

2026 - 2027

Employee Benefit
Guide

CHANGE

THEY TURNED THE WORLD UPSIDE DOWN.



Benefits for 2026 - 2027

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Introduction

As an employee of Change Church enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2026 - 2027 plan year, Change Church has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Change Church is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your Change Church benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.



Benefits for 2026 - 2027

Overview of Benefits Programs

CHANGES AND QUALIFYING EVENTS

When Coverage Begins and Ends

- › Your coverage begins under the benefits plans on the 1st day of the month following 30 days of employment.
- › Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued or the Group Insurance Policy is terminated.

Qualifying Events

- › Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:
 - Changes in employment status
 - Changes in legal marital status
 - Changes in number of dependents
 - Taking an unpaid leave of absence
 - Dependent satisfies or ceases to satisfy eligibility requirement
 - Family Medical Leave Act (FMLA) leave
 - A COBRA-qualifying event
 - Entitlement to Medicare or Medicaid
 - A change in the place of residence of the employee, resulting in the current carrier not being available



Benefits for 2026 - 2027

Medical



SUMMARY OF COVERAGE

Plan Features	HSA OAP Plan \$2,000	OAPin (15716327) \$1,500
	Base Plan	Buy Up Option
IN NETWORK		
Calendar Year		
Deductibles (Indiv / Family)	\$2,000 / \$4,000	\$1,500 / \$3,000
Preventive Care	\$0	\$0
Primary Care Visit	\$30 After Deductible	\$30
Specialist Visit	\$60 After Deductible	\$60
Diagnostic Exam	Deductible	\$0
X-Rays	Deductible	\$0
Complex Images	Deductible	Deductible + 20%
Outpatient Procedure	Deductible	Deductible + 20%
Inpatient Visit	Deductible	Deductible + 20%
Emergency Room	Deductible	\$350
Urgent Care	Deductible	\$75
Pharmacy / RX (30 Day Supply)	\$5* / \$10* / \$45* / \$70* *After Deductible	\$5 / \$10 / \$45 / \$70
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$3,500 / \$7,000	\$5,500 / \$11,000
COVERAGE		
	PER PAY PERIOD	PER PAY PERIOD
Employee	\$0	\$7.48
Employee + Spouse	\$104.74	\$120.55
Employee + Child(ren)	\$86.65	\$100.87
Employee + Family	\$191.03	\$213.74

Find a provider : <https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001>



* Member may be responsible for any amount over the allowed amount

Benefits for 2026 - 2027

Medical



KEY TERMS TO REMEMBER



ANNUAL DEDUCTIBLE

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



OUT-OF-POCKET MAXIMUM

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance.

*Except for Grandfathered medical plans



COPAYS AND COINSURANCE

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.



PLAN TYPES

- › EPO/PPO – A network of doctors, hospitals and other health care providers
- › HMO – A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care
- › POS – Combines aspects of a PPO and HMO
- › HDHP – A plan that has higher annual deductibles in exchange for lower premiums.



Benefits for 2026 - 2027

Medical



Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Change Church, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- › Routine Physical Exam
- › Well Baby and Child Care
- › Well Woman Visits
- › Immunizations
- › Routine Bone Density Test
- › Routine Breast Exam
- › Routine Gynecological Exam
- › Screening for Gestational Diabetes
- › Obesity Screening and Counseling
- › Routine Digital Rectal Exam
- › Routine Colonoscopy
- › Routine Colorectal Cancer Screening
- › Routine Prostate Test
- › Routine Lab Procedures
- › Routine Mammograms
- › Routine Pap Smear
- › Smoking Cessation
- › Health Education/Counseling Services
- › Health Counseling for STDs and HIV
- › Testing for HPV and HIV
- › Screening and Counseling for Domestic Violence

“An ounce of prevention is worth a pound of cure”

Benefits for 2026 - 2027

Health Savings Account (HSA)

Effective 6/1/26 – 5/31/27

FOR 2026 - 2027 CHANGE CHURCH IS OFFERING A HEALTH SAVINGS ACCOUNT (HSA). THIS IS HOW AN HSA WORKS:



A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses – those you and your tax dependents may have now, in the future, and during your retirement.



This is a “portable” account. You own your HSA! It’s included in your employee benefits package, but after you set up your account, **it’s yours to keep**, even if you change jobs or retire.



