



2022-23

BENEFITS GUIDE



Your Health & Wellness

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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact the Benefits Department. © 2022 Marsh & McLennan Agency LLC. All rights reserved.



WELCOME TO YOUR 2022-23 BENEFITS!

Faith Family Academy is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.



ELIGIBILITY

If you are regularly scheduled to work at least 30 hours per week, you are eligible for the Faith Family Academy benefits program. For newly hired individuals, most of your benefits are effective on your date of hire (except for Colonial Supplemental Health Benefits which will become effective on the first of the month following date of hire). You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse or qualified domestic partner (of the same/opposite sex);
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your life and disability benefits end on your date of termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, or vision elections unless you experience a Qualified Life Event, such as marriage or the birth of a child. If you experience a Qualified Life Event (examples below), you should contact the Benefits Department within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualified Life Event).

Qualifying Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage



HOW TO ENROLL

If you are a new hire, you have 20 days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Consider an appropriate beneficiary for Life and AD&D benefits.

Check with the Benefits Department if you have questions.

Enrollment Instructions

Please contact your Benefits Department for enrollment instructions.

STAYING CONNECTED YEAR-ROUND

MMA Consumerism Card

The MMA Consumerism Card helps you navigate the complex healthcare system and provide you with additional savings by using your new membership card.

For only \$10 per month you get:

- Telemedicine
- Health Advocate
- Pharmacy discounts
- Dental & Vision discounts
- Lab testing and imaging discounts
- Travel assistance and more!

Contact your Benefits Department for complete information!

Telemedicine - TRS Virtual Health

Under the weather and need a doctor visit fast? Telemedicine gives you 24/7 access to U.S. board-certified doctors through the convenience of your phone. You and a practitioner can speak or video chat to answer questions, make a diagnosis and even prescribe some medications. This convenient and affordable option provides you on-demand access to treat many medical conditions. As always, call 911 for any emergency.

Telemedicine is provided through Teladoc and RediMD and can be accessed by:

- Downloading the app,
- Calling 855-835-2362 for Teladoc and 866-989-2873 for RediMD, or
- Visiting <https://member.teladoc.com/trsactivecare> or <https://redimd.com/trsactivecare> for more information.
- Mental health visits subject to additional cost sharing.



Digital Mental Health

Digital mental health, through Learn To Live and no cost to you. This program can assist with the following:

- Targeted, online programs and services based on proven cognitive behavioral therapy principles
- Private, convenient entry point for mental health concerns
 - Depression
 - Stress, Anxiety & Worry
 - Social Anxiety
 - Insomnia
 - Substance Use

Wellness Program

We want employees to be engaged in their jobs and communities, and to achieve their highest level of well-being. Our wellness program, provided through Well onTarget, is designed to:

- Provide healthy lifestyle education, resources and support
- Help you lead a healthier life
- Manage health care costs for the organization
- Help you save on medical costs

You can complete your biometric screening and additional wellness activities to receive financial incentives. Visit the Well onTarget website at www.wellontarget.com or contact the Benefits Department for more information.



MEDICAL

Faith Family Academy's medical coverage provided by TRS offers you and your family the protection you need for everyday health issues or unexpected medical expenses.

Medical information provided in this guide is for illustrative purposes only. Please refer to your TRS Active Care / BlueCross BlueShield and Scott & White plan summaries for plan information.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescriptions** — For the High Deductible Health Plans and ActiveCare Primary +, once you have met the prescription deductible, you are responsible for the applicable copays until the out-of-pocket maximum has been met.

Before You Enroll Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically pays more, which results in lower deductibles, coinsurance, and/or copays when you need care.
2. Ensure your doctor is part of the plan's network by visiting www.bcbstx.com/trsactivecare and selecting the Nationwide network for the TRS-ActiveCare plans. If they're out of network, services may not be covered or may be more expensive.
3. HMO plans require you to name a Primary Care Physician (PCP) and require a referral to see a specialist.
4. Consider the cost of services and prescription drugs you expect to receive during the year.
5. Evaluate how your out-of-pocket expenses may fluctuate and consider adding accident, critical illness and/or hospital indemnity insurance to help offset your out-of-pocket medical costs.



