



EMPLOYEE BENEFITS GUIDE

NOVEMBER 1, 2012



ROCK
C H U R C H



ROCK
A C A D E M Y

*"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

Eligibility

All regular full-time employees of the Rock Church working a minimum of 35 hours per week and employees of the Rock Academy working a minimum of 40 hours per week, are eligible for benefits the first of the month following date of hire.

Eligible employees may also enroll their eligible dependents in the medical, dental and vision. 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

The Rock Church and the Rock 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 benefits 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



BENEFIT HIGHLIGHTS	AETNA LIMITED NETWORK HMO <i>**Limited HMO does not include Scripps Clinics or select Medical Providers**</i>	AETNA FULL NETWORK HMO
Calendar Year Deductible	None	None
Out-of-Pocket Maximum	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
Lifetime Benefit Max	Unlimited	Unlimited
Office Visit- PCP Specialist	\$10 Copay \$10 Copay	\$15 Copay \$20 Copay
Routine Preventative Care Exam	No Copay	No Copay
Well Baby/ Well Women Exam	No Copay	No Copay
Outpatient Lab & X-Ray Complex Imaging (MRI, PET ect)	No Copay \$100 Copay	No Copay \$100 Copay
Emergency Room Visit	\$100 Copay Per Visit (Waived if Admitted)	\$100 Copay Per Admission (Waived if Admitted)
Urgent Care	\$35 Copay	\$35 Copay
Inpatient Hospital	No Copay	\$250 Copay Per Visit
Outpatient Surgery	No Copay	\$100 Copay
Chiropractic	\$10 Copay 20 visits /Cal. Year	\$15 Copay 20 visits /Cal. Year
Prescription Drugs (up to a 30-day supply) Generic Brand Non-Formulary	\$10 Copay \$20 Copay \$35 Copay	\$10 Copay \$20 Copay \$35 Copay
EMPLOYEE MONTHLY COST 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. 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 Limited 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 PPO Plan Highlights



BENEFIT HIGHLIGHTS	PPO**	
	In Network	Out-of-network
Calendar Year Deductible	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family
Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
Lifetime Benefit Max	Unlimited	
Office Visit PCP 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
Chiropractic	\$25 Copay; 12 Visits / Cal.Year (<i>Deductible Waived</i>)	Not Covered
Prescription Drugs (30-day supply) Generic Brand Non-Formulary	\$10 Copay \$20 Copay \$35 Copay	\$10 Copay + 50% of submitted cost \$20 Copay + 50% of submitted cost \$35 Copay + 50% of submitted cost
EMPLOYEE MONTHLY COST Employee Only Employee + Spouse Employee + Child(ren) Employee +Family	\$96.92 \$596.71 \$377.25 \$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 PPO PROVIDER?

1. Log onto 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.**"

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24-Hour Informed Registered Nurse Line Please Call 24 Hours, 7 Days a Week!

- Learn more about health conditions
- Find out information on a medical test
- Get help preparing for a Doctor's Visit

1-800-556-1555
or
Log on www.aetna.com



Complete a Health Risk Questionnaire for Free!

A Health Risk Questionnaire only takes 15 short minutes to complete. It includes questions about your general life style and health. You will receive an easy to understand report that outlines any potential risks that you may face and instant feedback on how you can start to improve your health and wellness. You can access a weekly confidential online program tailored just for you!

Start today by logging onto:
www.aetna.com

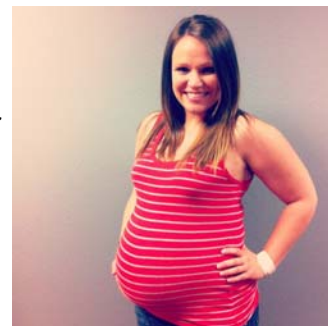
Disease Management Program

- Learn how to manage your condition
- Support for more than 35 conditions
- Access online disease management programs
- Contact the dedicated disease management line toll-free, 24/7

To start the program place a request through your secure member website at: www.aetna.com or call **866-269-4500**

Healthy Pregnancy and Baby with Beginning Right® Maternity Program

- Access Prenatal Care
- Preterm labor symptoms
- What to expect before/after delivery
- Newborn care
- Smoking cessation Program
- Variety of online resources on topics: reproductive health, menopause, migraines, pregnancy and baby care, depression and more!



