ Please see pages 27 & 28 for more details.

Eligibility

Who is Eligible

- ✓ If you're a full-time employee at Christian Health Care Center, you're eligible to enroll in the benefits outlined in this guide.
- ✓ Full-time employees are those who work 30 or more hours per week.
- ✓ Dependents are covered to age 26 regardless of student status.
- ✓ Your spouse or domestic partner may also enroll.

How to Enroll

- ✓ Review all information in this summary.
- ✓ Decide on the plans that work for you and your family.
- ✓ **All employees MUST login to their employee profile in Paycom to enroll (or waive) medical, dental, and FSA benefits.**
- ✓ Contact HR for assistance.

When to Enroll

- ✓ Open enrollment begins **September 1st - September 9th.**
- ✓ The benefits you choose during open enrollment will become effective on **October 1st.**
- ✓ New hires are eligible on the 1st of the month following 30 days from date of hire and have 30 days to enroll.

How to Make a Change

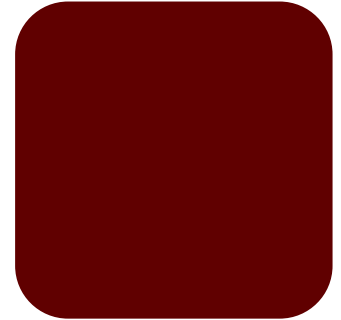
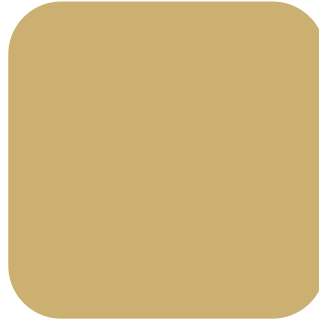
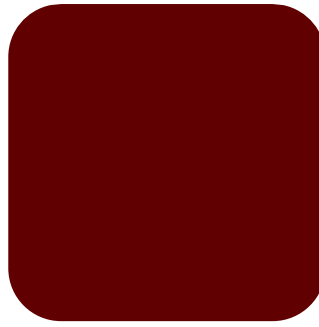
Unless you experience a qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying Events include things like:

Qualifying events include things like:

- Birth or, in some cases adoption of a child
- Marriage, divorce or legal separation
- Death of a spouse, child or other qualified dependent
- Change in child's dependent status
- Change in employment status or a change in coverage under another employer-sponsored plan
- Entitlement to Medicare or Medicaid

Changes must be made within 30 days of the qualifying life event or 60 days if the qualifying life event is due to marriage, birth/adoption, or if you or your eligible dependent loses coverage under Medicaid or a state Children's Health Insurance Program or becomes eligible for state-provided premium assistance.

Contact your HR office if you've experienced a qualifying life event.



Domestic Partnership

If you have a domestic partner, they are eligible to enroll in these plans as a dependent.

- ✓ Your domestic partner may be the same or opposite gender as yourself.
- ✓ You must live together and meet all criteria outlined in the domestic partner affidavit.
- ✓ If your domestic partner is not your tax dependent, the IRS requires that the portion of the premium you pay toward their coverage be deducted from your paychecks on a post-tax basis.
- ✓ Any amount your employer pays toward their coverage must also be added (imputed) to your taxable wages. As a result, your taxable income will be higher than the cash wages you actually receive through each paycheck.

Please contact your HR department for more information.

Medical (Base Plan)

- ✓ Below are the benefits for the **Base Plan - Premiera Preferred Choice \$2,000 with Vision**.
- ✓ Go to premera.com to find an In-Network (*Heritage Prime*) provider or view your claim status online.



Heritage Prime	In-Network	Out-of-Network
	Member Pays	Member Pays
Deductible / Calendar Year*	Applies unless noted as DW*	
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Coinsurance	20%	50%
Out-of-Pocket Maximum**	Includes: Deductible, copays, and coinsurance	
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Preventive Care	Covered in full DW	Not covered
Office Visit		
Primary Care	\$30 copay DW	50% after deductible
Specialist	\$30 copay DW	50% after deductible
Urgent Care	\$30 copay DW	50% after deductible
Virtual Visits	\$10 copay DW	Not covered
Acupuncture & Chiropractic (Visit Limitation may apply)	\$30 copay DW	50% after deductible
X-Ray & Lab		
Diagnostic	20% DW	50% after deductible
Complex - MRI, PET, CAT, CT	20% DW	50% after deductible
Hospitalization		
Inpatient Facility	20% after deductible	50% after deductible
Outpatient Facility	20% after deductible	50% after deductible
Emergency Room	\$200 copay + 20% after deductible	

*DW = Deductible Waived, PCY = Per Calendar Year.