Once your HSA is established, money is contributed to your account by you, Change Church or friends and family, and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you’re already paying for, like doctors’ office visits, prescription drugs, and much more. Best of all, you decide how and when to use your HSA dollars.

YOU WILL RECEIVE A DEBIT CARD WITH HSA FUNDS.

WHY IS IT A GOOD IDEA TO HAVE AN HSA?

HSAs benefit everyone who is eligible to have this account – single individuals, families, and soon-to-be retirees. You save money on taxes in three ways:

› Tax-free deposits – The money you contribute to your HSA isn’t taxed (up to the IRS annual limit)	› Tax-free earnings – Your interest and any investment earnings grow tax-free.	› Tax-free withdrawals – The money used toward eligible health care expenses isn’t taxed – now or in the future.
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› Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30 percent tax bracket, you can save \$30 on every \$100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no “use-it-or-lose-it” rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future, or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

You must be enrolled in the HDHP Base plan in order to qualify for an HSA. Change Church contributes up to \$600 per year to your HSA account once enrolled in the HDHP Base Plan.

Health Savings Account (HSA)

Eligible Expense Guide

Qualified Medical Expenses

HSA- qualified medical expenses are defined by IRS Publication 502 and include the costs of diagnosis, cure, litigation, treatment, or prevention of disease and for the purpose of affecting any part or function of the body.

- Abortion
- Acupuncture
- Alcoholism
- Ambulance
- Annual Physical Examination
- Artificial Limb
- Artificial Teeth
- Bandages
- Birth Control Pills
- Body Scan
- Braille Books and Magazines
- Breast Pumps and Supplies
- Breast Reconstruction Surgery
- Capital Expenses for special equipment installed in home for main purpose of medical care (Ex: support bars, exit ramps, lowering of cabinets)
- Car special equipment for disabilities
- Chiropractor
- Christian Science Practitioner
- Contact Lenses
- Crutches
- Dental Treatment
- Diagnostic Devices (i.e., Blood sugar test kit)
- Disabled Dependent Care Expenses
- Drug Addiction Treatment
- Eye Exam
- Eyeglasses
- Eye Surgery
- Fertility Enhancement
- Guide Dog or Other Service Animal
- Health Institute (if prescribed by a physician)
- Hearing Aids
- Home Care
- Hospital Services
- Laboratory Fees
- Long-term care insurance premiums
- Medicare Part A, B, C, or D
- Medicines
- Nursing Home (non-custodial)
- Nursing Services
- Operations
- Optometrist
- Osteopath
- Orthodontia (braces)
- Over-the-counter medicines and supplies with prescription
- Oxygen and equipment
- Pregnancy Test Kit
- Prosthesis
- Psychiatric Care
- Psychoanalysis
- Psychologist
- Special Education
- Smoking Cessation Programs
- Telephone and Television for Hearing Impaired
- Therapy
- Transplant (i.e., Heart, Kidney)
- Transportation for medical care
- Vasectomy and Sterilization
- Vision Correction Surgery
- Weight- Loss Program
- Wheelchair and other medical supplies
- Wig
- X-Ray

Insurance Premiums

You may use your HSA to pay for:

- Eligible long-term care
- COBRA continuation coverage
- Medicare premiums and out-of-pocket expenses for PartA, PartB, PartC, and PartD

Non-Qualified Expenses

Expenses for items that are merely beneficial to the general health of an individual are not considered qualified expenses. If you use your HSA to pay for expenses that are not qualified, you will have to pay income tax and a 20% penalty on the non-qualified purchase amount. Non-qualified expenses include:

- Baby Sitting, Childcare, or Nursing Services for a normal healthy baby
- Controlled substances
- Cosmetic Surgery
- Dancing Lessons
- Diaper Service
- Electrolysis or Hair Removal
- Funeral Expenses
- Hair Transplant
- Health Club Dues
- Household Help
- Maternity Clothes
- Medicines and Drugs from other countries
- Nonprescription Drugs and Medicines
- Nutritional Supplements
- Personal Use Items
- Swimming Lessons
- Teeth Whitening
- Veterinary Fees

Documentation of qualified medical expenses

The IRS requires that you keep itemized receipts to document your qualified withdrawals. Those receipts must include the date of service and the type of expense. Bankcard statements and estimates of expenses are not permitted.

Whose expenses are qualified?

