



# 2019 Church Benefits Guide

January 1, 2019 through December 31, 2019



# ECO Service Partners

NFP Corporate Services (CO), Inc. is your dedicated service partner for handling your employee benefits administration and questions. They are experts in the employee benefits industry, specializing in the on-line enrollment process and they are looking forward to supporting you and your employees covered under the ECO Employee Benefits Plan, in addition to providing support throughout the year. Contact information for NFP is:

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Believing that healthy ministry grows from healthy leaders, we are committed to offering a comprehensive health benefits package that protects you and your family, as you serve. When our individual lives are healthy and balanced, we are best equipped to advance the mission of making disciples of Jesus Christ.

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# ECO Employee Benefit Program

The leadership of ECO: A Covenant Order of Evangelical Presbyterians (the “ECO”) has approved a plan of employee health and welfare benefits (ECO Employee Benefits Plan), which each member church entity, by its acceptance of membership in the ECO, agrees to offer to all Church Pastors and Church Staff based on the terms of the Employee Benefit Appendix.

Submission of a completed Benefits Application will serve as the Church’s request to adopt the employee benefits of the ECO Plan under the terms of the Appendix. Upon approval of the Benefits Application by the ECO Health & Welfare Plan Committee, the Benefits Application will then become the Church’s Master Contract with the ECO in respect to employee health and welfare benefits.

## Member Church Participation

A significant goal for the ECO is to offer Pastors and Church Staff a comprehensive, cost effective health insurance program. In order to accomplish this goal, it is essential for all Churches to support the ECO Employee Benefits Plan initiative. From our research, we identified health insurance to be a key benefit provided by all major denominations in the United States today with a majority of these programs requiring full participation from their member Churches. By implementing this full participation requirement, it provides the ECO with a larger membership base which contributes to competitive premium costs and a more stable employee benefits program.

ECO’s goal is to provide quality, affordable health insurance for Pastors and Church Staff. It’s critical that all Churches support the ECO insurance program.

The health of our leaders and church staff is a good indicator of our strength as an emergent organization within the Presbyterian denomination. The ECO leadership is committed to instilling a sense of health and wellness within its member churches; pursuing a health-focused membership with the tools available to assist each individual in achieving a life of good health and healthy habits.

## Eligible Employees – All Benefits

For purposes of identifying Pastors and Full Time Employees eligible for Plan benefits, the Pastor and Full Time Employees classifications used by each Church will be the following:

- **Full Time Employees (“FT Church Staff”):** These are employees (other than “Pastors” as defined below) customarily scheduled to work the number of hours per week selected by the Church.
- **Part Time Employees (“PT Church Staff”):** These are employees customarily scheduled to work the number of hours per week selected by the Church, provided that the customary PT Church Staff scheduled hours must be less than 30 hours per week, but not less than 20 hours per week, and they must also be fewer than the customarily scheduled hours the Church requires for FT Church Staff. Churches are not required to extend benefits to PT Church Staff, but if extended, the ECO Plan benefits for which PT Church staff are eligible (and which are required to be offered if any benefits are extended) are those in the Table of Benefit Offerings, below.
- **Pastors:** These are the ordained ministers in called and installed positions employed by the Church. All Pastors are assumed to have customary hours at least equivalent to the FT Church Staff.
- **Retirees (“Retirees”):** An employee can achieve a Retiree status through satisfying a minimum age and participation requirement to be eligible for selected benefits in the Table of Benefit Offerings, below, under the ECO Plan. In meeting the definition for “Retiree” status, the employee has to satisfy the *Rule of Seventy*. The *Rule of Seventy* states the employee must have:
  - 1) Participated as an active employee member of the ECO Medical Benefit for at least five (5) continuous years\* ending on the date of termination of active employee status (i.e., when the individual is indefinitely removed from the active employee payroll);
  - 2) Attained at least age fifty-five (55) at the time he or she ceased being an active employee;
  - 3) A combined result of seventy (70) when the individual’s age and years of participation\* (both rounded down to whole integers) as an active employee of the ECO Medical Benefit at the time of termination of service are added together.

\* Participation as an active employee under the PC(USA) Board of Pension medical plan will be considered toward the years of ECO Medical Benefit participation requirements for purposes of 1) and 3), above.

A Retiree will receive coverage through the end of the month of his or her 65<sup>th</sup> birthday and thereafter will no longer be eligible for the ECO Plan (including continuation of coverage).

# Benefits At-A-Glance

This chart provides a snapshot of the available ECO Plan benefits, coverage dates and the source of the premium payment, whether it is the Church, the Employee or both.