*Deductible: The amount you must pay before the plan will pay benefits for some services. Amounts you pay toward the deductible count toward your out-of-pocket maximum.

**Out-of-Pocket Limit: Each covered family member only needs to satisfy his or her individual out-of-pocket maximum.

Medical (Buy Up Plan)

- ✓ Christian Health Care Center offers two plans through Premera Blue Cross.
- ✓ Below are the benefits for the **Buy Up Plan - Premera Preferred Choice \$1,000 with Vision**.
- ✓ Go to premera.com to find an In-Network (*Heritage Prime*) provider or view your claim status online.

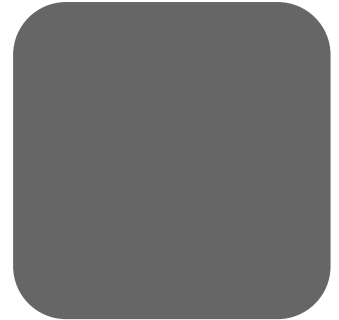
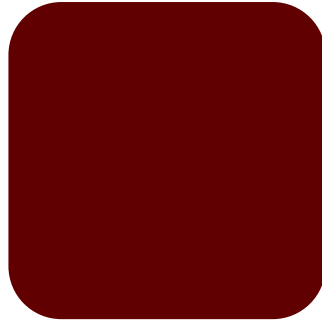


Heritage Prime	In-Network	Out-of-Network
	Member Pays	Member Pays
Deductible / Calendar Year*	Applies unless noted as DW*	
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Coinsurance	20%	50%
Out-of-Pocket Maximum**	Includes: Deductible, copays, and coinsurance	
Individual	\$4,500	\$9,000
Family	\$9,000	\$18,000
Preventive Care	Covered in full DW	Not covered
Office Visit		
Primary Care	\$25 copay DW	50% after deductible
Specialist	\$25 copay DW	50% after deductible
Urgent Care	\$25 copay DW	50% after deductible
Virtual Visits	\$10 copay DW	Not covered
Acupuncture & Chiropractic (Visit Limitation may apply)	\$25 copay DW	50% after deductible
X-Ray & Lab		
Diagnostic	20% DW	50% after deductible
Complex - MRI, PET, CAT, CT	20% DW	50% after deductible
Hospitalization		
Inpatient Facility	20% after deductible	50% after deductible
Outpatient Facility	20% after deductible	50% after deductible
Emergency Room	\$150 copay + 20% after deductible	

*DW = Deductible Waived, PCY = Per Calendar Year.

*Deductible: The amount you must pay before the plan will pay benefits for some services. Amounts you pay toward the deductible count toward your out-of-pocket maximum.

**Out-of-Pocket Limit: Each covered family member only needs to satisfy his or her individual out-of-pocket maximum.



Prescription Drugs

- ✓ Christian Health Care Center medical plans also include prescription drug coverage through Premera Blue Cross.
- ✓ Visit premera.com to view the formulary, locate a pharmacy or view claims & benefits online.



	Preferred Choice PPO \$2,000 (Base Plan)		Preferred Choice PPO \$1,000 (Buy-Up Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Member Pays		Member Pays	
Formulary	E4 Essentials		Preferred B3	
Deductible	\$0		\$0	
Retail Pharmacy	Up to 30-day supply		Up to 30-day supply	
Tier 1=Preferred Generic / Generic	\$15 copay	\$15 copay + 40%	\$15 copay	\$15 copay + 40%
Tier 2=Preferred Brand	\$30 copay	\$30 copay + 40%	\$30 copay	\$30 copay + 40%
Tier 3=Preferred Specialty	\$50 copay	Not covered	N/A	N/A
Tier 4=Non-Preferred All Drugs	30%	30% + 40%	\$50 copay	\$50 copay + 40%
Mail Order**	Up to 90-day supply \$37.50 / \$75 / \$50 / 30%		Up to 90-day supply \$37 / \$75 / \$125	
*Under the Affordable Care Act (ACA) some medications are covered in full.				
**Mail Order Specialty up to 30 day-supply				

Formulary Information

- ✓ A drug formulary is a list of prescription drugs, both generic and brand-name, used by practitioners and insurers to identify drugs that offer the greatest overall value
- ✓ Visit Premera's Rx search tool at premera.com/wa/provider/pharmacy/drug-search/rx-search to get information about specific prescription drugs on your plan and alternate drugs you can choose from
 - *Base Plan (Preferred Choice \$2,000) - E4 Essentials (4-Tier) formulary*
 - *Buy Up Plan (Preferred Choice \$1,000) - Preferred B3 (3-Tier) formulary*



Generic Drugs

- ✓ Generic drugs are copies of brand name drugs with the same effects as the original drug.
- ✓ The Food & Drug Administration requires generic drugs to have the same performance and quality as brand-name counterparts.
- ✓ Member pays the difference between the brand and the generic, plus the brand name cost share when the member or prescriber selects the brand-name.