Your qualified tax-free HSA withdrawals may be for expenses incurred by you, your spouse, or your eligible dependents (section 152 of the federal tax code), regardless of whether or not they are covered under your health plan.

When are expenses qualified?

Your expenses are qualified when they are incurred after your HSA is established. Then, even if you lose eligibility to make contributions to your HSA, you may still spend the money you have accrued in your HSA to pay for qualified medical expenses, tax-free.

DISCLAIMER- THIS IS NOT AN OFFICIAL IRS DOCUMENT AND IS *ONLY* INTENDED FOR PLANNING PURPOSES. IT IS YOUR RESPONSIBILITY TO SEE OFFICIAL IRS GUIDELINES PRIOR TO USING YOUR HSA. INSPIRE BENEFIT CONSULTANTS, LLC IS NOT LIABLE FOR THE USE OF INFORMATION CONTAINED HEREIN. TO VIEW OFFICIAL IRS GUIDELINES, VISIT WWW.IRS.GOV

** All mention of taxes is made in reference to federal tax law. State taxes may vary, consult your tax adviser for details. For additional information on what qualifies or doesn't qualify as a medical expense, see IRS tax publication 502: Medical and Dental Expenses on the web at irs.gov/publications.

***2026 LIMIT ON CONTRIBUTIONS - \$4,400 SELF-ONLY | \$8,750 FAMILY*
* Plus \$1,000 IF OVER AGE 55***

Benefits for 2026 - 2027

Flexible Spending Account FSA

Effective 6/1/26 – 5/31/27

Change Church is offering a Flexible Spending Account (FSA) for 2026 - 2027. This is how an FSA works:

- › You set aside money for your FSA from your paycheck before taxes are taken out.
- › Then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- › **USE IT OR LOSE IT.** You must spend your FSA dollars before 5/31/27 or you will lose funds beyond the \$680 rollover amount.
- › You save money on expenses you're already paying for.

Maximum Contribution to your FSA account is **\$3,400**. You may also be able to carry over up to **\$680** of unused funds to the following plan year.

Refer to your FSA documentation for more details.

HEALTH FSA ELIGIBLE EXPENSES

- › Medical expenses: co-pays, co-insurance, and deductibles
- › Dental expenses: exams, cleanings, X-rays, and braces
- › Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- › Professional services: physical therapy, chiropractor, and acupuncture
- › Prescription drugs and insulin
- › Over-the-counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.

DEPENDENT CARE FSA ELIGIBLE EXPENSES

- › Care for your child who is under age 13
- › Before and after-school care
- › Baby sitting and nanny expenses
- › Day care, nursery school, and preschool
- › Summer day camp
- › Care for a relative who is physically or mentally incapable of self-care and lives in your home

Maximum Contribution to your Dependent Care FSA account is **\$7,500** when filing as Single/Head of Household/Married Joint. The maximum contribution is **\$3,750** when filing Married Separate.

Refer to your FSA documentation for more details.

Feature	Healthcare FSA	Dependent Care FSA
Access to Funds	Full upfront	As contributed
Reimbursement	Immediate	Limited to balance
Common Uses	Medical, dental, vision	Daycare, elder care

**You do not have to be enrolled in a medical plan in order to contribute towards an FSA.
You cannot be enrolled in both the HSA and FSA plans.**

Benefits for 2026 - 2027

Dental Coverage



SUMMARY OF COVERAGE

Plan Features	LF DPPO \$1000
IN NETWORK	
Annual Deductible (Individual / Family)	\$50 / \$150
Preventive Care	100%
Basic Procedures (Extractions, fillings, etc.)	80%
Major Procedures (Crowns, dentures, etc.)	50%
Child Orthodontia	50% up to \$1,000
Calendar Year Maximum Benefit	\$2,000
OUT OF NETWORK	
Annual Deductible (Individual / Family)	\$50 / \$150
Preventive Care	100%
Basic Procedures (Extractions, fillings, etc.)	80%
Major Procedures (Crowns, dentures, etc.)	50%
Child Orthodontia	50% up to \$1,000
Calendar Year Maximum Benefit	\$2,000
COVERAGE	
	PER PAY PERIOD
Employee	\$0.00
Employee + Spouse	\$0.00
Employee + Child(ren)	\$0.00
Employee + Family	\$0.00