TABLE OF BENEFIT OFFERINGS					
BENEFIT PLAN	COVERAGE BEGINS	CHURCH SPONSORED Church Pays a Portion of Benefit	VOLUNTARY Employee Pays for Benefit	WHO PAYS	
Core Benefits				Pastor	Church Staff
Medical/Rx	Date of Hire	✓		See Medical Plan Contribution Requirements below	
Dental	Date of Hire	✓	✓	Offered on either a Contributory or Voluntary basis	
Vision	Date of Hire	✓	✓	Offered on either a Contributory or Voluntary basis	
Ancillary Benefits					
Basic Life/AD&D	Date of Hire	✓		100% Church paid	
Voluntary Life/AD&D	Date of Hire		✓	100% Employee paid	
Short Term Disability (STD)	Date of Hire	✓		100% Church paid	
Long Term Disability (LTD)	Date of Hire	✓		100% Church paid	
Employee Assistance Program (EAP)	Date of Hire	✓		100% Church paid	

## Medical Plan Contribution Requirements

ECO is happy to continue the following options for churches to consider regarding their Medical Plan contributions. The church may elect to contribute a **minimum** of one of the following options towards the monthly Employee Only Medical premium for the lowest Medical plan offered to Pastors and Church Staff.

- 85%
- 90%
- 95%
- 100%

# Medical Coverage – Network Access

## Network Offering through Anthem BC/BS and Cigna

Your church is able to review the information to determine what medical network it will offer to its employees effective January 1, 2019.

The same six (6) medical plans currently offered are available through both the Cigna and Anthem BC/BS network options and are administered by HealthComp. HealthComp as the Third Party Administrators (TPA) will manage and process medical claims, eligibility, and customer service for both Anthem BC/BS and Cigna network options.

### Finding A Provider – Anthem BC/BS

- Go to **anthem.com/ca**
- Select Employers tab on the top Menu.
- Under Resources, select Find a Doctor.
- Under Search as a Guest click Search by **Selecting a Plan or Network**.
- Choose **“Medical”** from the drop down box for “What type of care are you searching for”
- Select your State from the drop down box in the next section
- To select a plan/network:
  - **For California:**

Under **Select a plan/network**, you can enter the name of your plan/network **Blue Cross PPO (Prudent Buyer) – Large Group** or select it from the drop-down list then choose **Select and Continue**.

- **For All Other States:**

Under **Select a plan/network**, you can enter the name of your plan/network **National PPO/BlueCard PPO** or select it from the drop-down list then choose **Select and Continue**.

Using the drop-down boxes, select what type of doctor and the location you’re looking for, then select **Search**.

### Finding A Provider – Cigna

- Go to **cigna.com**
- Select **“Find a Doctor, Dentist or Facility”**
- Under *Not a Cigna Customer yet?*, go to **Plans through your work or school**
- **Enter Search Location**
- *Under Select a Plan, select the PPO, Choice Fund PPO Network option*

Using the drop-down boxes, select what type of doctor or search by name, then select **Search**

# Medical Coverage – Cigna Healthcare OR Anthem BC/BS

Eligible Employees must be offered at least one of the six (6) Cigna or Anthem BC/BS medical plan options below, from which the Church can select.

Summary of Medical Benefits	Plan #1 \$1,500 Deductible Plan <sup>1</sup>		Plan #2 \$500 Deductible Plan	
	SILVER		GOLD	
Benefit	In-Network	Out- of-Network	In-Network	Out- of-Network
<b>Covered Services</b>				
<b>Office Visits</b>				
Primary Care Physician	\$30 Copay	No Coverage	\$25 Copay	Deductible then 50%
Specialist	\$60 Copay		\$50 Copay	
Preventive Care	Covered at 100%	No Coverage	Covered at 100%	Deductible then 50%
Diagnostic Laboratory	Deductible then 20%	No Coverage	Deductible then 20%	Deductible then 50%
X-Rays, including Therapeutic MRI/CAT/PET Scans	Deductible then 20%	No Coverage	Deductible then 20%	Deductible then 50%
<b>Emergency Medical Care</b>				
Emergency Room	\$250 Copay Lab/X-Ray at Deductible then 20%		\$250 Copay Lab/X-Ray at Deductible then 20%	
<b>Hospital Services</b>				
Inpatient Services	Deductible then 20%	No Coverage	Deductible then 20%	Deductible then 50%
Outpatient Services	Deductible then 20%	No Coverage	Deductible then 20%	Deductible then 50%
<b>Prescription Plan</b>				
	Value Formulary		Value Formulary	
Annual Brand Pharmacy Deductible <sup>2</sup>	\$200/Individual \$400/Family	No Coverage	\$200/Individual \$400/Family	50%
Tier 1 - Generic	\$15 Copay		\$15 Copay	
Tier 2 – Brand/Formulary <sup>2</sup>	Pharmacy Deductible then 20% up to \$45		Pharmacy Deductible then 20% up to \$45	
Tier 3 – Brand Non- Formulary <sup>2</sup>	Pharmacy Deductible then 20% up to \$75		Pharmacy Deductible then 20% up to \$75	
Tier 4 – Specialty <sup>2</sup>	Pharmacy Deductible then 20% up to \$200		Pharmacy Deductible then 20% up to \$200	
Mail Order (90 Day Supply)	2.5X Retail Copay	No Coverage	2.5X Retail Copay	Not Covered
<b>Deductibles and Maximums<sup>2</sup></b>				
<b>Calendar Year Deductible (January 1 – December 31)</b>				
Individual	\$1,500	No Coverage	\$500	\$4,000
Family	\$3,000	No Coverage	\$1,000	\$8,000
Coinsurance	80%	No Coverage	80%	50%
<b>Out-of-Pocket Maximum Annual Maximum (Includes Deductible and Copays)</b>				
Individual	\$6,000	No Coverage	\$5,500	\$8,000
Family	\$12,000	No Coverage	\$11,000	\$16,000
Lifetime Benefit Max.	Unlimited	No Coverage	Unlimited	

<sup>1</sup>Plan #1 is an In-Network Only Plan with no Out-of-Network Benefits. Emergency and Urgent Care services will be covered as In-Network regardless of the provider's network status.

