



## EMPLOYEE BENEFITS GUIDE

NOVEMBER 1, 2013



**ROCK CHURCH**



**ROCK**  
ACADEMY

*"The LORD is my rock and my fortress and my deliverer; My God, my strength, in whom I will trust; My shield and the horn of my salvation, my stronghold."*

*- Psalm 18:2*

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# Eligibility

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## Eligibility

Regular employees who were hired to work a schedule of 35 hours or more per week are eligible to enroll in the Rock's insurance plans on the 1st of the month following date of hire. Employees, who are enrolled in the Rock's insurance plans, may also insure their legal spouse and dependent children up to their child's 26th birthday. Dependents do not need to be enrolled in school to be covered.

Due to Health Care Reform, the definition of dependent includes: spouse and unmarried/married child(ren) up to 26 years of age. Unmarried/married child(ren) includes the child(ren) placed under a "qualified medical child support order," or adopted child(ren). Student status is not required.

If the covered dependent reaches the plan age limit, please notify the Human Resources Department immediately for COBRA information.

## Cost of Coverage

Rock Church & Academy pays a 100% of the premium cost for our employee's core Medical (Aetna Value HMO or Kaiser HMO), Dental, Vision, Group Life/Accidental Death and Dismemberment, Long-Term Disability and Employee Assistance Program as well as a portion of the dependent cost. Employee's are responsible for paying for a portion of the cost of covering their dependents and a small portion of the employee premium if they select the Aetna full HMO or Aetna PPO plan. The portion that you pay for medical, dental or vision is deducted from your paycheck on a pre-tax basis. This means that the income you use to pay for these benefits is not taxed, putting dollars back into your pocket. The specific cost of coverage is highlighted in yellow at the bottom of each benefit summary page.

## What happens if I waive Health Insurance Coverage?

If an eligible employee waives coverage in any of the medical, dental and vision benefits being offered, they will be forfeiting their eligibility, and will not be able to enroll until the next open enrollment period without a qualifying status change (see below).

## When You Can Enroll

Your coverage is effective on the 1st day of the month following date of hire. If you do not enroll for coverage during your eligibility period, you must wait until the next open enrollment period. You will automatically be enrolled in the group Life/AD&D, Long-Term disability (LTD) and Employee Assistance Program (EAP) when you are first eligible.

## Choose Carefully!

Your enrollment choices or declination of coverage when you are first eligible will remain in place until the next open enrollment period, unless you have a qualified status change as defined by the IRS. Examples of a qualified status change include:

- Marriage
- Legal separation
- Divorce
- Birth or adoption of a child
- Death of a dependent
- Change in your / your spouse's employment status
- Reduction of hours that changes your eligible status
- A substantial change in your benefits coverage or a spouse's
- A relocation that impacts network access

You must notify Human Resources within 31 days of the qualifying status change. Benefit election decisions will then remain in force for the remainder of the plan year.



# Aetna Medical HMO Plan Highlights



<b>BENEFIT HIGHLIGHTS</b>	<b>AETNA VALUE NETWORK HMO</b> <i>**Value HMO does not include Scripps Clinics or select Medical Providers**</i>	<b>AETNA FULL NETWORK HMO</b>
<b>Calendar Year Deductible</b>	None	None
<b>Out-of-Pocket Maximum</b>	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
<b>Lifetime Benefit Max</b>	Unlimited	Unlimited
<b>Office Visit/Primary Care Physician Specialist</b>	\$10 Copay \$10 Copay	\$15 Copay \$20 Copay
<b>Routine Preventative Care</b> One exam/visit every 12 months (age 22 and over)	No Copay	No Copay
<b>Well Baby/ Well Women Exam</b> (Age and Frequency schedule apply)	No Copay	No Copay
<b>Outpatient Lab &amp; X-Ray Complex Imaging (MRI, PET etc)</b>	No Copay \$100 Copay	No Copay \$100 Copay
<b>Emergency Room Visit</b> (Non-emergency use of the ER is not covered)	\$100 Copay Per Admission (Waived if Admitted)	\$100 Copay Per Admission (Waived if Admitted)
<b>Urgent Care</b>	\$35 Copay	\$35 Copay
<b>Inpatient Hospital</b>	No Copay	\$250 Copay / Admit
<b>Outpatient Surgery</b>	No Copay	\$100 Copay / Per Visit
<b>Spinal Manipulation Therapy</b> (Direct access to ASH provider for active treatment of a medical condition)	\$10 Copay 20 visits /Cal. Year	\$15 Copay 20 visits /Cal. Year
<b>Outpatient Rehabilitation Therapy</b>	\$10 Copay	\$20 Copay
<b>Prescription Drugs (up to a 30-day supply)</b> Generic Brand Non-Formulary  Mail Order 2 x Copay = (up to 90 day supply)	\$10 Copay \$20 Copay \$35 Copay	\$10 Copay \$20 Copay \$35 Copay
<b>EMPLOYEE MONTHLY COST</b> Employee Only Employee + Spouse Employee + Child(ren) Employee +Family	\$0.00 \$392.11 \$218.86 \$689.13	\$33.34 \$493.22 \$297.12 \$829.38