The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	TRS-ActiveCare Primary HMO Plan	TRS-ActiveCare Primary+ HMO Plan
	Nationwide Network	Nationwide Network
	In-Network**	In-Network**
Calendar Year Deductible		
Individual	\$2,500	\$1,200
Family	\$5,000	\$3,600
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$8,150	\$6,900
Family	\$16,300	\$13,800
	You pay	You pay
Coinsurance	30%	20%
Preventive Care	\$0	\$0
Telemedicine - TRS Virtual Health	Teladoc: \$12 RediMD: \$0	Teladoc: \$12 RediMD: \$0
Designated Primary Care Physician	\$30	\$30
Specialist (with Referral Only)	\$70	\$70
Urgent Care	\$50	\$50
Emergency Room	30%* Free-Standing ER: \$500 + 30%*	20%* Free-Standing ER: \$500 + 20%*
Lab & X-ray	\$0	\$0
Hospitalization	30%*	20%*
Diagnostic Imaging (MRI/CT)	30%*	20%*
Pharmacy		
Rx Deductible	Included in medical	\$200 Brand drugs only
Retail Rx (up to 31-day supply)		
Tier 1 - Generic	\$15	\$15
Tier 2 - Preferred Brand with Generic	30%	25%
Tier 3 - Preferred Brand with No Generic	30%	25% (Max \$100)
Tier 4 - Non-Preferred Brand	50%	50%
Specialty	30%	20%
Mail Order Rx (90-day supply)	3x copay	3x copay
Medical Monthly Payroll Deductions		
Employee Only	\$110.00	\$215.00
Employee + Spouse	\$857.00	\$959.00
Employee + Child(ren)	\$438.00	\$529.00
Employee + Family	\$1,084.00	\$1,284.00
*After Deductible		
** The out-of-network benefits is only covered for true emergencies.		

	TRS-ActiveCare HD PPO Plan		Scott & White HMO Plan
	Nationwide Network		BSW Plus HMO Network
	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible			
Individual	\$3,000	\$5,500	\$1,900
Family	\$6,000	\$11,000	\$4,750
Calendar Year Out-of-Pocket Maximum (Includes Deductible)			
Individual	\$7,050	\$20,250	\$8,000
Family	\$14,100	\$40,500	\$15,000
	You pay	You pay	You pay
Coinsurance	30%	50%	20%
Preventive Care	\$0	50%*	\$0
Telemedicine - TRS Virtual Health	Teladoc: \$42 RediMD: \$30	Not Covered	Virtual Care: \$0
Primary Care Physician	30%*	50%*	\$15 First visit or dependents <19: \$0
Specialist	30%*	50%*	\$70
Urgent Care	30%*	50%*	\$50
Emergency Room	30%* Free-Standing ER: \$500 + 30%*	50%* Free-Standing ER: \$500 + 50%*	\$500 copay per visit after deductible
Lab & X-ray	30%*	50%*	\$0
Hospitalization	30%*	50%*	20%*
Diagnostic Imaging (MRI/CT)	30%*	50%*	20%*
Pharmacy			
Rx Deductible	Included in medical	Included in medical	\$200
Retail Rx	up to 31-day supply		up to 30-day supply
Tier 1 - Generic	20%*	Out-of-Network Reimbursement is the allowed amount for what would have been charged by a network pharmacy less the copayment after the drug deductible is met.	ACA Preventive: \$0
Tier 2 - Preferred Brand with Generic	25%*		Preferred Generics: \$12
Tier 3 - Preferred Brand with No Generic	25%*		Preferred Brand: 30%*
Tier 4 - Non-Preferred Brand	50%*		Non-preferred Brand/Generic: 50%*
Specialty	20%*		25%* / 25%* / 35%*
Mail Order Rx (90-day supply)	3x copay		-
Medical Monthly Payroll Deductions			
Employee Only	\$122.00		\$243.35
Employee + Spouse	\$887.00		\$1,064.92
Employee + Child(ren)	\$457.00		\$573.57
Employee + Family	\$1,119.00		\$1,270.98
*After Deductible			

****If you are currently enrolled in the TRS-ActiveCare 2 Plan, you can remain in this plan. This plan is not taking new enrollees for 2022-2023.**



DENTAL

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Faith Family Academy offers dental coverage through Lincoln Financial Group. For information on finding a dental provider, visit www ldc lfg com and click on Find a Dentist.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.

DHMO Option

If you decide to enroll in the DHMO Option for the first time or add new dependents under this option, you need to select a primary care dentist. You can only change your dentist once per year and you can choose a different DHMO dentist for yourself and each covered dependent.