<sup>2</sup>Brand Pharmacy Deductible must be met before pharmacy copays would be applicable.

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# Medical Coverage – Cigna Healthcare OR Anthem BC/BS

Summary of Medical Benefits	Plan #3 \$2,000 Deductible Plan		Plan #4 HSA Qualified Plan <sup>1</sup>	
	SILVER		BRONZE	
Marketplace Equivalent	SILVER		BRONZE	
Benefit	In-Network	Out- of-Network	In-Network	Out- of-Network
<b>Covered Services</b>				
<b>Office Visits</b>				
Primary Care Physician	\$30 Copay	Deductible then 50%	Deductible then 20%	Deductible then 50%
Specialist	\$60 Copay			
Preventive Care	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%
Diagnostic Laboratory	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
X-Rays, including Therapeutic MRI/CAT/PET Scans	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
<b>Emergency Medical Care</b>				
Emergency Room	\$250 Copay Lab/X-Ray at Deductible then 20%		In-Network Deductible then 20%	
<b>Hospital Services</b>				
Inpatient Services	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
Outpatient Services	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
Prescription Plan	Value Formulary		Value Formulary	
Annual Brand Pharmacy Deductible <sup>3</sup>	\$200/Individual \$400/Family	50%	None	50%
Tier 1 - Generic	\$15 Copay		Deductible then 20%	
Tier 2 – Brand/Formulary <sup>3</sup>	Pharmacy Deductible then 20% up to \$45		Deductible then 20%	
Tier 3 – Brand Non- Formulary <sup>3</sup>	Pharmacy Deductible then 20% up to \$75		Deductible then 20%	
Tier 4 – Specialty <sup>3</sup>	Pharmacy Deductible then 20% up to \$200		Deductible then 20%	
Mail Order (90 Day Supply)	2.5X Retail Copay	Not Covered	2.5X Retail	Not Covered
<b>Deductibles and Maximums</b>				
<b>Calendar Year Deductible (January 1 – December 31)</b>				
Individual	\$2,000	\$4,000	\$3,000	\$6,000
Family	\$4,000	\$8,000	\$6,000	\$11,000
Coinsurance	80%	50%	80%	50%
<b>Out-of-Pocket Maximum Annual Maximum (Includes Deductible and Copays)</b>				
Individual	\$7,000	\$8,000	\$6,000	\$11,000
Family	\$14,000	\$16,000	\$12,000	\$22,000
Lifetime Benefit Max.	Unlimited		Unlimited	

<sup>1</sup>**HEALTH SAVINGS ACCOUNT (HSA):** For any Church electing to include the CIGNA or Anthem BC/BS high deductible Medical option compatible for HSA participation, there will be a HSA arrangement available to participating employees so employee HSA contributions can be made pre-tax. In addition, a limited purpose health care flexible spending account covering only dental and vision expenses may also be available under the ECO Flex Plan for such employees.

<sup>2</sup>The HSA plan, Plan #4, will cover certain prescriptions at 100% (no deductible) if they are listed as preventive in nature.

<sup>3</sup>Brand Pharmacy Deductible must be met before pharmacy copays would be applicable.

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# Medical Coverage – Cigna Healthcare OR Anthem BC/BS

Summary of Medical Benefits	Plan #5 Copay Plan <sup>1</sup>		Plan #6 HSA Qualified Plan <sup>3</sup>	
Marketplace Equivalent	SILVER		BRONZE	
Benefit	In-Network	Out- of-Network	In-Network	Out- of-Network
<b>Covered Services</b>				
<b>Office Visits</b>				
Primary Care Physician	\$30 Copay	No Coverage	Deductible then 30%	No Coverage
Specialist	\$60 Copay			
Preventive Care	Covered at 100%	No Coverage	Covered at 100%	No Coverage
Diagnostic Laboratory	Deductible then 0%	No Coverage	Deductible then 30%	No Coverage
X-Rays, including Therapeutic MRI/CAT/PET Scans	\$100 Copay	No Coverage	Deductible then 30%	No Coverage
<b>Emergency Medical Care</b>				
Emergency Room	\$250 Copay		In-Network Deductible then 30%	
<b>Hospital Services</b>				
Inpatient Services	\$300 Copay/Day	No Coverage	Deductible then 30%	No Coverage
Outpatient Services	\$400 Copay	No Coverage	Deductible then 30%	No Coverage
Prescription Plan	Value Formulary		Value Formulary <sup>4</sup>	
Brand Pharmacy Deductible <sup>2,5</sup>	None	No Coverage	None	No Coverage
Tier 1 – Generic	\$10 Copay	No Coverage	Deductible then 30%	No Coverage
Tier 2 – Brand/ Formulary <sup>2,5</sup>	\$40 Copay			
Tier 3 – Brand Non- Formulary <sup>2,5</sup>	\$70 Copay			
Tier 4 – Specialty <sup>2,5</sup>	\$150 Copay			
Mail Order (90 Day Supply)	2.5X Retail Copay	No Coverage	2.5X Retail	No Coverage
<b>Deductibles and Maximums</b>				
<b>Calendar Year Deductible (January 1 – December 31)</b>				
Individual	\$500	No Coverage	\$4,000	No Coverage
Family	\$1,000	No Coverage	\$8,000	No Coverage
Coinsurance	100%	No Coverage	70%	No Coverage
<b>Out-of-Pocket Maximum Annual Maximum (Includes Deductible and Copays)</b>				
Individual	\$6,600	No Coverage	\$6,750	No Coverage
Family	\$13,200	No Coverage	\$13,500	No Coverage
Lifetime Benefit Max.	Unlimited		Unlimited	