Find a dentist: <https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC049>



Benefits for 2026 - 2027

Vision Coverage



SUMMARY OF COVERAGE

Plan Features	Unum Plan 3
IN NETWORK	
Vision Exam	\$10
Lenses	
Single	\$25
Bifocal	\$25
Trifocal	\$25
Progressive	Up to \$70
Frames	Up to \$200
Elective Contact Lenses	Up to \$200
Medically Necessary Contact Lenses	Up to \$210
Frequency (Months)	
Exam	Every 12 Months
Lenses	Every 12 Months
Frames	Every 12 Months
Contacts	Every 12 Months
OUT OF NETWORK	
Vision Exam	Up to \$35
Lenses	
Single	Up to \$25
Bifocal	Up to \$40
Trifocal	Up to \$50
Progressive	Up to \$40
Frames	Up to \$50
Elective Contact Lenses	Up to \$100
Medically Necessary Contact Lenses	Up to \$210
COVERAGE	
	PER PAY PERIOD
Employee	\$0.00
Employee + Spouse	\$0.00
Employee + Child(ren)	\$0.00
Employee + Family	\$0.00



Find an Eye Doctor <https://visionsearch.unumvisioncare.com/>

Your vision plan uses the First Look Network.
Have questions? Call 1-888-400-9304



Benefits for 2026 - 2027

Life Insurance



SUMMARY OF COVERAGE

Protect your family when they need it most. Life insurance provides the people you love with the financial support they need. Change Church is providing this benefit at **no cost to you**. **\$25,000 of Life & AD&D following 30 days of eligibility.**



Employer-paid Basic Life Insurance	
Employee Benefit Amount	\$25,000
AD&D Benefit	\$25,000
The following shows how much benefits are reduced at certain ages:	
Age Band	Benefit Reduces by:
65	35%
70	50%

You can purchase additional life insurance beyond what Change Church is providing for you. You may also elect for your spouse and or children. Details for voluntary coverage are listed on the next two pages.

Be sure to keep your beneficiary information up to date



Voluntary Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. You can purchase coverage for yourself, your spouse, and children. Rates will vary by age. Please contact Human Resources if you have any questions.

Voluntary Life & AD&D	Employee	Spouse	Child
Maximum	5x annual salary up to \$300,000	100% of employee's benefit up to \$300,000	\$10,000
Increments	\$10,000	\$5,000	\$2,000
Guarantee Issue *Maximum amount you can elect without having to fill out a medical questionnaire	\$100,000	100% of employee's benefit up to \$25,000	\$10,000
Age Reductions *Your initial election amount will be reduced by the amounts to the right once you reach certain ages.	65% at age 70 and 50% at age 75	65% at age 70 and 50% at age 75	Benefit ends at 26



Benefits for 2026 - 2027

Voluntary Life Insurance Rates

Employee Rate Per Pay Period/ Life & AD&D										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
15-24	\$0.23	\$0.46	\$0.69	\$0.92	\$1.15	\$1.38	\$1.61	\$1.84	\$2.07	\$2.30
25-29	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50
30-34	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
35-39	\$0.44	\$0.88	\$1.32	\$1.76	\$2.20	\$2.64	\$3.08	\$3.52	\$3.96	\$4.40
40-44	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
45-49	\$0.88	\$1.76	\$2.64	\$3.52	\$4.40	\$5.28	\$6.16	\$7.04	\$7.92	\$8.80
50-54	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
55-59	\$1.78	\$3.56	\$5.34	\$7.12	\$8.90	\$10.68	\$12.46	\$14.24	\$16.02	\$17.80
60-64	\$2.19	\$4.38	\$6.57	\$8.76	\$10.95	\$13.14	\$15.33	\$17.52	\$19.71	\$21.90
65-69	\$2.68	\$5.36	\$8.04	\$10.72	\$13.40	\$16.08	\$18.76	\$21.44	\$24.12	\$26.80
70-74	\$4.85	\$9.70	\$14.55	\$19.40	\$24.25	\$29.10	\$33.95	\$38.80	\$43.65	\$48.50
75+	\$16.92	\$33.84	\$50.76	\$67.68	\$84.60	\$101.52	\$118.44	\$135.36	\$152.28	\$169.20