Brand-Name Drugs

- These are drugs for which generic equivalents are not available. There are generally two categories of brand-name drugs:
- ✓ Preferred Brand-Name: Have been on the market for awhile and are widely accepted
 - ✓ Non-Preferred Brand Name: More expensive than preferred brand-name and newer to the market



Specialty Medications

- ✓ Specialty medications are high-cost prescription drugs used to treat complex or chronic conditions. Many health plans have a separate tier or higher contribution requirement depending on your plan.
- ✓ Please contact Premera Blue Cross to understand how your plan covers these medications and what your Out-of-Pocket responsibility may be.

Mail Order Prescriptions

You can save time and money on your prescriptions by using your mail order options through Express Scripts Pharmacy.

If you take a long-time maintenance medication, you can:

- ✓ Get prescriptions for up to 90-day supply at a lower Out-of-Pocket cost compared to an equal supply at a retail pharmacy
- ✓ Take advantage of delivery through the mail

Express Script Mail Order forms are available at www.express-scripts.com or scan the QR code. Once your account is set up your providers can mail or fax new prescriptions to 800-837-0959. For questions use the toll-free number on the back of your member ID card or call 800-282-2881.



Virtual care— anytime, anywhere

Primary, urgent, and mental health care

Illness can occur at any time; so why wait for office hours to have your medical concerns addressed? Whether it's primary, urgent, or mental health care, the Premera virtual network prioritizes our members' needs. Providers are just a few clicks away and are ready to offer you the care you need.



On demand, text-based primary care where general medicine and primary care providers are available to answer your questions. They can diagnose and treat you if you're sick or have a chronic condition.



Video chat with a provider to receive care for cold and flu symptoms, pediatric care (ages 1 and older), skin conditions, allergies, headaches, diet/nutrition, medication management, and mental health therapy. Connect with Doctor On Demand via the [Premera MyCare app](#).



Virtual access to a licensed therapist through text or video for non-urgent mental health care. Connect with Talkspace via the [Premera MyCare app](#).



BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association



Vision (Included in Medical)

✓ Included in the Premera Blue Cross medical plan is vision coverage.

To find a provider near you:

Sign into your member account at premera.com

Go to **Find Care** and then **Find a Doctor**

Click the blue **search for your network** button

Select current location or enter your city, state, or ZIP code



*You can also use the **Find a Doctor** tool when you're on the go within the Premera mobile app.

Network: Heritage Prime	In-Network	Out-of-Network
	Member Pays	
Exam	\$25 copay DW 1 exam per calendar year	
Frames, Lenses, or Contacts	\$150 allowance every 2 consecutive calendar years	



Voluntary Dental Options

- ✓ Christian Health Care Center offers two comprehensive PPO plans through Premera.
- ✓ These benefits are paid for by you through payroll deductions.
- ✓ Visit premera.com to find an In-Network (*Dental Choice*) provider near you. See detailed instructions on previous page.



	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible - Plan Year	Waived for Preventive Services		Waived for Preventive Services	
Individual	\$50		\$50	
Family	\$150		\$150	
Diagnostic & Preventive Services				
Exams, Cleanings, X-Rays & Sealants	Covered in full DW	10% DW	Covered in full DW	
Basic Services				
Fillings, Endodontics, Periodontics & Oral Surgery	20% after deductible	30% after deductible	20% after deductible	
Major Services				
Bridges, Crowns, Dentures, Implants	50% after deductible	60% after deductible	50% after deductible	
Annual Maximum	\$1,000 per enrolled		\$1,500 per enrolled	
Orthodontia	Not covered		Not covered	