## NEED TO FIND AN AETNA PRIMARY CARE PHYSICIAN?

1. Log onto [www.aetna.com](http://www.aetna.com). It is best to register for a User Name and Password, but to search generally please use directions below.
2. Select "Find a Doctor." Under geographic information, please select the Zip, City or County you would like to search.
3. Use the drop down to select "Medical Provider" Category.
4. Under Provider Type, select "Primary Care Physicians."
5. If you selected the Value Network HMO Plan, please select "**Aetna Value Network.**"
6. If you selected the Full HMO Plan, please select "**HMO.**"

*DISCLAIMER: This brochure is for illustrative purposes. Should there be a discrepancy in this brochure, the summary plan description will prevail.*



# Aetna Medical Open Access Managed Choice



BENEFIT HIGHLIGHTS	Open Access Managed Choice POS Plan	
	In Network	Out-of-network
Calendar Year Deductible	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family
Out-of-Pocket Maximum Calendar Year	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
Lifetime Benefit Max	Unlimited	
Office Visit, Primary Care Physician Specialist	\$20 Copay; <i>Deductible Waived</i> \$25 Copay; <i>Deductible Waived</i>	40% after Deductible 40% after Deductible
Routine Preventive Care Exams	No Copay; <i>Deductible Waived</i>	40% after Deductible
Well Baby/ Well Women Exams	No Copay; <i>Deductible Waived</i>	40% after Deductible
Outpatient Lab and X-Ray Complex Imaging	20% after Deductible 30% after Deductible	40% after Deductible 50% after Deductible
Emergency Room Visit	\$100 Copay; then 20% after Deductible ( <i>Waived if Admitted</i> )	\$100 Copay; then 20% after Deductible ( <i>Waived if Admitted</i> )
Urgent Care	\$35 Copay; <i>Deductible Waived</i>	\$35 Copay; <i>Deductible Waived</i>
Inpatient Hospital	\$150 Copay; then 20% after Deductible	\$300 Copay; then 40% after Deductible
Outpatient Surgery	20% after Deductible	40% after Deductible
Spinal Manipulation Therapy	\$25 Copay; 12 Visits / Cal.Year ( <i>Deductible Waived</i> )	Not Covered
Prescription Drugs (30-day supply)		
Generic	\$10 Copay	\$10 Copay + 50% of submitted cost
Brand	\$20 Copay	\$20 Copay + 50% of submitted cost
Non-Formulary	\$35 Copay	\$35 Copay + 50% of submitted cost
Mail Order 2x Copay= up to 90 day supply		
<b>EMPLOYEE MONTHLY COST</b>		
Employee Only		\$96.92
Employee + Spouse		\$596.71
Employee + Child(ren)		\$377.25
Employee +Family		\$972.94

**\*\*Pre-Existing limitation may apply if member has not been previously covered under a health plan for a period of time.**

## NEED TO FIND AN AETNA POS PROVIDER?

1. Log onto [www.aetna.com](http://www.aetna.com), select "Find a Doctor."
2. It is best to register for a User Name and Password; however to search generally, use the drop down to select the "Medical Provider" Category.
3. Use the drop down to select Provider Type.
4. Under the Plan, select "**Managed Choice® POS Open Access.**"

**DISCLAIMER:** This brochure is for illustrative purposes. Should there be a discrepancy in this brochure, the summary plan description will prevail.

## Save money on health and wellness with Aetna's Discount Program!

### Fitness Discounts:

Get guaranteed lowest rates at your choice of over 10,000 gyms in the GlobalFit network.

This offer is for new gym members only. If you belong to a gym now, or belonged recently, call GlobalFit at 1-800-298-7800 to see if a discount applies.