You should consult the participating provider directory prior to enrolling. The directory lists the dentists who are members of the network. You can view an online provider directory by visiting www ldc lfg com.



The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Dental HMO Plan**	Dental PPO Plan	
	DHMO Network	PPO Network	
	In-Network	In-Network	Out-of-Network
Calendar Year Deductible			
Individual	N/A	\$50	
Family	N/A	\$150	
Calendar Year Benefit Maximum			
Per Individual	N/A	\$1,500	
	You pay	You pay	
Preventive Care			
Exams, Cleanings, X-rays, Fluoride Treatments, Space Maintainers, Sealants	See Fee Schedule	0%	
Basic Services			
Fillings, Extractions	See Fee Schedule	20%*	
Major Services			
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Oral Surgery, Endodontics, Periodontics	See Fee Schedule	50%*	
Orthodontia			
Children (up to 19th birthday)	See Fee Schedule	50% up to a lifetime maximum benefit of \$1,500 per individual; deductible waived	
Dental Monthly Payroll Deductions			
Employee Only	\$11.75	\$41.79	
Employee + Spouse	\$22.90	\$85.89	
Employee + Child(ren)	\$24.78	\$94.36	
Employee + Family	\$35.82	\$147.22	
*After deductible			
**Please refer to the summary plan description for a full list of the assigned copays. Any in-network claims are reimbursed at contracted rates.			



VISION

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan. The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Faith Family Academy offers vision coverage through VSP using the VSP Choice network. For information on finding a vision provider, visit www.vsp.com and click on Find a doctor. Call Member Services for out-of-network plan details.

	Base Plan	Buy-Up Plan
	In-Network	In-Network
	You pay	You pay
Cost		
Exam	\$10	\$10
Materials	\$25	\$25
Covered Services – Lenses		
Single Lenses	\$25	\$25
Bifocals	\$25	\$25
Trifocals	\$25	\$25
Frames	\$25 copay, \$200 allowance, 20% savings on amount over allowance \$220 featured frame brands allowance	\$25 copay, \$200 allowance, 20% savings over allowance amount \$220 featured frame brands allowance
Covered Services – Contacts in lieu of Frames/Lenses		
Contacts – Medically Necessary	\$25	\$25
Contacts – Elective	\$150 allowance	\$150 allowance
Benefit Frequency		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 12 Months
Contacts (in lieu of lenses)	Once every 12 Months	Once every 12 Months
Vision Monthly Payroll Deductions		
Employee Only	\$10.33	\$12.57
Employee + Spouse	\$18.16	\$22.88
Employee + Child(ren)	\$18.53	\$23.35
Employee + Family	\$29.88	\$37.65



BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Life insurance, provided by Lincoln Financial Group, pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury. **Faith Family Academy provides this benefit at no cost to you!**

Beneficiary Information

Situations often change, resulting in the need to update beneficiary information. You should review and update this information every year, or prior to retirement. Check with the Benefits Department for more information.

Basic Life / AD&D Insurance - For You	
	Basic Life and AD&D
Coverage Amount	\$25,000
Evidence of Insurability(EOI) / Proof of Good Health	Not required
Age Reduction Schedule	Benefits reduce by: 35% at age 65, 60% at age 70, 75% at age 75. Benefit terminates upon retirement.



VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Voluntary life and AD&D insurance allow you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. Voluntary life insurance for you and your dependents, also provided by Lincoln Financial Group, can help protect your family during difficult times.

Voluntary Life / AD&D Insurance - For You and Your Dependents

	Employee	Spouse	Child(ren) up to age 25
Coverage Amount	Increments of \$10,000 up to \$300,000	Increments of \$5,000 up to \$150,000	\$10,000; \$250 for children 14 days to 6 months
Guaranteed Issue (GI)	\$150,000	\$30,000	\$10,000
Evidence of Insurability(EOI) / Proof of Good Health	Currently Enrolled: Can increase by two increments up to GI without EOI Newly Eligible: Enroll up to GI without EOI	Currently Enrolled: Can increase by two increments up to GI without EOI Newly Eligible: Enroll up to GI without EOI	Not required

Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you may need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Voluntary Life and AD&D Monthly Rate per \$1,000 by Age