www.womenshealth.aetna.com

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, 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."
- **Coverage and Benefits:** Access coverage's and benefits, Cost of Care Tool, Discount Programs and Pharmacy Benefits
- **Claims:** Claim Explanation of Benefits (EOB's)
- **Care and Treatment:** Health Information
- **Health Records:** Personal Health Record, Health History Report and Health Assessment
- **Health Programs:** Disease Management, 24-Hour Nurse Line, Preventive Health Schedule



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 ect)	\$10 Copay \$50 Copay / Procedure
Emergency Room Visit	\$100 Copay (Waived if Admitted)
Urgent Care	\$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	\$15 Copay \$35 Copay Not Covered
EMPLOYEE MONTHLY COST	
Employee Only	\$0.00
Employee + Spouse	\$273.52
Employee + Child(ren)	\$163.85
Employee +Family	\$513.05

NEED TO FIND A KAISER PHYSICIAN?

1. Log onto 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 The Rock Church and The Rock 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

Under My Health Manager access:

- ◆ Past visit information
- ◆ Access your medical record
- ◆ Access your plan coverage
- ◆ Order an ID card
- ◆ Sign up for e-newsletters
- ◆ Take a total health assessment
- ◆ Schedule appointments
- ◆ Email your doctor
- ◆ Act for a family member

Health & Wellness:

- ◆ Live healthy
- ◆ Conditions & diseases
- ◆ Drugs & natural medicines
- ◆ Member programs & classes

Live Healthy:

- ◆ Child and teen health
- ◆ Complementary care
- ◆ Fitness
- ◆ Healthy aging
- ◆ Men's health
- ◆ Mind and body health
- ◆ Nutrition and recipes
- ◆ Pregnancy and new baby
- ◆ Preventative care
- ◆ Quit smoking
- ◆ Weight management
- ◆ Women's health



Complete a Total Health Assessment for Free!

A wellness assessment only takes 15 short minutes to complete. It includes questions about your general life style and health. You will receive an easy to understand report that outlines any potential risks that you may face and instant feedback on how you can start to improve your health and wellness. You can access a weekly confidential online program tailored just for you!



Start today by logging onto:

www.kp.org

Conditions & Diseases:

- ◆ Health topics A to Z
- ◆ Symptom checker
- ◆ Allergies

Drugs & Natural Medicines:

- ◆ Drugs A to Z
- ◆ Drugs A to Z in Spanish
- ◆ Vitamins and herbs

Health Plans & Services:

- ◆ Member discount programs
 - Weight Watchers®
 - 10,000 Steps® Program Now
 - Complementary health and fitness programs



Principal Financial Dental Plan Highlights

PLAN HIGHLIGHTS	NEW!		POS	
	EPO	EPO	In Network	Non-Network
Network Utilized	First Dental Health	EPO	In Network	Non-Network
Annual Deductible Individual Family <i>Deductible waived for preventative</i>	\$50 \$150 Yes	\$25 \$75 Yes	\$50 \$150 Yes	\$50 \$150 No
Plan Year Maximum	\$1,500	\$2,000	\$2,000	\$1,000
# Cleanings Per Calendar Year	2	2		
Diagnostic & Preventive 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%
Basic Procedures 2140 Amalgam Filling 3310 Endodontics 4210 Periodontics	80% 80% 80%	90% 90% 90%	80% 80% 80%	80% 80% 80%
Major Services 2740 Porcelain/ Ceramic Crown 5110 Complete Denture	50% 50%	60% 60%	50% 50%	50% 50%
Orthodontics 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		
EMPLOYEE MONTHLY COST 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
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.
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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	VISION PLAN	
	IN NETWORK	OUT-OF-NETWORK
Frequency Exams Lenses Contacts Frames	Once per 12 months Once per 12 months Once per 12 months OR Once per 24 months	
Copayment	\$10 Copay Exam \$25 Copay Materials	
Exam	Covered in Full	Up to \$40 Allowance
Lens Allowance Single Bifocal Trifocal	Covered in Full Covered in Full Covered in Full	Up to \$30 Allowance Up to \$50 Allowance Up to \$65 Allowance
Frame Allowance	Up to \$130 Allowance	Up to \$75 Allowance
Contact Lenses	Up to \$130 Allowance	Up to \$130 Allowance
EMPLOYEE MONTHLY COST 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
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.

PPO Chiropractic, Acupuncture, Massage Therapy Plan from American Specialty Health Plan!