### Save on home exercise equipment:

Build your home gym with discounts on elliptical trainers, treadmills and strength equipment.

### Weight management discounts:

Save with Jenny Craig®!  
Save with eDiets®!  
Save with CalorieKing®!  
Save with Nutrisystem®!

### Natural Products and service discounts:

Save on good health, naturally. Get a discount off the normal fee on the following services offered through the ChooseHealthy program.

Save on massage therapy  
Acupuncture  
Chiropractic  
Nutrition services

### And more...

You can also try out an at-home weight-loss program. Or get one-on-one health coaching to help you quit smoking, lower stress, lose weight and more.

## Accessing Your Personal Information is so easy with Aetna Navigator!!

**Aetna Navigator** is your secure website for planning and managing your health and health care. To access your information, log on to [www.aetna.com](http://www.aetna.com), click "Member Log In" and enter username and password, or click on "register."

### Easy to find information!

- **Need to print an ID Card?** Click "Get an ID Card" in the blue bar on the left. Choose member and card type. Click "View Card," and click "Print Temporary Card."
- **Claims:** Claim Explanation of Benefits (EOB's)
- For more information on Aetna Navigator, please refer to the complete Aetna Navigator flyer.



## Choose Generic Prescription Drugs and save!

Taking a generic is an easy way to reduce your out-of-pocket costs. They are safe, effective and often cost less than their brand-name counterparts.

Your pharmacy will automatically fill your prescription with a generic, if one is available.

You can still get the brand-name version of your drug if you want, but you may pay more. You and your Doctor may still decide you want to get the brand-name version of the drug. If so, your doctor will write "DAW" on your prescription. This stands for "Dispense as written." In this case, your pharmacist will only fill your prescription with the brand-name drug.

For more information please see the complete Aetna Generics flyer.

## Save money by using the Aetna Rx Home Delivery!

Aetna's mail order pharmacy can save you time and money. And standard shipping is always free. If you regularly take a prescription then Aetna Rx Home Delivery can fill and refill that prescription for you through the mail. You can get up to a 90-day supply sent to your home or any location you choose for the cost of 2 copays.

Place your first order today!

✓ Ask your Doctor to write you two prescriptions. The first one is for a one-month supply. Fill it at a local retail pharmacy. This will provide you a short-term supply while your mail order Rx is being processed. The second prescription is typically for a 90-day supply. Send this one to Aetna Rx Home Delivery.

✓ Next, you need to submit your order. You can do this by:



1. Mailing Aetna your prescription along with a completed order form. You can also visit [www.aetna.com](http://www.aetna.com) and log in to your Aetna Navigator. Once logged in, select Aetna Pharmacy.
2. Fax: Ask your Doctor to fax in your prescription along with your completed order form.
3. Phone: Call Aetna toll-free at 888-RX-AETNA

# Medical HMO Options

BENEFIT HIGHLIGHTS	KAISER HMO
Calendar Year Deductible	None
Out-of-Pocket Maximum	\$1,500 Individual \$3,000 Family
Lifetime Benefit Max	Unlimited
Office Visit- PCP Specialist	\$15 Copay \$15 Copay
Routine Preventative Care	No Copay
Well Child Exam– Preventive (through age 23 months)	No Copay
Outpatient Lab & X-Ray Complex Imaging (MRI, PET etc)	\$10 Copay \$50 Copay / Procedure
Emergency Room Visit	\$100 Copay (Waived if Admitted)
Urgent Care at Kaiser Facility	\$15 Copay
Inpatient Hospital	No Copay
Outpatient Surgery	\$15 Copay Per Procedure
Chiropractic	\$15 Copay; 20 Visits Per Calendar Year
Prescription Drugs (up to 30-day supply) Generic Brand Non-Formulary  Mail Order 2x Copay= up to 100 day supply	\$15 Copay \$35 Copay Not Covered
<b>EMPLOYEE MONTHLY COST</b>	
Employee Only	\$0.00
Employee + Spouse	\$273.52
Employee + Child(ren)	\$163.85
Employee +Family	\$513.05

- TO FIND A KAISER PHYSICIAN?**
1. Log onto [www.kp.org](http://www.kp.org).
  2. Typically, it is best to create a username and password to personalize your account. However, if you would like to search generally, select the “Locate our Services” tab.
  3. Click “Selecting a Physician.”
  4. Use the drop down to select an area to search.
  5. Select the clinical staff director or the facility directory to narrow your search.
  6. Follow the prompts to help you narrow your search.