<sup>1</sup>Plans #5 & 6 are In-Network Only Plans with no Out-of-Network Benefits. Emergency and Urgent Care services will be covered as In-Network regardless of the provider's network status.

<sup>2</sup>Brand Pharmacy Deductible must be met before pharmacy copays would be applicable.

<sup>3</sup>**HEALTH SAVINGS ACCOUNT (HSA):** For any Church electing to include the CIGNA or Anthem BC/BS high deductible Medical option compatible for HSA participation, there will be a HSA arrangement available to participating employees so employee HSA contributions can be made pre-tax. In addition, a limited purpose health care flexible spending account covering only dental and vision expenses may also be available under the ECO Flex Plan for such employees.

<sup>4</sup>The HSA plan, Plan #4, will cover certain prescriptions at 100% (no deductible) if they are listed as preventive in nature.

<sup>5</sup>Brand Pharmacy Deductible must be met before pharmacy copays would be applicable.

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# Dental Coverage

## Dental Coverage – Cigna Healthcare

Eligible Employees must be offered at least one of the three (3) voluntary (100% employee paid) Dental benefit programs. Unless the Church chooses to contribute at least 50% of the total cost of employee only coverage towards the Dental Benefit, then the “voluntary rate” schedule of charges will apply instead of the “contributory rate” schedule for coverage charges.

### Dental PPO Coverage

HealthComp as the Third Party Administrator (TPA) will manage and process dental PPO claims, eligibility and customer service for the Cigna Dental PPO options.

### Dental DHMO Coverage

Cigna will manage and process dental claims, eligibility and customer service for the Cigna Dental DHMO options.

Summary of Dental Benefits					
Calendar Year Benefits	DMO Plan #1 <sup>1</sup>	PPO Plan #2		PPO Plan #3 <sup>2</sup>	
	In-Network Only	In-Network	Non-Network	In-Network	Non-Network
<b>Calendar Year Maximum</b>	None	\$1,000 per Individual		\$1,500 per Individual	
<b>Annual Deductible</b>					
Individual	None	\$50	\$50	\$50	\$50
Family		\$150	\$150	\$150	\$150
<b>Class I – Preventive &amp; Diagnostic Care</b> Exams, Cleanings Fluoride Treatment (child), Space Maintainers, X-Rays Sealants	Copay Schedule	100%, No Deductible	80%, No Deductible	100%, No Deductible	80%, No Deductible
<b>Class II – Basic Restorative Care</b> Fillings, Endodontics (Root Canal), Periodontics (Gum Disease)	Copay Schedule	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
<b>Class III – Major Restorative Care</b> Crowns, Inlays, Onlays, Bridges, Dentures, Implants	Copay Schedule	Deductible then 50%	Deductible then 40%	Deductible then 50%	Deductible then 40%
<b>Class IV – Orthodontia (Braces)</b>	Copay Schedule	Not Covered		50% up to \$1,000 (For Children up to Age 19)	

<sup>1</sup> The DMO plan is not available in the following States: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, WY

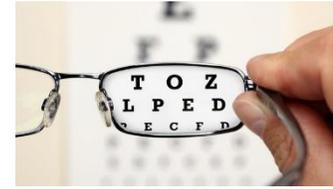
<sup>2</sup> Dental PPO #3 coverage is not available to new churches in their first year under the ECO Health & Welfare Plan, unless the church provides proof of comparable existing dental coverage.

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# Vision & Life/AD&D Coverage

## Vision Coverage - EyeMed

Eligible Employees must be offered the EyeMed voluntary (100% employee paid) Vision benefit. If the Church chooses to contribute towards the cost of coverage, it must provide at least 25% of the employee only rate. Church contributions less than 25% of the employee only rate will be implemented using the “voluntary rate” schedule instead of the “contributory rate” schedule. If the Church agrees to contribute toward the total cost, it may do so in any amount it determines.



