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Introduction to ECO's Employee Benefits Program

Today's Speakers

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Our Focal Points

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- Benefit Plan Coverage
- Cost to Church and Employees
- Grant Assistance Program (GAP)
- Transition Process

ECO Mission and Objective

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We believe healthy ministry grows from healthy leaders!

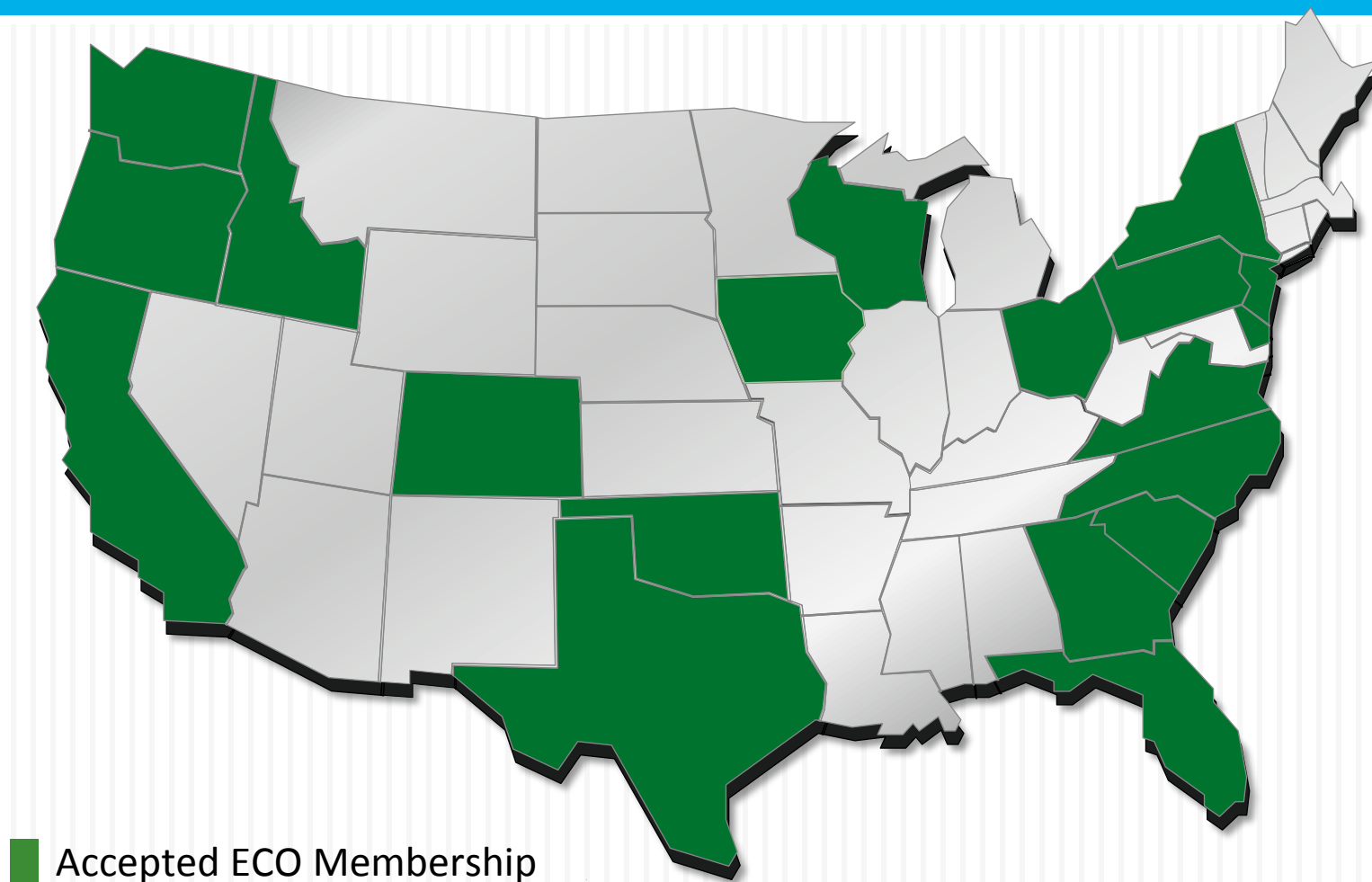
We are committed to offering a comprehensive benefits package that protects you and your family as you serve.