Spouse Rate Per Pay Period/ Life & AD&D										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
15-24	\$0.23	\$0.46	\$0.69	\$0.92	\$1.15	\$1.38	\$1.61	\$1.84	\$2.07	\$2.30
25-29	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50
30-34	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
35-39	\$0.44	\$0.88	\$1.32	\$1.76	\$2.20	\$2.64	\$3.08	\$3.52	\$3.96	\$4.40
40-44	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
45-49	\$0.88	\$1.76	\$2.64	\$3.52	\$4.40	\$5.28	\$6.16	\$7.04	\$7.92	\$8.80
50-54	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
55-59	\$1.78	\$3.56	\$5.34	\$7.12	\$8.90	\$10.68	\$12.46	\$14.24	\$16.02	\$17.80
60-64	\$2.19	\$4.38	\$6.57	\$8.76	\$10.95	\$13.14	\$15.33	\$17.52	\$19.71	\$21.90
65-69	\$2.68	\$5.36	\$8.04	\$10.72	\$13.40	\$16.08	\$18.76	\$21.44	\$24.12	\$26.80
70-74	\$4.85	\$9.70	\$14.55	\$19.40	\$24.25	\$29.10	\$33.95	\$38.80	\$43.65	\$48.50
75+	\$16.92	\$33.84	\$50.76	\$67.68	\$84.60	\$101.52	\$118.44	\$135.36	\$152.28	\$169.20

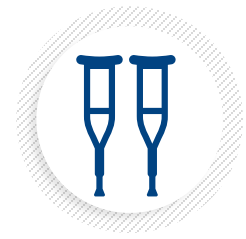
All Child Rate Per Pay Period									
\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	
\$0.14	\$0.21	\$0.28	\$0.35	\$0.42	\$0.48	\$0.55	\$0.62	\$0.69	

Regardless of how many children you have, they are included in the “All Children” premium amounts listed in the table above.



Benefits for 2026 - 2027

Voluntary Disability Insurance Short Term



SUMMARY OF COVERAGE

How would you pay your bills if you were sick, injured, or out on maternity leave? Even a short leave from work can seriously impact your finances. A short-term disability policy provides you with cash benefits when you need it most.



Plan Features	Unum \$1,000 STD
Employee Benefit Amount	60%
Maximum Benefit Amount	\$1,000
Elimination Period (Accident)	14 Days
Elimination Period (Sickness)	14 Days
Benefit Duration	11 Weeks

Disability benefits worksheet

Calculate your weekly disability benefit

$\$ \underline{\hspace{2cm}} \div 52 = \$ \underline{\hspace{2cm}} \times 60\% = \$ \underline{\hspace{2cm}}$
 Enter your annual earnings Your weekly earnings (Max % of income covered) Maximum weekly benefit available (If the amount exceeds the plan max of \$1,000, enter \$1,000.)



Benefits for 2026 - 2027

Disability Insurance Long Term



SUMMARY OF COVERAGE

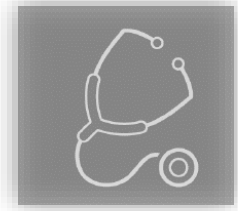
Your ability to earn an income may be your most important asset. Long-Term disability replaces part of your income if you can't work due to a covered disability. You can use this money to help pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries. Please see the Unum packet for additional information. **Change Church is providing this benefit at no cost to you.**

Monthly Benefit after your claim is approved	50%
Maximum Monthly Benefit	\$7,500
Elimination Period	90 Days
Maximum Benefit Duration	Reducing Benefit Duration to Social Security Normal Retirement Age
Pre-Existing Condition	3/12



Benefits for 2026 - 2027

Voluntary Critical Illness



SUMMARY OF COVERAGE



An unexpected critical illness can have a lasting impact on you and your family – physically, emotionally, and financially. You can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through Unum.

	The Hartford
	\$10,000 - \$20,000
Employee Coverage Amount	\$10,000 or \$20,000
Spouse Coverage Amount	100% of Employee Amount
Child(ren) Coverage Amount	50% of Employee's Amount - Coverage is automatic
Heart Attack - STEMI	100%
Stroke - Severe	100%
Dementia	100%
Cancer (Invasive)	100%
Severe Infectious Conditions	25%
Skin Cancer	\$250 annually
Health Screening	\$50

RATES PER PAY PERIOD		
Age	\$10,000	\$20,000
0 - 30	\$1.15	\$2.31
30 - 39	\$1.73	\$3.46
40 - 49	\$3.05	\$6.09
50 - 59	\$5.49	\$10.98
60 - 69	\$9.88	\$19.75
70 - 79	\$16.52	\$33.05
80+	\$22.08	\$44.17



Benefits for 2026 - 2027

Voluntary Accident Insurance

SUMMARY OF COVERAGE



If you broke a leg, would it break your bank account too?