Your health and wellness is very important to Kaiser Permanente and Rock Church and Academy. Having the tools and knowledge to help educate yourself and your family can empower you to make positive changes in your lifestyle and improve your overall wellness. If you are enrolled in the Kaiser plan, you can access free tools and resources regarding your health and wellness by logging on:

## [www.kp.org](http://www.kp.org)

### Expand your knowledge, on your own time!

Start your journey with kp.org, where the information you need is just a few keystrokes away. Use any of the following shortcut web addresses for quick and easy access to health programs, services, or advice— and you'll be on your way to a healthier you.

- [Kp.org/10000steps](http://Kp.org/10000steps)— a pedometer/walking program
- [Kp.org/cam](http://Kp.org/cam)— complementary and alternative care
- [Kp.org/children](http://Kp.org/children)— information on children's health
- [Kp.org/choosehealthy-complementary](http://Kp.org/choosehealthy-complementary) care services
- [Kp.org/colds](http://Kp.org/colds)— prevention tips and care for colds
- [Kp.org/depression](http://Kp.org/depression)— tools for dealing with depression
- [Kp.org/diabetes](http://Kp.org/diabetes)— tips for living better with diabetes
- [Kp.org/fitness](http://Kp.org/fitness)— information on improving fitness
- [Kp.org/healthdecision](http://Kp.org/healthdecision)— care decisions made easier
- [Kp.org/healthyaging](http://Kp.org/healthyaging)— living well longer
- [Kp.org/healthyliving](http://Kp.org/healthyliving)— tools for living a healthier life
- [Kp.org/medications](http://Kp.org/medications)— drug encyclopedia
- [Kp.org/menshealth](http://Kp.org/menshealth)— health information for men
- [Kp.org/myhealthmanager](http://Kp.org/myhealthmanager)— do more with secure online
- [Kp.org/nutrition](http://Kp.org/nutrition)— ways to eat for better health
- [Kp.org/pregnancy](http://Kp.org/pregnancy)— health information for mom and baby
- [Kp.org/prevention](http://Kp.org/prevention)— keys to health through prevention
- [Kp.org/quitsmoking](http://Kp.org/quitsmoking)— a guide to smoking cessation
- [Kp.org/video](http://Kp.org/video)— health videos
- [Kp.org/weight](http://Kp.org/weight)— help with achieving a healthier weight
- [Kp.org/women's health](http://Kp.org/women's health)— health information for women

For a complete listing, please sign on at [www.kp.org](http://www.kp.org).

### Do more to stay healthy. PAY LESS TO DO IT!

The ChooseHealthy Program offers you reduced rates on:

- Acupuncture
- Massage Therapy
- Chiropractic Care
- Membership at Fitness Facilities

You also get complimentary access to online wellness programs, trackers, and other tools, and an online health and wellness library.

### Discounts and More:

- As a Kaiser member, you get 25% discount on regular rates for contracted national chiropractors, acupuncturists, and a massage therapist. You don't need a referral and there is not a limit on how many times you may see the provider.
- As a Kaiser member, you get 10% discount on membership rates at participating fitness facilities. To find a facility near you, go to [kp.org/Choosehealthy](http://kp.org/Choosehealthy).

### GOOD TO KNOW!

You can now download the Kaiser Permanente app for the iPhone®, iPad®, iPod touch® from the app store or for the Android™ from Google Play and use My Health Manger on the go!