Our benefit program objective is to provide an affordable program for all eligible employees inclusive of:

- Comparable rates and benefits to the current Church employee benefit program
- Access to quality healthcare providers and facilities
- ENCOURAGING IMPROVEMENT OF HEALTH

ECO Membership

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Employee Participation

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ECO's goal is to make available affordable and comprehensive health insurance coverage for Pastors and Church staff. To accomplish this goal, it is imperative all Churches support the ECO Health and Welfare plans.

Health Insurance is a key benefit provided by all major denominations in the U.S. today. A majority of these programs require full participation from their member Churches. By having the full participation requirement, the ECO program will capture enough membership to be viable in today's medical insurance marketplace.

When a Church joins ECO, their pastors and full-time employees will be required to participate in ECO's Health and Welfare plans. Full-time employees who have coverage elsewhere, such as their spouses' plans, will be allowed to waive coverage from the medical plan.

Church Plan Requirements

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For the 2012/2013 plan year, benefits and provisions are defined within the contract between the Church and the ECO.

■ **Provisions:**

- Agree to contribute 100% of the employee only coverage toward the cost of at least one of the four Medical Options
 - Pastors (dependent coverage will be provided by the church)
 - Full-time church staff
- Agree to contribute 100% for pastors and full-time church staff:
 - Basic Life/AD&D
 - STD/LTD
 - Employee Assistance Program
- Agree to offer as employer benefit program
 - Dental
 - Vision
 - Flexible Spending Account (FSA)



Plan year ends May 31, 2013 and the new program begins June 1, 2013

Benefit Plan Offerings

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Inception Plan Year: June 1, 2012 – May 31, 2013

Required ECO Offerings	Church Leadership (Pastors, ECO Staff / Executive Team)	Church Staff
Medical Coverage	All Pastors and Full-Time Employees	
Dental Coverage	Voluntary or Church Contributes	
Vision Coverage	Voluntary or Church Contributes	
Employee Assistance Program	Church Contributes 100%	
Basic Life Coverage	Church Contributes 100%	
Short-Term Disability	Church Contributes 100%	
Long-Term Disability	Church Contributes 100%	
Wellness Program	Offered on Voluntary Basis	
Long Term Care Coverage	Offered on Voluntary Basis	
Flexible Spending Account	Offered	

ECO Benefit Plan Provisions

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Eligibility for the ECO 2012/2013 employee benefit program would encompass:

- Eligible Active Employees: Pastors & Church Staff
- Hours per week: Four alternatives available (elected by Church):
 - **Full Time**
 1. 25 hours
 2. **30 hours**
 3. 35 hours
 4. 40 hours
 - **Part Time**

Minimum of 25 hours
- Waiting Period: Date of hire
- Termination Date: End of the month
- Dependent Children: Covered up to the age of 26



These provisions would be the same across all benefits offered by the church.

Continuation Coverage will be available for the medical, dental, vision, and FSA plans. Pastors moving between churches will have the incoming church responsible for assisting in the cost of their Continuation Coverage to avoid lack of coverage.

On-line Enrollment Tool

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www.myecobenefits.com

You and your employees will have access to an *up-to-the minute* internet resource for the latest on your benefits. This portal was developed to help you understand the benefits available through the ECO, as well as ways to save money when you utilize the benefit programs, and important health information that can help you and your employees live better lives.