Dental Benefits

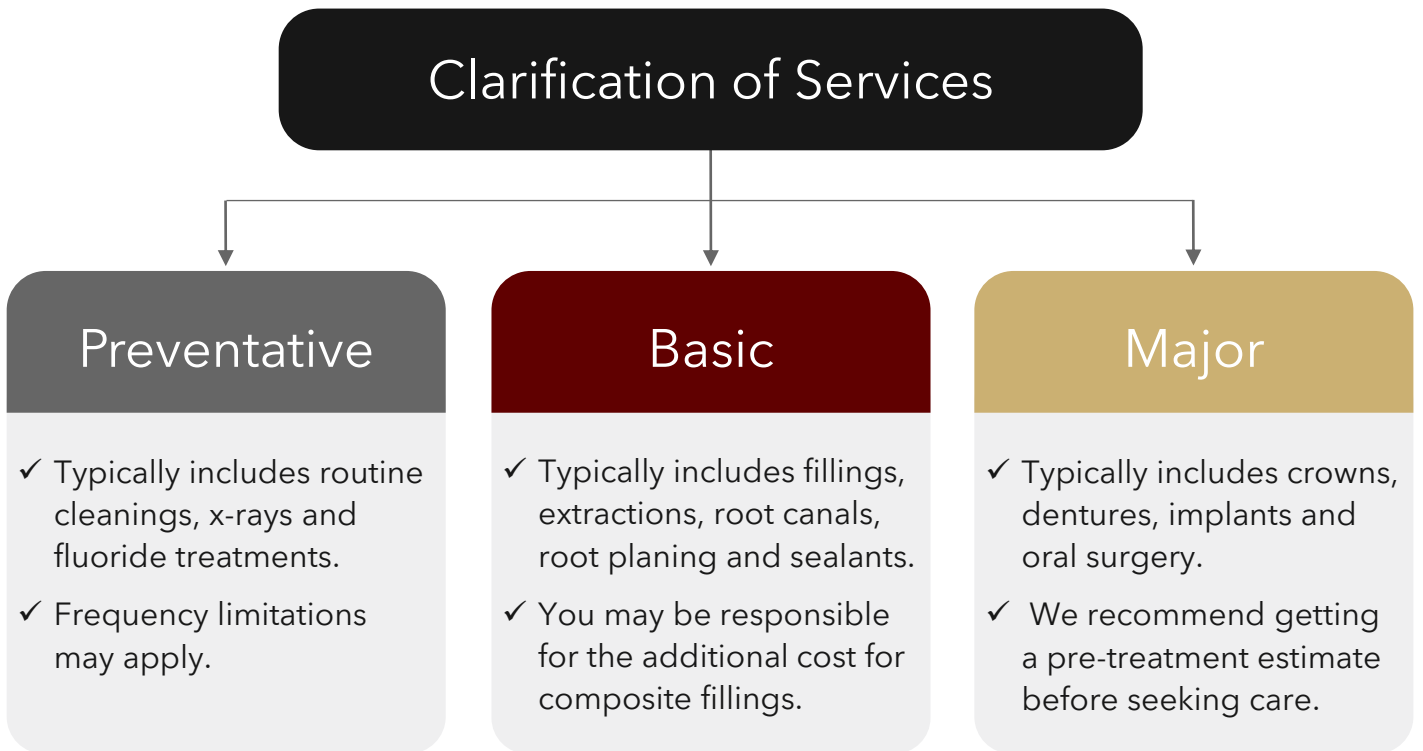


Dental Coverage



- ✓ Dental health is an important part of our overall health. The dental plans are designed to not only help preserve your beautiful smile but to assist in maintaining your teeth, gums and overall health.
- ✓ Prevention is so important! This is why the plan covers these services in full. There is no deductible or copay when you visit an In-Network provider for Preventive Services.
- ✓ When enrolled in the Premera Blue Cross Dental plans, you have the option to visit any dentist for your care but will save the most money by visiting an In-Network (*Dental Preferred Choice*) provider.
- ✓ When you visit a non-participating provider, benefits are paid at the Out-of-Network level and you may be responsible for balance billing and may have to pay up front and submit a claim for reimbursement.

Clarification of Services





Life and AD&D

Christian Health Care Center provides employees with a Basic Life and Accidental Death and Dismemberment (AD&D) insurance plan.

- ✓ Coverage is provided through Guardian.
- ✓ 100% Employer Paid.
- ✓ Please contact Human Resources to ensure your beneficiary is up to date.
- ✓ Visit guardianlife.com for more information.