Summary of Vision Benefits <sup>1</sup>		
Benefit	In-Network	Out-of-Network
Eye Exams	\$10 Copay, Once every 12 Months	Reimbursement, Once every 12 Months
Lenses	\$25 Copay, Once every 12 Months	Reimbursement, Once every 12 Months
Frames	\$130 Allowance, Once every 24 Months	Reimbursement, Once every 24 Months
Contacts Lenses	\$130 Allowance, Once every 12 Months	Reimbursement, Once every 12 Months

<sup>1</sup> The frequency of services is based on the date the service is received.

## Basic Life/AD&D Coverage

Pastors and Full Time Employees must be covered by the basic life and AD&D benefit under the Guardian group insurance policy, and the Church agrees to pay the full premium (100%) for this employee coverage. There are two plan options from which a Church can choose to offer their employees.

Summary of Basic Life / AD&D Benefits	Pastors
Plan #1	Pastors: Flat \$152,000 Inclusive of Housing Allowance
Plan #2	Pastors: 2x Annual Salary Inclusive of Housing Allowance (\$500,000 Maximum)
Summary of Basic Life / AD&D Benefits	Church Staff
Plan #1	1x Annual Salary (\$250,000 Maximum)
Plan #2	2x Annual Salary (\$500,000 Maximum)

## Voluntary Life/AD&D Coverage

Along with the basic life and AD&D, employees must be offered the opportunity to purchase additional voluntary life and AD&D coverage on their life, as well as on the life of their eligible spouse and children under the Guardian group insurance arrangement. However, the cost of the additional voluntary life insurance is paid 100% by the employees.

Summary of Voluntary Life / AD&D Benefits	Benefit Amount
Voluntary Employee Life/AD&D	Employee: \$10,000 Increments (\$250,000 Employee Maximum)
Voluntary Spouse Life/AD&D	Spouse: \$5,000 Increments (\$100,000 Spouse Maximum)
Voluntary Child Life/AD&D	Child: \$1,000 Increments (\$10,000 Child Maximum)

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# Disability Coverage

## Disability Coverage

The Guardian Disability Plan is 100% paid by the Church. The disability plan provides protection if an employee becomes disabled and cannot return to his or her job; short-term or long-term.

## Short Term Disability Coverage

Pastors and Full Time Employees must be covered by one of the short term disability (STD) insurance programs available under the Guardian group STD insurance policy. The Church agrees to pay the full premium for the STD coverage.

You receive disability coverage to replace a portion of your income if you become disabled due to a non-work related injury or illness. Taxation is a consideration in the event of a disability.

### Elimination Period – The church has two plans available:

The elimination period is the number of days, weeks or months that an employee must be disabled before disability benefits will begin. Each Church will have two plans available from which to select:

- Plan #1 (30 Day Elimination Period)
- Plan #2 (14 Day Elimination Period) – **NEW FOR 2019**

### Taxability of Benefits – The church has two options available:

Each church will have the option to include the cost of the premium on the employees' W-2 Wages in the Benefit Section and do a post-tax benefit deduction in the amount of the premium so the employee is not taxed at the time of benefit payment.

- **STD Plan # 1 (30 Day Elimination Period)**
  - **Option 1 (Taxable):** Church will pay 100% of the monthly STD premiums. If an employee receives disability benefits from the plan, 100% of the benefit is considered taxable income to the employee.
  - **Option 2 (Non-Taxable):** Church will pay 100% of the monthly premium for the selected STD coverage. The church will include such amounts in each eligible Employee's taxable compensation for the employee to have the monthly premium through payroll deductions on a post tax basis to ensure any benefits paid are non-taxable at time of claim.
- **STD Plan # 2 (14 Day Elimination Period)**
  - **Option 1 (Taxable):** Church will pay 100% of the monthly STD premiums. If an employee receives disability benefits from the plan, 100% of the benefit is considered taxable income to the employee.
  - **Option 2 (Non-Taxable):** Church will pay 100% of the monthly premium for the selected STD coverage. The church will include such amounts in each eligible Employee's taxable compensation for the employee to have the monthly premium through payroll deductions on a post tax basis to ensure any benefits paid are non-taxable at time of claim.

Summary of Short Term Disability (STD) Benefits	Short Term Disability Plan (30 or 14 Day Elimination Period)
Pastors / Executives	60% up to \$2,300/week, 30/14 day elimination period, 9 week benefit duration
Church Staff	60% up to \$1,500/week, 30/14 day elimination period, 9 week benefit duration

## Long Term Disability Coverage

Pastors and Full Time Employees must be covered by the long term disability (LTD) insurance program available under the Guardian group LTD insurance policy. The Church agrees to pay the full premium for the LTD coverage.

### Taxability of Benefits – The church has two options:

- **Plan 1 (Taxable):** Church will pay 100% of the monthly LTD premiums. If an employee receives disability benefits from the plan, 100% of the benefit is considered taxable income to the employee.
- **Plan 2 (Non-Taxable):** Church will pay 100% of the monthly premium for the selected LTD coverage. The church will include such amounts in each eligible Employee's taxable compensation for the employee to have the monthly premium through payroll deductions on a post tax basis to ensure any benefits paid are non-taxable at time of claim.