Online enrollment tool ***benefitsCONNECT®***

- 24x7 web enrollment capability
- Employees select their benefits through a simple, paperless enrollment process
- Manage qualifying event changes throughout the year
- Save time and money with the efficiency of managing employee eligibility and benefit elections



2012/13 Benefit Program

Medical Plans

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2012 / 13 Plan Year	OAPIN Plan #1 In-Network Only Plan
Network Coverage	In-Network Only
Preventive Care	100%, No Deductible
Office Visits	PCP: \$25 Copay Specialist: \$45 Copay
Lab / X-Ray	Deductible then 20%
Emergency Room	\$200 Copay
Deductible	\$1,000 Individual / \$2,000 Family
Coinsurance	80% / 20%
Out of Pocket Max (includes deductible)	\$3,000 Individual / \$6,000 Family

Medical Plans

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2012 / 13 Plan Year	OAPIN Plan #1 In-Network Only Plan
Network Coverage	In-Network Only
Inpatient Services	Deductible then 20%
Outpatient Services	Deductible then 20%
Prescription Drugs (Value Rx Formulary)	
Tier 1 / Generic	\$8 Copay
Tier 2 / Brand Formulary	\$40 Copay
Tier 3 / Brand Non-Formulary	\$70 Copay
Tier 4 Specialty	\$150 Copay
Mail Order	2.5x Retail Copays (90 day supply)

Medical Plans

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2012 / 13 Plan Year	OAP Plan #2 \$500 Deductible Plan		OAP Plan #3 \$2,000 Deductible Plan	
Network Coverage	Network	Non-Network	Network	Non-Network
Preventive Care	100%, No Deductible	Deductible then 40%	100%, No Deductible	Deductible then 50%
Office Visits	PCP: \$25 Copay Specialist: \$50 Copay	Deductible then 40%	PCP: \$30 Copay Specialist: \$60 Copay	Deductible then 50%
Lab / X-Ray	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 50%
Emergency Room	\$200 Copay		\$250 Copay	
Deductible	\$500 Individual / \$1,000 Family	\$1,000 Individual / \$2,000 Family	\$2,000 Individual / \$4,000 Family	\$4,000 Individual / \$8,000 family
Coinsurance	80% / 20%	60% / 40%	80% / 20%	50% / 50%
Out-of-Pocket Maximum (includes deductible)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$8,000 / \$16,000

Medical Plans

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2012 / 13 Plan Year	OAP Plan #2 \$500 Deductible Plan	OAP Plan #3 \$2,000 Deductible Plan
Network Coverage	In-Network	In-Network
Inpatient Services	Deductible then 20%	Deductible then 20%
Outpatient Services	Deductible then 20%	Deductible then 20%
Prescription Drugs (Standard Formulary)		
Tier 1 / Generic	\$8 Copay	\$10 Copay
Tier 2 / Brand Formulary	\$25 Copay	\$35 Copay
Tier 3 / Brand Non-Formulary	\$50 Copay	\$60 Copay
Tier 4 Specialty	\$100 Copay	\$120 Copay
Mail Order	2.5x Retail Copays (90 day supply)	

Medical Plans

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2012 / 13 Plan Year	OAP Plan #4 HSA Qualified Plan	
Network Coverage	Network	Non-Network
Preventive Care	100%, No Deductible	Deductible then 50%
Office Visits	Deductible then 10%	Deductible then 50%
Lab / X-Ray	Deductible then 10%	Deductible then 50%
Emergency Room	In-Network Deductible then 10%	
Deductible	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family
Coinsurance	90% / 10%	50% / 50%
Out-of-Pocket Maximum (includes deductible)	\$5,000 / \$10,000	\$10,000 / \$20,000

Medical Plans

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2012 /13 Plan Year	OAP Plan #4 HSA Qualified Plan
Network Coverage	In-Network
Inpatient Services	Deductible then 10%
Outpatient Services	Deductible then 10%
Prescription Drugs (Standard Formulary)	
Tier 1 / Generic	Deductible then 10%
Tier 2 / Brand Formulary	Deductible then 10%
Tier 3 / Brand Non-Formulary	Deductible then 10%
Tier 4 Specialty	Deductible then 10%
Mail Order	2.5X Retail (90 day supply)