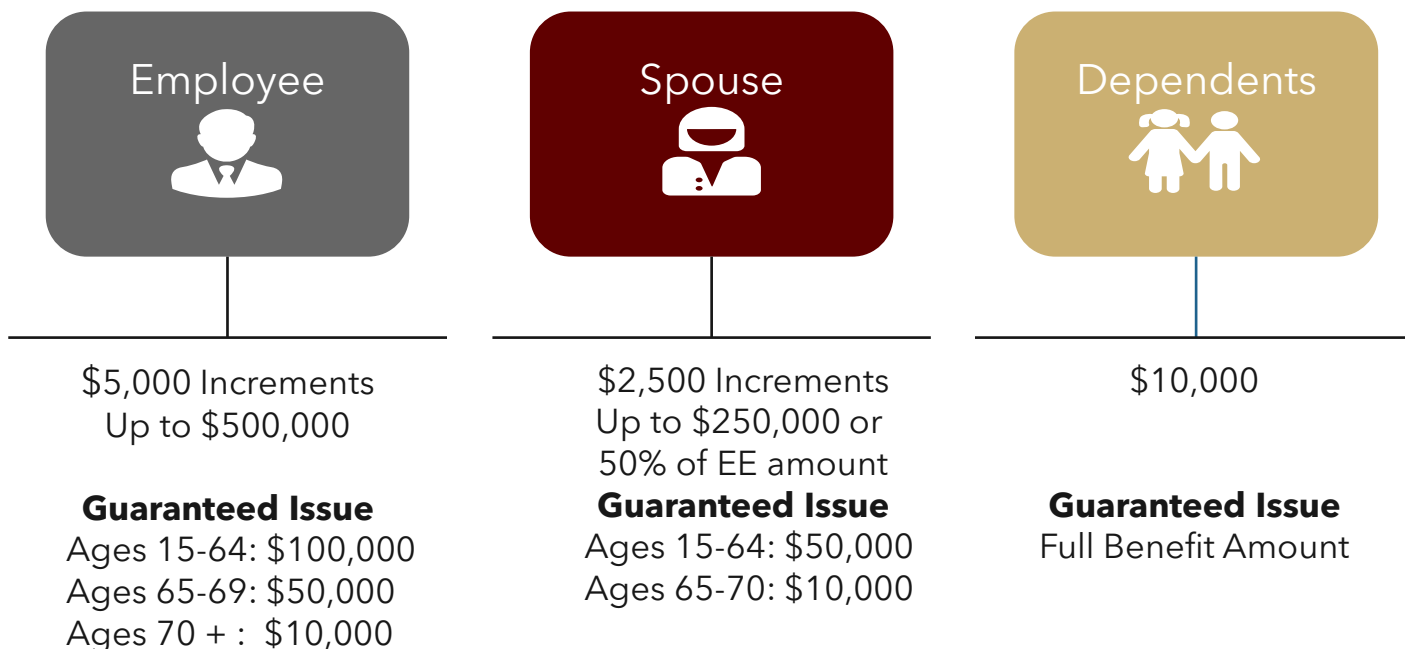


	Basic Life and AD&D
Benefit Amount	Flat \$50,000
Accelerated Benefit	Lesser of 80% or \$250,000
Age Reduction Schedule	65% at age 65 50% at age 70 30% at age 75 20% at age 80

Voluntary Life

You have the option to purchase additional Life insurance protection. Life insurance pays your beneficiary a benefit should you die. Coverage is provided through Guardian.

- ✓ Age may affect coverage levels.
- ✓ If you enroll after you are originally eligible, all amounts are subject to Evidence of Insurability.
- ✓ In order to purchase coverage for your dependents, you must purchase coverage for yourself.
- ✓ These benefits are paid for by you through payroll deductions.



AGE	Monthly Employee/Spouse Rate per \$1,000
15 - 34	\$0.060
35 - 39	\$0.100
40 - 44	\$0.150
45 - 49	\$0.240
50 - 54	\$0.420
55 - 59	\$0.710
60 - 64	\$0.970
65 - 69	\$1.050
70 - 99	\$4.536
Dependent Children to Age 26 (unmarried)	
Child Rate Per Family Unit	\$0.171



Paid Family Medical Leave

Paid Family and Medical Leave (PFML) is a benefit for Washington workers. It's here for you when a serious health condition prevents you from working or when you need time to care for a family member, bond with a new child or spend time with a family member preparing for military service overseas.

Paid Family and Medical Leave lets you take paid time off when you need it most, offering stability and peace of mind so you can focus on what matters. This benefit provides paid leave for an employee's serious health condition or for a member of their family.

Coverage is paid by Washington State's Employment Security Department (WA ESD), which is funded through premiums paid by both the employee and Christian Health Care Center.

Learn more about WA PFML by visiting <https://paidleave.wa.gov>.



	Washington Paid Family Medical Leave
Elimination Period*	1 week
Maximum Benefit Duration**	Up to 12 weeks
Benefit Percentage	Varies based upon income
Maximum Weekly Benefit	Up to \$1,456 per week
Pre-Existing Condition Limitation	None

*Elimination period is waived for parental bonding leave, medical leave taken during the "post-natal period", and military exigency.

**An additional 2-4 weeks is available for those taking a combination of medical and family leave within the same claim year.



Voluntary Short-Term Disability

Keep Your Income Protected

Christian Health Care Center believes that income replacement through disability insurance is invaluable in protecting you during times of injury or illness.