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from The Hartford Insurance Company.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of Change Church Inc., you may purchase this coverage for yourself and your family members, and premiums can be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.



Accidental Death- Employee	\$50,000
Accidental Death- Spouse	\$25,000
Accidental Death- Child	\$12,500
Emergency Room	\$200
Urgent Care	\$200
Initial Physician Visit	\$200
Ground Ambulance	\$1,000
Crown or Filling Repair	\$600
Xray	\$150
Hospital Admission	\$2,000
Daily Confinement (up to 365 days)	\$300
ICU Confinement	\$300
COVERAGE	PER PAY PERIOD
Employee Only	\$2.90
Employee + Spouse	\$4.58
Employee + Children	\$4.93
Employee + Family	\$7.73



Telemedicine Through Healthiest You



Change Church employees have around-the-clock access to a doctor, no matter where they are, through **HealthiestYou**. This benefit connects you and your entire household to a board-certified doctor by phone or video chat **at no cost to you!** You do not have to be enrolled under the medical plan to participate in this benefit.

24/7

Access Anytime

Phone or video chat from anywhere

\$0

No Cost to You

Completely free for all employees

OPEN

No Enrollment Needed

No medical plan enrollment required

Available Consultations:

Physical Health

- Sinus Infections
- Pink Eye
- Strep Throat
- Ear Infections
- Rash
- Rx Questions
- Dermatology *(visit fee applies)*

Behavioral / Mental Health

Available for ages 13+

- Anxiety and Depression
- Sleep Issues
- Relationship Conflict
- Eating Disorders



Your healthcare just got a whole lot easier!

With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can **SAVE YOU TONS OF MONEY** and no more sitting around in waiting rooms. And best of all, it's **FREE**

Get Started Today

member.healthiestyou.com

Download the app

or

Call **866-703-1259**

Healthiest You



Start feeling like yourself again

Discover how HealthiestYou Mental Health can help.



Talk to a licensed therapist or psychiatric provider of your choice by phone or video, 7 days a week, from the privacy of your home.

Get help for:

- Anxiety and depression
- Negative thought patterns
- Sleep issues
- Relationship conflicts
- Trauma and PTSD
- Medication management (psychiatry only)

Start making progress:

1. Register and fill out a brief medical history
2. Choose the mental health expert who's right for you
3. Schedule a visit for a day and time that works best for you

Digital content and resources are also available to help you better manage everyday life and challenges.

Get started today

Visit HealthiestYou.com
Call 866-703-1259

Healthiest You



You now have access to Adolescent Mental Health care

Therapy and support for teens ages 13-17



With everything going on in the world, teenagers are experiencing more emotional pressure than usual, which is leading to increased reports of depression, anxiety and behavioral issues. If you're worried about your teen, you can access your HealthiestYou Adolescent Mental Health service at anytime.

Our licensed therapists specialize in supporting teens who need help with:

- Depression
- Anxiety
- Eating disorders
- Substance use
- Domestic violence
- Relationships
- Sexual abuse
- Codependency
- Sexual/reproductive health
- ADHD
- Processing divorce

How it works:

- 1 Log in to or set up your account by web or app, then add your teen as a dependent.
- 2 Download and print the Teladoc consent form and the intake form. Upload the completed forms to schedule a mental health visit for your teen.
- 3 Choose a therapist for your teen. Please note that only talk therapy is available for teens.
- 4 Request a time for the appointment and receive confirmation.

Find a Therapist for your teen

Visit [HealthiestYou.com](https://www.healthiestyou.com)

Call 866-703-1259 | Download the app  

Parent/guardian must be present at the beginning of the first visit. Not required for ongoing visits.

Benefits for 2026 - 2027

Value of Pre Tax Benefits

SECTION 125 PLAN

Change Church operates a Premium Only Section 125 Plan, which allows you to reduce your total taxable income by your portion of group insurance premiums. In effect, this is just like getting a raise - your withholding taxes are reduced, and your take-home pay increases!