\$15 Copay

(eligible for up to 30 visits per calendar year)

Chiropractic:

- Initial new patient exam and established patient
- Follow up office visits with adjustments
- Adjunctive physiotherapy modalities and procedure
- X-Rays, radiological consultations and clinical lab studies and much more...

Dietetic Counseling Services:

- Initial dietetic assessment and consultation
- Follow-up dietetic assessment and consultation
- More than 80 covered medical conditions

Acupuncture Services:

- Initial new patient exam / established patient exams
- Adjunctive therapy and covered conditions: pain, nausea, and neuro-musculoskeletal disorders

Massage Therapy Services:

- Initial therapy assessment / established therapy
- Massage therapy sessions
- Covered conditions: Myofascial /Musculoskeletal disorders, musculoskeletal functional disorders, and/or pain syndromes

TO FIND AN ASHN PROVIDER:

1. Log onto www.ashcompanies.com
2. Click on the "Find a Provider" section, use the drop down and select the Provider (Chiro, Acupuncture, ect.)
3. Use the drop down to narrow your search by City, State, Zip Code, Provider Name, ect

EMPLOYEE MONTHLY COST-

Employee Only: \$0.00 Employee/Spouse: \$9.06 Employee/Child(ren): \$4.53 Employee/Family: \$17.21

Life/AD&D and LTD

LIFE INSURANCE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	
The Rock Church and The Rock Academy provides benefit eligible employees with Group Life and Accidental Death and Dismemberment (AD&D) insurance	
Life Benefits: (Amount of insurance equal to)	\$50,000
AD&D Benefits:	\$50,000
Benefit Maximum:	\$50,000
Dependent & Spouse Benefit:	Spouse: Flat \$5,000 Child: Flat \$500 Birth- 6 Months Child: \$2,000 6 Months- Age 21
Age Reduction: (Your Life insurance will reduce)	Reduces to 65% at age 65; to 50% at age 70
Cost:	The Rock Church and The Rock Church 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.	
Monthly Benefit Amount:	60%
Maximum Monthly Benefit Amount:	\$12,000 \$10,000 Guarantee Issue
Elimination Period: (Calendar days)	90 days
Cost:	The Rock Church and The Rock Church Academy pay 100% of the cost of the group LTD Plan

Employee Assistance Program (EAP)



The Rock Church and The Rock 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

Legally Required Notices

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA): Effective April 1, 2010, the Children's Health Insurance Program Reauthorization Act of 2010 creates two new special enrollment rights for employees and their dependents. In addition to the special enrollment rights set forth above, all group health plans must also permit eligible employees and their dependent(s) to enroll in an employer plan if the employee requests enrollment under the group health plan within 60 days of the loss of coverage under Medicaid or a state child health plan. If you or your dependent(s) lose coverage under Medicaid or a state child health plan, you may request to enroll yourself and/or dependent(s) in our group health plan no later than 60 days after the date coverage ends under Medicaid or the state child health plan.

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 not 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): Medical plan options under The Rock Church and The Rock Academy, Welfare Benefit Plan, as required by the Women's Health and Cancer Rights Act of 1998, provide benefits for mastectomy related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses and complications resulting from mastectomy including lymphedema.



Legally Required Notices

NOTICE OF SPECIAL ENROLLMENT RIGHTS AND PRE-EXISTING CONDITION EXCLUSIONS IN THE ROCK CHURCH AND ACADEMY GROUP HEALTH PLAN: Our records indicate that you are potentially eligible to participate in the 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 preexisting condition exclusion rules that may temporarily exclude coverage for certain preexisting conditions that you or a member of your family may have.

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 30 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 30 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 Becky Hunter in the Human Resources Department.

PRE-EXISTING CONDITION EXCLUSION RULES:

This Plan imposes a preexisting condition exclusion upon enrollees age 19 and older. That means that if you are age 19 or older and have a medical condition before coming to our Plan, you might have to wait a certain period of time before the Plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 month period. Generally, this 6 month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6 month period ends on the day before the waiting period begins. The preexisting condition exclusion does not apply to pregnancy nor to a child who is enrolled in the Plan or who has other creditable coverage within 30 days after birth, adoption, or placement for adoption.

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 Becky Hunter in the Human Resources Department.