<30	\$0.065	55-59	\$0.635
30-34	\$0.075	60-64	\$0.655
35-39	\$0.105	65-69	\$1.195
40-44	\$0.165	70-74	\$2.525
45-49	\$0.235	75-79	\$7.535
50-54	\$0.415	80+	\$16.255
Employee and Spouse AD&D Rate per \$1,000	Included in listed rates	Child Life rate per \$10,000	\$2.00



SUPPLEMENTAL BENEFITS

Just like it sounds, supplemental benefits plans such as accident, critical illness, cancer, disability, life and hospital indemnity insurance can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

Before You Enroll Consider this:

1. What would happen if you had an accident or became seriously ill and unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

Accident

Accident coverage, through Colonial Life, is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

Sample of Eligible Expenses

	Emergency Room Visits		Hospital Stays
	Medical Exams – Including major diagnostic exams		Physical Therapy
	Fractures and Dislocations		Transportation and Lodging – if you are away from home when the accident happens

Contact the Benefits Department for a full list of covered accidents.

Accident Monthly Payroll Deductions

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Basic	\$17.15	\$26.05	\$28.59	\$37.17
Preferred	\$21.70	\$32.63	\$36.95	\$47.43



Critical Illness Insurance

Critical illness coverage, through Colonial Life, provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness to help offset the unexpected associated costs. The plan will pay regardless of any other insurance. Critical illness coverage is not medical insurance.

Benefit Amounts	
Employee	\$10,000, \$20,000, \$30,000, \$50,000
Spouse	Coverage Available
Children	Coverage Available
Contact the Benefits Department for a full list of covered illnesses and cost of coverage.	

Cancer Insurance

Cancer insurance, through Colonial Life, helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans do not cover like travel or loss of income. Contact the Benefits Department for more information.

Disability Insurance

Disability insurance, through Colonial Life, replaces a portion of your income if you become disabled from a covered accident or illness. Contact the Benefits Department for more information.

Life Insurance

Life Insurance, through Colonial Life, enables you to tailor coverage for your individual needs and provides financial security for your family members. Contact the Benefits Department for more information.

Hospital Indemnity Insurance

Hospital indemnity coverage, through Colonial Life, is designed to provide a cash benefit in the event of a hospitalization and can help pay for expenses not covered by your medical plan. The plan will pay regardless of any other insurance. Contact the Benefits Department for a full list of covered expenses and cost.



ADDITIONAL BENEFITS

Employee Assistance Program

Faith Family Academy also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through *EmployeeConnect*, provides professional, confidential telephonic or face-to-face counseling services to you and your loved ones. You are eligible to receive five sessions per person, per plan year. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential assistance and referral services with items such as:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Childcare issues including identifying schools, daycare, tutors, and more
- Aging parents

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan. Take advantage of *EmployeeConnect*. For more information about the program, visit www.GuidanceResources.com or call 888-628-4824.

BenefitHub

BenefitHub is an all-in-one portal for employer-sponsored perk programs and discount marketplace. You can find thousands of amazing deals from over 300,000 vendors on all the brands you love for all kinds of items, including but not limited to:

- Health and wellbeing
- Discounts at restaurants, on flights, and hotels
- Cash back on purchases

Go to this <https://faithfamilyperks.benefithub.com> to access your BenefitHub and enter your referral code **1UUKJY** to reconnect to the world around you!



IMPORTANT CONTACTS

Coverage	Administrator	Phone	Email/Website
Benefits Department	Cindy Nunnelley	214-375-7682 x 1639	cnunnelley@faithfamilyacademy.org
Medical	TRS Active Care	800-223-8778	https://www.trs.texas.gov/Pages/healthcare_trs_activecare.aspx
	Scott & White	844-633-5325	https://my.bswhealth.com/login
Dental	Lincoln Financial Group	DHMO: 888-877-7828 PPO: 800-423-2765	DHMO: www ldc lfg com PPO: www LincolnFinancial com/FindADentist
Vision	VSP	800-877-7195	www vsp com
Life and AD&D	Lincoln Financial Group	800-423-2765	www lfg com
Accident Insurance	Colonial Life	800-325-4368	www coloniallife com
Critical Illness Insurance	Colonial Life	800-325-4368	www coloniallife com
Cancer Insurance	Colonial Life	800-325-4368	www coloniallife com
Disability Insurance	Colonial Life	800-325-4368	www coloniallife com
Life Insurance	Colonial Life	800-325-4368	www coloniallife com
Hospital Indemnity Insurance	Colonial Life	800-325-4368	www coloniallife com
Employee Assistance Program (EAP)	EmployeeConnect	888-628-4824	www guideanceresources com
Employee Perks Program	BenefitHub	866-664-4621	https://faithfamilyperks.benefithub.com Referral Code: 1UUKJY customercare@benefithub.com

GLOSSARY

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference (see Balance Billing).