Summary of Long Term Disability (LTD) Benefits	Long Term Disability Plan (90 Day Elimination Period)
Pastors / Executives	60% up to \$10,000/month, 90 day elimination period, 24 month own occupation duration
Church Staff	60% up to \$6,500/month, 90 day elimination period, 24 month own occupation duration

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# Monthly Program Rates

## Medical Coverage – Cigna Network

Medical Rates (Cigna Network) – Region #1						
Plan Name	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5	Plan #6
	(\$1,500 Deductible)	(\$500 Deductible)	(\$2,000 Deductible)	(HSA-Qualified)	(Copay Plan)	(HSA-Qualified)
Employee Only	\$747.04	\$802.08	\$646.48	\$459.71	\$747.04	\$429.24
EE & Spouse	\$1,568.79	\$1,684.36	\$1,357.59	\$1,071.10	\$1,568.79	\$1,000.09
EE & Child(ren)	\$1,419.40	\$1,523.95	\$1,228.30	\$923.99	\$1,419.40	\$862.74
EE & Family	\$2,241.14	\$2,406.24	\$1,939.42	\$1,466.44	\$2,241.14	\$1,369.22

Medical Rates (Cigna Network) – Region #2						
Plan Name	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5	Plan #6
	(\$1,500 Deductible)	(\$500 Deductible)	(\$2,000 Deductible)	(HSA-Qualified)	(Copay Plan)	(HSA-Qualified)
Employee Only	\$728.82	\$782.52	\$630.70	\$448.49	\$728.82	\$418.77
EE & Spouse	\$1,530.52	\$1,643.28	\$1,324.48	\$1,044.98	\$1,530.52	\$975.70
EE & Child(ren)	\$1,384.78	\$1,486.78	\$1,198.34	\$901.46	\$1,384.78	\$841.69
EE & Family	\$2,186.48	\$2,347.55	\$1,892.11	\$1,430.68	\$2,186.48	\$1,335.82

Medical Rates (Cigna Network) – Region #3						
Plan Name	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5	Plan #6
	(\$1,500 Deductible)	(\$500 Deductible)	(\$2,000 Deductible)	(HSA-Qualified)	(Copay Plan)	(HSA-Qualified)
Employee Only	\$711.47	\$763.89	\$615.69	\$437.82	\$711.47	\$408.80
EE & Spouse	\$1,494.09	\$1,604.16	\$1,292.94	\$1,020.10	\$1,494.09	\$952.46
EE & Child(ren)	\$1,351.80	\$1,451.38	\$1,169.81	\$880.00	\$1,351.80	\$821.65
EE & Family	\$2,134.42	\$2,291.66	\$1,847.06	\$1,396.61	\$2,134.42	\$1,304.02

## Medical Coverage – Anthem BC/BS Network

Medical Rates (Anthem BC/BS Network) – Region #1						
Plan Name	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5	Plan #6
	(\$1,500 Deductible)	(\$500 Deductible)	(\$2,000 Deductible)	(HSA-Qualified)	(Copay Plan)	(HSA-Qualified)
Employee Only	\$698.50	\$767.87	\$624.22	\$414.84	\$698.50	\$371.40
EE & Spouse	\$1,466.85	\$1,612.51	\$1,310.86	\$966.58	\$1,466.85	\$863.90
EE & Child(ren)	\$1,327.17	\$1,458.94	\$1,186.01	\$833.82	\$1,327.17	\$745.39
EE & Family	\$2,095.52	\$2,303.60	\$1,872.64	\$1,323.35	\$2,095.52	\$1,182.36

Medical Rates (Anthem BC/BS Network) – Region #2						
Plan Name	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5	Plan #6
	(\$1,500 Deductible)	(\$500 Deductible)	(\$2,000 Deductible)	(HSA-Qualified)	(Copay Plan)	(HSA-Qualified)
Employee Only	\$681.46	\$749.13	\$608.99	\$404.72	\$681.46	\$362.33
EE & Spouse	\$1,431.07	\$1,573.18	\$1,278.88	\$943.00	\$1,431.07	\$842.83
EE & Child(ren)	\$1,294.81	\$1,423.36	\$1,157.08	\$813.48	\$1,294.81	\$727.21
EE & Family	\$2,044.41	\$2,247.41	\$1,826.96	\$1,291.07	\$2,044.41	\$1,153.52

Medical Rates (Anthem BC/BS Network) – Region #3						
Plan Name	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5	Plan #6
	(\$1,500 Deductible)	(\$500 Deductible)	(\$2,000 Deductible)	(HSA-Qualified)	(Copay Plan)	(HSA-Qualified)
Employee Only	\$665.24	\$731.30	\$594.49	\$395.08	\$665.24	\$353.71
EE & Spouse	\$1,396.99	\$1,535.72	\$1,248.44	\$920.55	\$1,396.99	\$822.76
EE & Child(ren)	\$1,263.97	\$1,389.47	\$1,129.53	\$794.12	\$1,263.97	\$709.90
EE & Family	\$1,995.72	\$2,193.90	\$1,783.47	\$1,260.33	\$1,995.72	\$1,126.06