- ✓ A Short-Term Disability is an illness or injury that prevents you from working for a short period of time.
- ✓ Pregnancy is considered a disability and benefit duration maximums apply.
- ✓ Coverage is provided through The Standard and includes an EAP plan.
- ✓ Visit standard.com for more information.
- ✓ These benefits are paid for by you through payroll deductions.



	Short-Term Disability
Benefits Begin	
Accident	After 14 days
Illness	After 14 days
Percentage of Income Replaced	60% of your weekly earnings
Maximum Weekly Benefit	Up to \$1,000
Maximum Duration	Up to 90 days
AGE	Employee STD rate Per \$10 of weekly payroll
Under Age 30	\$1.012
30-34	\$1.119
35-39	\$0.706
40-44	\$0.509
45-49	\$0.540
50-54	\$0.562
55-59	\$0.712
60+	\$0.909



Voluntary Long-Term Disability

- ✓ A Long-Term Disability is an illness or injury that prevents you from working for an extended period of time.
- ✓ Coverage is provided through The Standard and includes an EAP plan. See next page for more details.
- ✓ Visit standard.com for more information.
- ✓ These benefits are paid for by you through payroll deductions.



	Long-Term Disability
Benefits Begin	After 90 days
Percentage of Income Replaced	60% of your monthly earnings
Maximum Monthly Benefit	Up to \$5,000
Maximum Duration	24 months Own Occupation, then Any Occupation to Social Security Normal Retirement Age (SSNRA)
AGE	Employee LTD rate - Per \$100 of monthly covered payroll
Under Age 30	\$0.195
30-34	\$0.297
35-39	\$0.319
40-44	\$0.420
45-49	\$0.560
50-54	\$0.776
55-59	\$1.143
60-64	\$1.487
65-69	\$1.941
70-74	\$4.299
75+	\$6.449

A helping hand when you need it.



Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential – information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone or through video.

EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation and other legal documents



Contact EAP

888.293.6948
(TTY Services: 711)

24 hours a day,
seven days a week

healthadvocate.com/standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

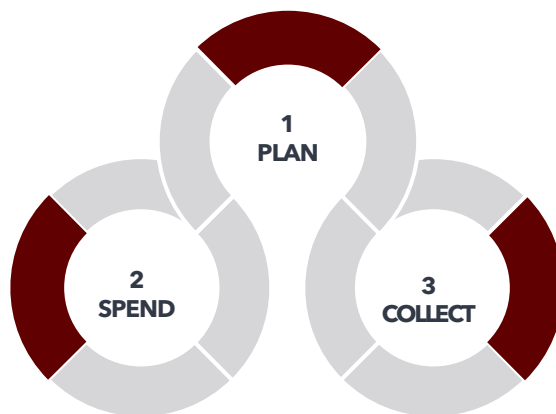
The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Flexible Spending Account (FSA)

isolved Benefit Services

Flexible Spending Accounts (FSAs) help employees save up to 40% on health and dependent care expenses. For employees enrolled in traditional health plans, health care FSAs are used to pay for prescription drugs, copays, deductibles, and other Out-of-Pocket costs. Dependent care FSAs are great options to save and pay for childcare.

Use your funds on eligible expenses by swiping your debit card or paying up front and submitting for reimbursement.



Submit IRS-required documentation to substantiate your claims and collect your reimbursement.



Health/Limited Health FSA

Health FSA

Out-of-Pocket medical, Rx, dental & vision expenses such as copays, deductibles and coinsurance \$3,200 per year. You can carry over \$640 of unused FSA funds to the next plan year.

- ✓ Your FSA runs on a plan year basis from October 1st through September 30th each year.
- ✓ Visit isolvedbenefitsservices.com for more information.



Dependent Care Account Program (DCAP)

Dependent Care Account (DCAP)

Covers children up to age 13, disabled children of any age, or a disabled spouse/partner. You can set aside up to \$5,000 per year (\$2,500 if married filing separately).

Dependent Care Account (DCAP)

Both you and your spouse/partner (if applicable) must be working, be looking for work, or be a full-time student.

Resources on the Go



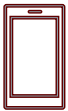
98POINT6

On demand, text-based primary care. You get board-certified providers that answer questions, diagnose, and treat you when you're sick or if you have a chronic condition via secure in-app messaging on your mobile phone. Available 24/7 at 98point6.com/Premera



24-HOUR NURSE LINE

Call Premera's free and confidential 24-Hour NurseLine to speak to a registered nurse who will ask the right questions, listen to your concerns, and help you determine where and when to seek treatment. Go to [Premera.com](https://www.premera.com) or call 800-841-8343



PREMERA MOBILE APP

Get it done on the go with Premera mobile app on the App Store or Google Play

- Monitor and view your claims to determine your patient responsibility
- View your deductible and what you've spent toward your Out-of-Pocket maximum
- Find doctors and other providers for you and your family to seek care
- Show proof of coverage - no card required
- Browse and compare costs for specific procedures
- Access your Premera ID card



PREMERA MYCARE MOBILE APP

Access your plan and care anywhere on the App Store or Google Play or you can scan the QR code to the right.