# Principal Financial Dental Plan Highlights

PLAN HIGHLIGHTS	EPO	POS		
	First Dental Health	EPO	In Network	Non-Network
<b>Network Utilized</b>	First Dental Health	EPO	In Network	Non-Network
<b>Annual Deductible</b> Individual Family <i>Deductible waived for preventative</i>	\$50 \$150 Yes	\$25 \$75 Yes	\$50 \$150 Yes	\$50 \$150 No
<b>Plan Year Maximum</b>	\$1,500	\$2,000	\$2,000	\$1,000
<b># Cleanings Per Calendar Year</b>	2	2		
<b>Diagnostic &amp; Preventive</b> Office Visit 0120 Oral Evaluation 1110 Cleaning 0210 X-Rays	100% 100% 100% 100%	100% 100% 100% 100%	100% 100% 100% 100%	80% 80% 80% 80%
<b>Basic Procedures</b> 2140 Amalgam Filling 3310 Endodontics 4210 Periodontics	80% 80% 80%	90% 90% 90%	80% 80% 80%	80% 80% 80%
<b>Major Services</b> 2740 Porcelain/ Ceramic Crown 5110 Complete Denture	50% 50%	60% 60%	50% 50%	50% 50%
<b>Orthodontics</b> 8080 Child (to age 19) 8090 Adult (age 19 and older)	50% 50% Up to \$1,500 Lifetime Maximum	50% 50% Up to \$1,500 Lifetime Maximum		
<b>EMPLOYEE MONTHLY COST</b> Employee Only Employee + Spouse Employee + Child(ren) Employee +Family	\$0.00 \$31.33 \$45.29 \$87.94	\$5.11 \$41.26 \$53.75 \$102.07		

### TO FIND AN EPO DENTAL PROVIDER:

1. Log onto [www.principal.com](http://www.principal.com)
2. Under Quick Links, select Provider Directory. Then select, "Search for a Dental Provider."
3. Use the drop down to select the appropriate State and when prompted to select the specific network, select **FIRST DENTAL HEALTH EPO**.

### TO FIND A POS DENTAL PROVIDER:

1. Log onto [www.principal.com](http://www.principal.com).
2. Under "Quick Links," select "Provider Directory."
3. Select "Search for a Dental Provider."
4. Use the drop-down list to select California State, then select the drop-down list under "Specify a Network" and choose **PRINCIPAL POS PLAN**. Follow the prompts to find a Dentist that will best suit your needs.



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# Principal Dental Roll Over Benefit!



**Principal Dental Roll Over Benefit:** If you are enrolled in the Principal Point-of-Service Plan your dental benefits include the Maximum Accumulation Plan. What this allows you to do, is increase your maximum benefit each year when you regularly seek dental care. The maximum benefit is the most your dental design will pay for in one calendar year. Increasing your maximum benefit by rolling over unused dollars means you could pay less out of pocket each year. The rollover applies to the calendar year (January to December) maximum portion of your dental benefits. You can increase your maximum benefit up to 4x the accumulation amount, however, if you do not submit any claims in a year, the entire accumulated maximum benefit will be forfeited.

**Maximum accumulation is available if you have Preventive, Basic or Major Dental Coverage:**

**Preventive:** exams, cleanings and sometimes x-rays

**Basic:** exams, cleanings as well as x-rays and fillings, and sometime crowns

**Majors:** exams, cleanings x-rays, fillings, crowns, inlays, onlays, bridges and dentures

**Determining Your Accumulation Amount:** In order to determine if you qualify, you would need to meet the following requirements:

1. You must have had dental services done during the calendar year
2. Annual claims cannot exceed \$750

If you meet those 2 criteria you would qualify for a maximum of \$375 in rollover.

## MES Vision Plan



	VISION PLAN	
	IN NETWORK	OUT-OF-NETWORK
<b>Frequency</b> Exams Lenses Contacts Frames	Once per 12 months Once per 12 months Once per 12 months Once per 24 months	
<b>Copayment</b>	\$10 Copay Exam \$25 Copay Materials	
<b>Exam</b>	Covered in Full	Up to \$40 Allowance
<b>Lens Allowance</b> Single Bifocal Trifocal	Covered in Full Covered in Full Covered in Full	Up to \$30 Allowance Up to \$50 Allowance Up to \$65 Allowance
<b>Frame Allowance</b>	Up to \$130 Allowance	Up to \$75 Allowance
<b>Contact Lenses</b>	Up to \$130 Allowance	Up to \$130 Allowance
<b>EMPLOYEE MONTHLY COST</b> Employee Only Employee + 1 Employee + 2 or more	\$0.00 \$5.47 \$10.81	



### NEED TO FIND A DOCTOR?

1. Log onto: [www.mesvision.com](http://www.mesvision.com)
2. To personalize your account, please complete the registry information and log in.
3. To search generally, select "Guest Provider Search."
4. Narrow your search by searching by address, name or location.
5. Find a complete listing of MES Individual Providers and also participating Retail Providers.