Medical Plan Premiums

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2012 / 13 Plan Year	OAPIN #1 In-Network Only Plan	OAP #2 \$500 Deductible Plan	OAP #3 \$2,000 Deductible Plan	OAP #4 HSA Qualified Plan
Employee Only	\$562.03	\$701.34	\$598.06	\$425.28
Employee / Spouse	\$1,180.26	\$1,472.80	\$1,255.93	\$990.89
Employee / Child(ren)	\$1,067.86	\$1,332.54	\$1,136.31	\$854.80
Employee / Family	\$1,686.09	\$2,104.01	\$1,794.18	\$1,356.63

Healthcare Reform (PPACA)

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Upcoming Provisions in 2013 *(not an all-inclusive list):*

Healthcare Reform Description	Due Date
Distribute uniform Summary of Benefits and Coverages (SBC) to participants	June 2013
60 – day advance notification of mid-year material modification to SBC content	60 days prior to mid-year plan change
Employee notification of State Insurance Exchange	March 2013
State Insurance Exchange open enrollment period begins	4 th quarter 2013
State Insurance Exchange begins actual operation for participants	January 1, 2014

Summary of Benefits and Coverages (SBC)

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Open Access Plus: **SAMPLE Company**

Coverage Period:

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Individual + Family | Plan Type: OAP

Warning: This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.myCignaforhealth.com or by calling 1-866-494-2111

Important Questions	Answers	Why this Matters:
What is the overall deductible?	For in-network providers \$500 person / \$1,000 family; For out-of-network providers \$3,000 person / \$6,000 family. Does not apply to in-network preventive care, office visits, emergency room visits, in-network urgent care facility visits. Co-payments don't count toward the deductible.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. \$500 for out-of-network outpatient hospital visit; \$500 per admission for out-of-network hospital stay There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For in-network providers \$3,000 person / \$6,000 family; For out-of-network providers \$12,000 person / \$24,000 family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of the covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premium, balance-billed charges, penalties for no pre-authorization, co-payments, deductibles, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of participating providers, see www.myCignaforhealth.com or call 1-866-494-2111.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.

Questions: Call 1-866-494-2111 or visit us at www.myCignaforhealth.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.ccoio.cms.gov or call 1-866-494-2111 to request a copy.

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Renewal Plan Highlights (as of June 1, 2013)

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- ECO's plans will be compliant with the required Healthcare reform (PPACA) provisions (Three Provisions):
 1. Full Time Employee Status - Change to 30 hours per week
 2. Medical plan design must be at least 60% actuarial equivalent (based on what the plan pays after the individual's copays, deductibles, and coinsurance)
 3. Single only contributions do not exceed 9.5% of the employee's annual W2 wages
- Women's Expanded Preventive Care Services
- Regional Fee Schedule for monthly premiums
- Formal wellness program for currently enrolled churches

Women's Expanded Preventive Care Services

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Health plans will need to cover women's preventive services, including birth control, without copayments or deductibles.

Upon the June 1, 2013 renewal, the following additional preventive care services for women with no cost sharing will be covered:

- Annual well-woman visits
- Screening for gestational diabetes
- HPV DNA testing for women 30 years and older
- Sexually-transmitted infection counseling
- HIV screening and counseling
- FDA-approved contraception methods and contraceptive counseling
- Breastfeeding support, supplies, and counseling