- Access virtual care services with a doctor, including prescriptions in less than an hour
- Connect to a provider via text, phone or video chat within the app
- Provides personalization by only showing services purchased by employer



BLUECARD WORLDWIDE PROGRAM

When you seek care in Southwest Washington, in another state, or outside of the United States, you have access to the BlueCard network (BlueCard Worldwide Program for outside the U.S.). To access network provider information in SW Washington or in other states, visit [bcbs.com](https://www.bcbs.com). You can also download the National Doctor & Hospital Finder app to search or call BlueCard Access at 800-810-BLUE (2583).



DOCTOR ON DEMAND

Your health plan includes telehealth powered by Doctor on Demand, a national leader in quality care. You can talk to any of Doctor on Demand's board-certified physicians, licensed counselors and psychiatrists any time by video chat using your computer or the app—24 hours a day, 7 days a week, 365 days a year.

Types of Conditions: Treat and diagnose non-emergency medical conditions, mental and behavioral health needs, prescribe medications, and send prescriptions to your pharmacy. Common conditions include cold/flu, rash, allergies, ear problems, sore throat, sinus infection, and many more.

How to Use: Activate your account at doctorondemand.com/Premera

- ✓ Download free mobile App (Doctor on Demand)
- ✓ Call 800-997-6196

Cost to use Doctor on Demand: You'll want to create your online account in advance so when you need care, you'll already be set up.

Premera Plans	Regular Visit	Behavioral Health/Substance Abuse
Base Plan (Preferred Choice \$2,000)	\$10 copay	\$30 copay
Buy Up Plan (Preferred Choice \$1,000)	\$10 copay	\$25 copay



Feeling overwhelmed? Tap into the power of self-care. These apps can help you build resilience, set goals, and take meaningful steps toward becoming healthier and happier.

- ✓ **Talkspace:** Convenient and affordable way to connect with a licensed therapist. Visit blue.premera.com/Bhsupport to get started or download the App.
- ✓ **Doctor on Demand:** Virtual care with access to psychiatrists, psychologists, therapists and other medical experts anytime anywhere. Visit doctorondemand.com/Premera to register or download the App.



Struggling with addiction? A licensed professional is ready to help. These apps can help you achieve recovery wherever you are. Take advantage of short wait times and no waiting room through your Premera plan.

- ✓ **Boulder Care:** Treatment for opioid use disorder and alcohol use disorder. Video visits and text messaging with a therapist. Visit boulder.care/getstarted or download the app.
- ✓ **WorkIt Health:** Treatment for opioid use disorder and alcohol use disorder. Live chat and video with a therapist. Visit workithealth.com/Premera or download the app.

Cost of Coverage

- ✓ Below is your cost of coverage on a monthly basis for Medical/Rx/Vision.
- ✓ Your contribution is deducted automatically from your paycheck on a pre-tax basis for you and your covered tax dependents.
- ✓ Voluntary Dental, Life & Disability plan benefits are paid by you through payroll deductions.



Medical - Premera Blue Cross Preferred Choice PPO \$2,000 w/ Vision (Base Plan)	Total Premium	Employer Pays	Your Monthly Cost
Employee Only (EE)	\$951.11	\$789.42	\$161.69
EE + Spouse / DP	\$2,111.44	\$789.42	\$1,322.02
EE + Child	\$1,445.21	\$789.42	\$655.79
EE + Children	\$1,978.28	\$789.42	\$1,188.86
EE + Spouse & Child	\$2,605.54	\$789.42	\$1,816.12
EE + Spouse & Children	\$3,138.61	\$789.42	\$2,349.19

Medical - Premera Blue Cross Preferred Choice PPO \$1,000 w/ Vision (Buy-Up Plan)	Total Premium	Employer Pays	Your Monthly Cost
Employee Only (EE)	\$1,016.11	\$789.42	\$226.69
EE + Spouse / DP	\$2,255.72	\$789.42	\$1,466.30
EE + Child	\$1,543.98	\$789.42	\$754.56
EE + Children	\$2,113.48	\$789.42	\$1,324.06
EE + Spouse & Child	\$2,783.59	\$789.42	\$1,994.17
EE + Spouse & Children	\$3,353.09	\$789.42	\$2,563.67