Example: Employee earning \$30,000 annually, paying \$200/month for benefits

	Without Pre-Tax Benefits	With Pre-Tax Benefits
Gross Pay	\$30,000	\$30,000
Insurance Deductions/Payments	\$0	\$2,400
Taxable Income	\$30,000	\$27,600
Taxes at 25%	\$7,500	\$6,900
After-Tax Income	\$22,500	\$20,700
After-Tax Payment for Benefits	\$2,400	\$0
Take-home Pay	\$20,100	\$20,700
INCREASE IN TAKE-HOME PAY		+\$600



Benefits for 2026 - 2027

Value Added Services:

Unum

- EAP – assists employees and their eligible dependents with personal or job-related concerns.
- Worldwide Travel Assistance
- Work/Life Balance
 - Childcare
 - Financial Services
 - Identity Theft

Cigna

- Health Information Line – Speak with a Cigna nurse 24/7/365 at no cost to you.
- MDLive Virtual Care – Subject to Copay
- My Health Assistant
- Healthy Rewards – Program that provides you with discounts on health products and services.
- Omada – Diabetes prevention program.
- Emotional Well-Being Support
- IdentityForce
- RecoveryOne
- Cigna Health Babies
- Virtual Behavioral Health Providers
 - ❖ Ginger
 - ❖ Talkspace
 - ❖ Meru

See flyers for full details on each service.

Benefits for 2026 - 2027

Question & Answers

If you have question or concerns regarding the benefits offered to you in this guide, please contact Human Resources or Inspire Benefit Consultants, LLC. Your Account Manager, Kristan Carlton is available to answer any questions you may have.

Inspire Benefit Consultants	
Kristan Carlton	kristan@inspirebenefits.com
Service Team	service@inspirebenefits.com

Carrier Contact Information

Other important phone numbers can be found on your membership ID cards.

Benefit Carrier Contracts			
Program	Carrier/Vendor	Phone	Website
Medical Plans	Cigna	800-244-6224	www.cigna.com
Dental Plan	Cigna	800-244-6224	www.cigna.com
Vision Plan	UNUM	800-275-8686	www.unum.com
Disability, Life and AD&D	UNUM	800-775-8805	www.unum.com
Accident and Critical Illness	The Hartford	866-547-4205	www.thehartford.com
Telemedicine	healthiestyou	480-779-4360	www.healthiestyou.com



Benefits for 2026 - 2027

Legal Notices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that addresses the privacy and security of certain individually identifiable health information, called protected health information (or PHI). You have certain rights with respect to your PHI, including a right to see or get a copy of your health and claims records and other health information maintained by a health plan or carrier. For a copy of the Notice of Privacy Practices, describing how your PHI may be used and disclosed and how you get access to the information, contact Human Resources.

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which mastectomy was performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
3. Treatment of physical complications of the mastectomy, including lymphedema.

These will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this benefits plan. Therefore, the deductibles and coinsurance outlined above apply. If you would like more information on WHCRA benefits, contact Human Resources.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Patient Protection Notice

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources.

Benefits for 2026 - 2027

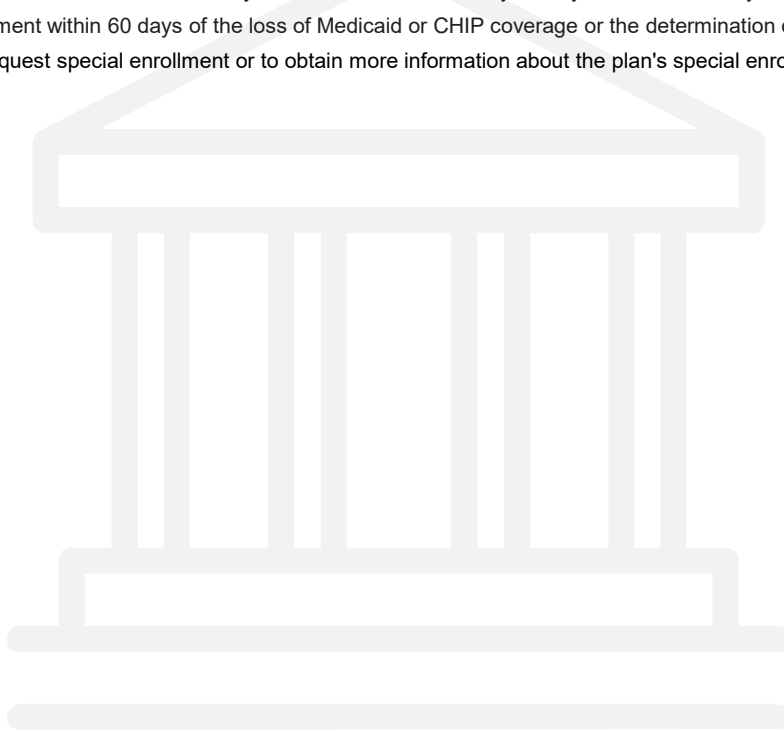
Legal Notices

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy. To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources.