# Life/AD&D and LTD

LIFE INSURANCE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	
The Rock Church and Academy provides benefit eligible employees with Group Life and Accidental Death and Dismemberment (AD&D) insurance.	
<b>Life Benefits:</b> (Amount of insurance equal to)	\$50,000
<b>AD&amp;D Benefits:</b>	\$50,000
<b>Benefit Maximum:</b>	\$50,000
<b>Dependent &amp; Spouse Benefit:</b>	<b>Spouse:</b> Flat \$5,000 <b>Child:</b> Flat \$500 Birth- 6 Months <b>Child:</b> \$2,000 6 Months- Age 21
<b>Age Reduction:</b> (Your Life insurance will reduce)	Reduces to 65% at age 65; to 50% at age 70
<b>Cost:</b>	The Rock Church and Academy pay 100% of the cost of the group Life/AD&D Plan.

LONG TERM DISABILITY (LTD)	
Long-Term Disability (LTD) benefits help to provide monthly income if you become disabled and are unable to work.	
<b>Monthly Benefit Amount:</b>	60%
<b>Maximum Monthly Benefit Amount:</b>	\$12,000 \$10,000 Guarantee Issue
<b>Elimination Period:</b> (Calendar days)	90 days
<b>Cost:</b>	The Rock Church and Academy pay 100% of the cost of the group LTD Plan.



ASSURANT VOLUNTARY LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) (Paid by Employee)	
You may purchase additional Life Insurance on a Voluntary basis to be paid by you for yourself and your covered dependents through Assurant.	
<i>Evidence of Insurability is required for late application (outside of initial eligibility period), for requests over the guaranteed issue of \$130,000. Evidence of insurability will also be required when Dependents elect over the Guaranteed Issue Amount of \$50,000 for Spouse, and/or any requested increases in Life and Dependent Life and any reinstatements.</i>	
<b>Supplemental Life Employee</b>  (Increments of \$10,000– not to exceed 5x annual salary)	Up to \$500,000 Guaranteed Issue- \$130,000
<b>Supplemental Life Spouse</b>  (Increments of \$5,000)	Up to one half of the Employee amount (up to \$250,000) Guaranteed Issue-\$50,000
<b>Supplemental Life Child</b> (Dependent Life Insurance)	In flat amounts of \$1,000 / \$5,000 / \$10,000. The amount of insurance for an eligible dependent cannot be more than 50% of your Life insurance amount. Guaranteed Issue-\$10,000

# Employee Assistance Program (EAP)

**Rock Church & Academy** believe in keeping a life/work balance, which is why employees and their dependents have access to an Employee Assistance Program through The Holman Group, and it is available at no cost for all employees. Employees are able to have **up to 6 professional face-to-face sessions** per family unit, per incident, per year. A variety of information and resources are available by **calling 1-800-321-2843**, 24 hours a day, 7 days a week

- Managing stress
- Handling relationship issues
- Balancing life and work
- Tobacco, alcohol, or drug cessation
- Controlling depression and anxiety
- Caring for children and/or aging parents
- Exploring career development options
- Dealing with conflict or violence
- Working through grief and loss issues
- Financial or legal consultation services

**Call Today! 1-800-321-2843**  
[Log on: www.holmangroup.com](http://www.holmangroup.com)



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## ***Legally Required Notices***

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**COBRA CONTINUATION:** You and your eligible family members may be able to continue sponsored group health coverage under COBRA. You have 60 days from the date you lose coverage due to a qualifying event to apply for COBRA Continuation.

**HIPAA:** Among its specific protections, the Health Insurance Portability and Accountability Act (HIPAA) limits the use of pre-existing condition exclusions; prohibits group health plans from discriminating by denying you coverage or charging you extra for coverage based on your or your family member's past or present health condition and; Guarantees certain individuals who lose job-related coverage the right to purchase health insurance; and, Guarantees, in most cases, that employers or individuals who purchase health insurance can renew the coverage regardless of any health conditions of individuals covered under the insurance policy.

**NOTICE REGARDING NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT:** This notice is required by the Newborns' and Mothers' Health Protection Act of 1996 (NMHPA). 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 physician, after consulting with the mother, from discharging the mother or her newborn earlier than the 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization for the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**WOMEN'S HEALTH and CANCER RIGHTS ACTS (WHCRA):** The Women's Health and Cancer Rights Act ("WHCRA") requires Rock Church & Academy to notify participants and beneficiaries of the Rock Church & Academy Health Plan (the "Plan"), of their rights to mastectomy benefits under the Plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician for:

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

These benefits are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under this Plan. For further details, please refer to the Plan's Summary Plan Description. For more information on WHCRA benefits, call Member Services using the phone number listed on the back of your ID card.