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

Copayment (copay): A fixed amount (\$20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

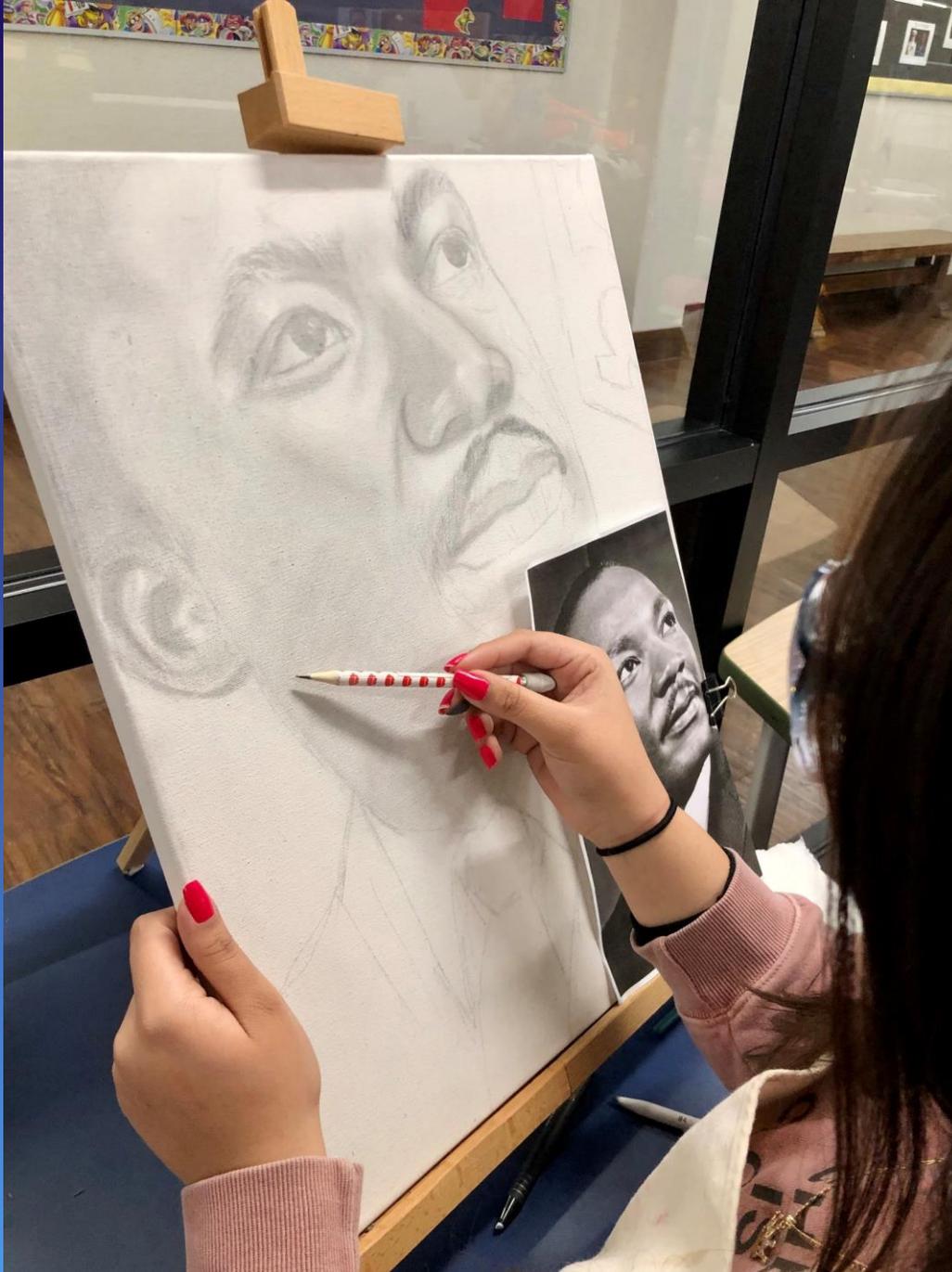
Out-of-Network: Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.



Marsh McLennan
Agency