Benefits for 2026 - 2027

Legal Notices

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

Benefits for 2026 - 2027

Legal Notices

GEORGIA-Medicaid	MAINE-Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
IOWA-Medicaid and CHIP (Hawki)	MINNESOTA-Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
KANSAS-Medicaid	MISSOURI-Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
KENTUCKY-Medicaid	MONTANA-Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>
LOUISIANA-Medicaid	NEBRASKA-Medicaid
<p>Website: dhh.louisiana.gov/index.cfm/subhome/1/n/331 or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Benefits for 2026 - 2027

Legal Notices

NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	SOUTH DAKOTA-Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	TEXAS-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
NEW YORK-Medicaid	UTAH-Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid	VERMONT-Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
NORTH DAKOTA-Medicaid	VIRGINIA-Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
OKLAHOMA-Medicaid and CHIP	WASHINGTON-Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND-Medicaid and CHIP	WYOMING-Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

Benefits for 2026 - 2027

Legal Notices

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately four minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Benefits for 2026 - 2027

Legal Notices

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Benefits for 2026 - 2027

Legal Notices

USERRA Notice

Your Rights Under USERRA

A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

C. Right to Be Free from Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
 - Initial employment;
 - Reemployment;
 - Retention in employment;
 - Promotion; or
 - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

Benefits for 2026 - 2027

Legal Notices

E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

Benefits for 2026 - 2027

Legal Notices

Medicare Part D

Important Notice from Change Church 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 Change Church 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. Change Church has determined that the prescription drug coverage offered by Cigna 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 Change Church coverage will not be affected. You can keep your current coverage with Cigna as described on page 4 of this booklet if you elect part D and this plan will coordinate with Part D coverage. Typically, your employer sponsored coverage will pay its benefits without regard to payments that may be made by Medicare. In these cases, your employer sponsored coverage is considered 'primary' and Medicare is 'secondary' coverage. Medicare will only pay after the primary employer sponsored coverage has paid its benefits. Your Medicare coverage will have no effect on your employer sponsored coverage cost sharing such as copayments, deductibles, exclusions or other plan limits.

HOWEVER, there are three instances where Medicare is primary and your employer sponsored coverage is secondary. In these cases, Medicare will pay its benefits without regard to payments that may be made under the employer sponsored coverage. The employer sponsored coverage will coordinate benefits so that it does not duplicate benefits paid by Medicare. This will reduce the benefits paid by your employer sponsored coverage. These three instances are when:

- your employer employs less than 20 employees
- your coverage is from a former employer, a retiree plan or COBRA coverage
- you are disabled and the employer sponsored coverage is due to another person working for the employer (examples when allowed –the coverage is under your spouse, your domestic partner, your dependent or grandchild), and the employer has less than 100 employees. When the employer has 100 or more employees then Medicare is secondary.

If you do decide to join a Medicare drug plan and drop your current Change Church Sponsored Health Plan, be aware that you and your dependents will have to wait for the next Open Enrollment period, if any are offered by your Employer, or HIPAA Special Enrollment Right to be able to get this coverage back.

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When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Change Church 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 Change Church changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



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New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 8-31-2023)

PART A: General Information

When key parts of the healthcare law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014 in your area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Change Church		4. Employer Identification Number (EIN) 20-3236906	
5. Employer address 3080 Premiere Pkwy		6. Employer phone number 470-867-3325	
7. City Duluth	8. State GA	9. ZIP code 30097	
10. Who can we contact about employee health coverage at this job? Wendy Bolton			
11. Phone number (if different from above)		12. Email address wendy.b@lifechange.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees must be actively working a minimum of 40 hours per week and have served a 30-day waiting period.
 - Some employees. Eligible employees are:
- With respect to dependents:
 - We do offer coverage. Eligible dependents are spouses and children under the age of 26.
 - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
 - We do not offer coverage.

^^ Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.