**States Included in Region #1:** Alabama, Alaska, Arizona, California, Connecticut, Florida, Illinois, Louisiana, Massachusetts, Minnesota, Nevada, New Jersey, New York, Oklahoma, Pennsylvania, South Carolina, Texas, Virginia, Washington and Wisconsin

**States Included in Region #2:** Colorado, Delaware, District of Columbia, Georgia, Indiana, Kansas, Kentucky, Mississippi, Missouri, North Carolina, Nebraska, New Hampshire, New Mexico, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Vermont and Wyoming

**States Included in Region #3:** Arkansas, Hawaii, Idaho, Iowa, Maine, Maryland, Michigan, Montana, North Dakota, Ohio, Utah, and West Virginia

# Monthly Program Rates

## Dental Coverage – Cigna Healthcare

Dental Rates (Cigna Healthcare)						
Plan Name	Contributory			Voluntary		
	DMO #1	PPO #2 (\$1,000)	PPO #3 (\$1,500) <sup>1</sup>	DMO #1	PPO #2 (\$1,000)	PPO #3 (\$1,500) <sup>1</sup>
Employee Only	\$21.67	\$34.94	\$49.23	\$12.57	\$40.42	\$73.98
EE & Spouse	\$40.00	\$66.37	\$93.50	\$24.41	\$76.79	\$140.59
EE & Child(ren)	\$49.33	\$73.36	\$103.33	\$25.40	\$84.87	\$155.39
EE & Family	\$72.45	\$104.81	\$147.64	\$40.35	\$121.25	\$221.96

<sup>1</sup> Dental PPO #3 coverage is not available to new churches in their first year under the ECO Health & Welfare Plan, unless the church provides proof of comparable existing dental coverage.

## Vision Coverage- EyeMed

Vision Rates (EyeMed)		
Plan Name	Contributory	Voluntary
Employee Only	\$5.73	\$6.65
EE & Spouse	\$10.89	\$12.63
EE & Child(ren)	\$11.45	\$13.29
EE & Family	\$16.84	\$19.54

## Basic Life/AD&D Coverage – Guardian

Life and AD&D Rates (Guardian)		
Plan Name	Plan #1	Plan #2
Basic Life per \$1,000	\$0.155	\$0.155
Basic AD&D per \$1,000	\$0.02	\$0.02
Voluntary Life/AD&D	Age-Banded Schedule	

## Disability Coverage – Guardian

Disability Rates (Guardian)		
Plan Name	Option #1 Taxable	Option #2 Non-Taxable
Short Term Disability Plan #1- 30 Day Elimination Period (Per \$10 of Covered Benefit)	\$0.103	\$0.111
Short Term Disability Plan #2 - 14 Day Elimination Period (Per \$10 of Covered Benefit)	\$0.146	\$0.159
Long Term Disability (Per \$100 of Covered Salary)	\$0.282	\$0.303

## Small Church Support Fee

Small Church Support Fee	
Per Eligible Full-Time Employee	\$20.00

## Continuation of Coverage – Rocky Mountain Reserve

Continuation of Coverage Fee	
Per Benefit Enrolled Employee	\$0.42

# Value Added Programs Available

## Health Advocate Program - **NEW FOR 2019**

The Health Advocate Program provides employees and their family a Personal Health Advocate team consists of Trained Clinical Professionals (i.e. social workers, behavioral health, Rx, dental, nutritionists). Committed to service excellence and strong problem resolution through their hands-on communication approach with members and providers.

To access the Health Advocate Program, please call their toll-free number 866-799-2731.

## Employee Assistance Program (EAP)

Guardian's comprehensive WorkLifeMatters Employee Assistance Program provides employees and their family members with confidential, personal and web-based support on a wide variety of important and relevant topics —such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

To access the EAP program, please call their toll-free number 1-800-386-7055 or use their website at: [www.ibhworklife.com](http://www.ibhworklife.com)

## Travel Aid

Guardian's Travel Aid program provides employees with 24/7 emergency medical, security, when they are outside their home country or 100 or more miles away from their permanent residence.

## Will Preparation

Guardian makes it easy for employees to take charge of those difficult life and health legal decisions. There are no more reasons to hesitate planning for the future with Guardian's online will preparation services. Guardian provides a standard document template at no cost to employees.

## Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) offers you an easy way to reduce your taxes. When you participate in an FSA, you are only taxed on the income left over after you have paid certain out-of-pocket healthcare and daycare expenses. It allows you to set aside some of your compensation on a tax-free basis and as you incur expenses during the plan year, you are reimbursed from these accounts.

## Long Term Care (LTC)

Long term care (LTC) covers a wide range of supportive services provided to those who are not able to care for themselves due to a chronic illness, disability, or severe cognitive impairment, such as Alzheimer's disease. We often think long term care is nursing home care, but it is more than that. It comprises home health care, adult daycare, assisted living facilities, and Alzheimer's facilities.

## Grant Assistance Program (GAP)

The Grant Assistance Program (GAP) is available to the Church to provide benefits for the Pastors currently enrolled on the BOP medical plan. The GAP programs offers assistance for qualified participants based on availability of funds.