Important Notice from The Rock Church and The Rock Academy 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 The Rock Church and 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. The Rock Church and Academy has determined that the prescription drug coverage offered by the Kaiser and Aetna 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 The Rock Church and Academy medical coverage will not 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 The Rock Church and 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 The Rock Church and 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 the person listed below for further information or call Human Resources. **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 The Rock Church and Academy changes. You also may request a copy of this notice at any time.

Important Notice from The Rock Church and The Rock Academy About Your Prescription Drug Coverage and Medicare

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).

Date:	11/1/2012
Name of Entity/Sender:	The Rock Church & Academy
Contact--Position/Office:	Becky Hunter, Human Resources
Address:	2277 Rosecrans Street San Diego, CA 92106
Phone Number:	619.764.5110



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** 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 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, 2012. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPPP) Phone: 1-800-869-1150

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low Cost Health Coverage to Children and Families

IDAHO – Medicaid and CHIP	MONTANA – Medicaid
<p>Medicaid Website: www.accesstohealthinsurance.idaho.gov</p> <p>Medicaid Phone: 1-800-926-2588</p> <p>CHIP Website: www.medicaid.idaho.gov</p> <p>CHIP Phone: 1-800-926-2588</p>	<p>Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</p> <p>Phone: 1-800-694-3084</p>
INDIANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://www.in.gov/fssa</p> <p>Phone: 1-800-889-9949</p>	<p>Website: www.ACCESSNebraska.ne.gov</p> <p>Phone: 1-800-383-4278</p>
IOWA – Medicaid	NEVADA – Medicaid
<p>Website: www.dhs.state.ia.us/hipp/</p> <p>Phone: 1-888-346-9562</p>	<p>Medicaid Website: http://dwss.nv.gov/</p> <p>Medicaid Phone: 1-800-992-0900</p>
KANSAS – Medicaid	
<p>Website: http://www.kdheks.gov/hcf/</p> <p>Phone: 1-800-792-4884</p>	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Website: http://chfs.ky.gov/dms/default.htm</p> <p>Phone: 1-800-635-2570</p>	<p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</p> <p>Phone: 603-271-5218</p>
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Website: http://www.lahipp.dhh.louisiana.gov</p> <p>Phone: 1-888-695-2447</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 1-800-356-1561</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>
MAINE – Medicaid	
<p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html</p> <p>Phone: 1-800-977-6740 TTY 1-800-977-6741</p>	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
<p>Website: http://www.mass.gov/MassHealth</p> <p>Phone: 1-800-462-1120</p>	<p>Website: http://www.nyhealth.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: http://www.dhs.state.mn.us/</p> <p>Click on Health Care, then Medical Assistance</p> <p>Phone: 1-800-657-3629</p>	<p>Website: http://www.ncdhhs.gov/dma</p> <p>Phone: 919-855-4100</p>
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</p> <p>Phone: 573-751-2005</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/</p> <p>Phone: 1-800-755-2604</p>

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low Cost Health Coverage to Children and Families

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	VERMONT – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-877-314-5678	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
1-877-267-2323, Ext. 61565



Carrier Contact Information

Medical

Provider Name:
Group Number HMO:
HMO Member Service #:

Aetna
US444873
877.402.8742

Group Number PPO:
PPO Member Service #:
Website:

806442
877.204.9186
www.aetna.com

Medical

Provider Name:
Group Number HMO:
HMO Member Services #:
Website:

Kaiser
230788
800.464.4000
www.kp.org

Dental

Provider Name:
Group Number EPO
Group Number POS
Member Service #:
Website:

Principal
1030685
1030685
800.247.4695
www.principal.com

Vision

Provider Name:
Group Number:
Member Service #:
Website:

MES Vision
26396
800.877.6372
www.mesvision.com

Life & Disability, LTD

Provider Name:
Group Number:
Member Service #:
Website:

Assurant
5218999
800.733.7879
www.assurant.com

Chiropractic & Acupuncture

Provider Name:
Member Services #:
Website:

American Specialty Health Plan
877.430.8092
www.ashcompanies.com

Employee Assistance Program

Provider Name:
Group Number:
Member Service #:
Website:

The Holman Group
EAP
800.321.2843– Ask for the Care Access Department
www.holmangroup.com

Broker, Alliant Insurance Services

Dawn Godshalk:
Email:
Phone:

Account Executive
DGodshalk@alliantinsurance.com
619.849.3916

Megan Falconer
Email

Benefits Administrator
MFalconer@alliantinsurance.com



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