Dental - Premera Blue Cross Low Plan	Total Premium	Employer Pays	Your Monthly Cost
Employee Only (EE)	\$43.26	\$0.00	\$43.26
EE + Spouse / DP	\$93.04	\$0.00	\$93.04
EE + Child	\$69.22	\$0.00	\$69.22
EE + Children	\$105.99	\$0.00	\$105.99
EE + Spouse & Child	\$119.00	\$0.00	\$119.00
EE + Spouse & Children	\$155.76	\$0.00	\$155.76

Dental - Premera Blue Cross High Plan	Total Premium	Employer Pays	Your Monthly Cost
Employee Only (EE)	\$48.41	\$0.00	\$48.41
EE + Spouse / DP	\$104.10	\$0.00	\$104.10
EE + Child	\$77.46	\$0.00	\$77.46
EE + Children	\$118.60	\$0.00	\$118.60
EE + Spouse & Child	\$133.15	\$0.00	\$133.15
EE + Spouse & Children	\$174.29	\$0.00	\$174.29



Contact Us

- ✓ Provider directories and explanation of benefits are available online and provide the most up-to-date information.
- ✓ You may also contact carriers directly with your questions.

	Vendor	Phone Number	Website/Email
Medical/Rx/Vision/Dental	Premera Blue Cross	800-722-1471	premera.com
Life and Disability	Guardian	800-459-9401	guardianlife.com
Vol. STD/Vol. LTD	The Standard	800-368-1135	standard.com
FSA	iSolved	866-370-3040	isolvedbenefitservices.com
Employee Assistance Program	Health Advocate The Standard	888-293-6948	healthadvocate.com/standard3
Local Advisor	Propel Insurance Hannah Garguile	253-310-4137	hannah.garguile@propelinsurance.com
Plan Administrator	Kay De Boer	360-354-4434	kdeboer@chcclynden.org



We recommend you register an online account with each carrier. This will allow you to manage your benefits, view plan information, view Explanation of Benefit (EOB), view claim status, find providers and order ID cards.

Medical Terms

Deductible

The deductible is 100% your responsibility. You only pay the deductible amount each calendar year as you accrue covered charges.

Coinsurance is the percentage of shared member and plan responsibility. You only pay coinsurance up to your out-of-pocket maximum. Your Out-of-Network coinsurance responsibility is higher.

Coinsurance

Copay

A co-payment (copay) is a fixed amount (for example, \$25) you pay for a covered health care service, it is usually paid at the time of service.

Once your out-of-pocket maximum is met, the plan pays 100% of covered charges for the rest of the calendar year.

Out-of-Pocket Maximum

Balance Billing

If you use Out-of-Network services, you will be billed for amounts over the allowable carrier expense ("balance billing") in addition to applicable coinsurance and copays when you see an Out-of-Network (non-network) provider.

The doctors, hospitals, laboratories, pharmacies, etc., that are members of the plan's provider network. When you see an In-Network provider, the plan pays a higher benefit.

In-Network

Additional Insurance Terms

- *During your initial eligibility period, the Guarantee Issue amounts usually apply.*
- *An EOI is required for anyone enrolling in coverage more than 30 days after their original eligibility date, or for anyone who wants to increase existing coverage amounts.*

Evidence of Insurability (EOI)

Health questionnaire that may be required by an insurance carrier that will be subject to their Underwriting Team's approval before coverage can begin.

The amount of coverage that can be elected without having to submit any Evidence of Insurability.

Guaranteed Issue Amount

Life Insurance

Life insurance can provide financial security to your family members should something happen to you. It can be used to pay off debts, funeral expenses, legal expenses, and general living expenses for your surviving family members.

Disability insurance protects and replaces a portion of lost income if you are unable to work due to a qualifying illness or injury.

Disability Insurance



CREDITABLE COVERAGE – Premera Blue Cross PPO \$2000 Heritage Prime, Premera Blue Cross PPO \$1000 Heritage Prime

Important Notice 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 Christian Health Care Center 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. Christian Health Care Center has determined that the prescription drug coverage offered by the Christian Health Care Center's Group Health Plan is, 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 Christian Health Care Center coverage may be affected. If you do decide to join a Medicare drug plan and drop your current Christian Health Care Center coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

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 Christian Health Care Center coverage 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 October 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 Christian Health Care Center 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 you are eligible 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:	October 1, 2024
Name of Entity/Sender:	Christian Health Care Center
Contact - Position/Office:	Kay De Boer, HR Generalist
Address:	855 Aaron Drive Lynden, WA 98264
Phone Number:	(360) 354-4434

The graphic features a hand with the index finger pointing up, set against a background of a person in a suit. The text 'EMPLOYEE BENEFITS' is overlaid in white on a semi-transparent grey rectangle.

EMPLOYEE BENEFITS

Notes