GAP provides resources for the following:

Pastoral Premium Assistance - Helps pay premiums for lower income employees

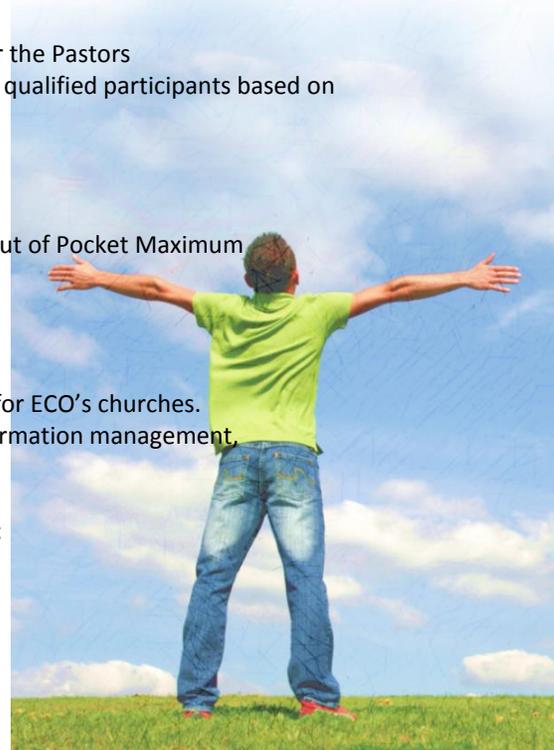
Pastoral Medical Assistance - Helps pay catastrophic claims for the Deductible and Out of Pocket Maximum

To apply for a grant, the participant will complete an application form.

## Payroll/HR Information Processing (PayCor)

Paycor is a leader in the Payroll/HR processing industry and is the preferred vendor for ECO's churches. Paycor's platform includes, but is not limited to payroll processing, tax filing, HR information management, time and attendance tracking, applicant tracking and new employee onboarding.

If you have questions or would like more information, please contact John Ortwerth:  
Phone: 314-497-9548 or Email: [jortwerth@paycor.com](mailto:jortwerth@paycor.com)



# Voluntary Coverage & Benefits Enrollment Overview

## Voluntary Coverage – Colonial Life

**Accident Insurance** — Helps offset the unexpected medical expenses, such as emergency room fees, deductibles and copayments that can result from a fracture, dislocation or other covered accidental injury.

Colonial Life’s Group Limited Benefits Accident Insurance helps fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. With this coverage employees may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses associated with a covered accident.

**Critical Illness Insurance** — Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness such as cancer, heart attack or stroke, which can often be expensive and lengthy.

Group Critical Care Insurance may help guard employees against financial hardship. This specified disease coverage from Colonial Life & Accident Insurance Company offers the protection employees need to concentrate on what is most important— their treatment, care and recovery.

## Benefits Enrollment Overview

ECO is pleased to continue the on-line Benefit Communication and Open Enrollment Program. This program has been created to ensure every employee has a clear and complete understanding of his or her benefits.

## Active Employees

All eligible employees must go online at [www.benefitsconnect.net/eco](http://www.benefitsconnect.net/eco) to:

- Review your employee demographic information and update as necessary (including dependent data)
- Add any new dependent information
- Review your basic benefit programs
- Select or waive medical, dental and vision benefits
- For the Dental DMO plan, you’ll need to review the Cigna Provider Directory; you will have to select a primary dental office
- Provide and/or update your beneficiary information for the Basic Life and AD&D and Voluntary Life Insurance



Today is August 21, 2018  
You are not logged in

WELCOME!

**USERNAME:** Your username is the first 6 characters of your last name, followed by the first letter of your first name, followed by the last 4 digits of your Social Security Number. Please note this is case sensitive, no spaces, no dashes.

**PASSWORD:** Your initial password is your Social Security Number. Please note, no spaces, no dashes.

If you have any questions, please contact your dedicated enrollment team at NFP; Erin Kautzner, Mayra Cano or Kara Williams at 719-520-3232 or toll free at 866-417-9931.

Username

Password

## About NFP

Employee benefits are more complex than ever. Making benefits decisions from a wide array of increasingly complicated and costly health care programs and plan designs can be overwhelming for many employees. Different employees have different needs based on their lifestyles. They need somewhere to turn to help them make complex decisions about their benefits, their family health care, and other life events. This is where NFP can help.

NFP is one of the region's leading employee benefits specialists, offering an array of services from retirement solutions to employee wellness programs, as well as full service employee benefits management and on-going support. As a privately held company headquartered in Colorado, our mission is to create and implement strategic benefit solutions designed to meet the unique needs of employees supported by a concrete service commitment to assist you and your company as you navigate through the complex world of health and welfare benefits.

NFP will be your resource for designing and implementing your employee benefit plans, facilitating open enrollment meetings, renewing benefits on an annual basis and supporting your employees and management with claims questions and other benefit related functions.



Phone: 719-520-3232

Toll-Free: 866-417-9931

[www.nfp.com](http://www.nfp.com)