# ***Legally Required Notices***

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## **NOTICE OF SPECIAL ENROLLMENT RIGHTS AND PRE-EXISTING CONDITION EXCLUSIONS IN ROCK CHURCH & ACADEMY GROUP HEALTH PLAN:**

Our records indicate that you are potentially eligible to participate in Rock Church & Academy Group Health Plan (the "Plan"). A federal law called HIPAA requires that we notify you about two very important provisions in the Plan. The first is your right to enroll in the Plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this Plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Second, this notice advises you of the Plan's pre-existing condition exclusion rules that may temporarily exclude coverage for certain pre-existing conditions that you or a member of your family may have.

This exclusion may last up to 12 months from your first day of coverage or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage (HIPAA Certificates) you have. If you do not have a Certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways to demonstrate creditable coverage. Please contact us if you need help demonstrating creditable coverage. All questions about the preexisting condition exclusion and creditable coverage should be directed to the Human Resources Department.

### ***SPECIAL ENROLLMENT RIGHTS:***

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage For Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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 new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this Plan, you may be able to enroll yourself and your dependents in this Plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the Plan's special enrollment provisions, contact the Human Resources Department.

# 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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 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 July 31, 2013. You should contact your State for further information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
<b>ALASKA – Medicaid</b>	
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
<b>ARIZONA – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="https://www.flmedicaidtplrecovery.com/">https://www.flmedicaidtplrecovery.com/</a> Phone: 1-877-357-3268
	<b>GEORGIA – Medicaid</b>
	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
<b>IDAHO – Medicaid and CHIP</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 1-800-926-2588 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084
<b>INDIANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-800-383-4278

<b>IOWA – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>KANSAS – Medicaid</b>	
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – Medicaid</b>	
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>OREGON – Medicaid and CHIP</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

# ***Important Notice from Rock Church & Academy About Your Prescription Drug Coverage and Medicare***

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Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Rock Church & Academy 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. Rock Church & Academy has determined that the prescription drug coverage offered by the Aetna and Kaiser 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 Rock Church & Academy coverage may be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Kaiser and Aetna is creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Rock Church & Academy prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

## **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 Rock Church & Academy 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 Member Services on the back of your ID card if you have any questions or concerns. **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 Rock Church & Academy changes. You also may request a copy of this notice at any time.



# ***Important Notice from Rock Church & Academy About Your Prescription Drug Coverage and Medicare***

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## **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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	11/1/2013
Name of Entity/Sender:	Rock Church & Academy
Contact--Position/Office:	Human Resources
Address:	2277 Rosecrans Street San Diego, CA 92106
Phone Number:	619-764-5251



# Carrier Contact Information

## Medical

Provider Name: **Aetna**  
Group Number HMO: US444873  
HMO Member Service #: 877.402.8742  
  
Group Number PPO: 806442  
PPO Member Service #: 877.204.9186  
Website: [www.aetna.com](http://www.aetna.com)

## Medical

Provider Name: **Kaiser**  
Group Number HMO: 230788  
HMO Member Services #: 800.464.4000  
Website: [www.kp.org](http://www.kp.org)

## Dental

Provider Name: **Principal**  
Group Number EPO: 1030685  
Group Number POS: 1030685  
Member Service #: 800.247.4695  
Website: [www.principal.com](http://www.principal.com)

## Vision

Provider Name: **MES Vision**  
Group Number: 26396  
Member Service #: 800.877.6372  
Website: [www.mesvision.com](http://www.mesvision.com)

## Life & Disability, LTD

Provider Name: **Assurant**  
Group Number: 5218999  
Member Service #: 800.733.7879  
Website: [www.assurant.com](http://www.assurant.com)

## Employee Assistance Program

Provider Name: **The Holman Group**  
Group Number: EAP  
Member Service #: 800.321.2843– Ask for the Care Access Department  
Website: [www.holmangroup.com](http://www.holmangroup.com)

## Broker, Alliant Insurance Services

Dawn Godshalk:  
Account Executive  
Email: [DGodshalk@alliant.com](mailto:DGodshalk@alliant.com)  
Phone: 619.849.3916  
  
Lead Benefits Coordinator  
Email: [MFalconer@alliant.com](mailto:MFalconer@alliant.com)  
Phone: 619.849.3930

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