We're here – when and how you need us



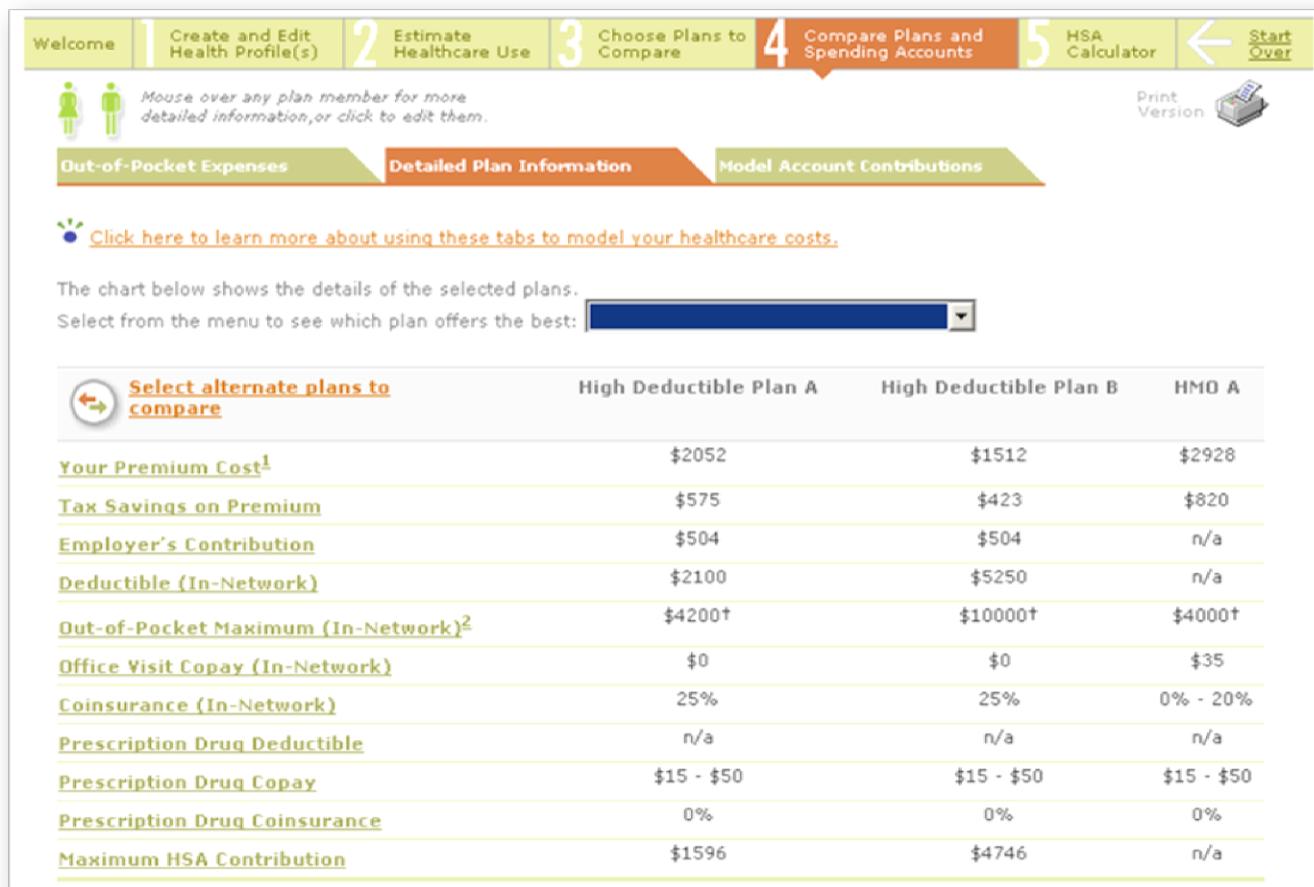
*Source: 2011 Dalbar

Some services not included in all plans – offered separately

Cigna

Where can I get assistance to help me choose the right plan for my health needs?

Plan and Cost Comparison Tool on myCignaplans.com



Welcome | 1 Create and Edit Health Profile(s) | 2 Estimate Healthcare Use | 3 Choose Plans to Compare | 4 Compare Plans and Spending Accounts | 5 HSA Calculator | Start Over

Mouse over any plan member for more detailed information, or click to edit them.

Print Version

Out-of-Pocket Expenses | Detailed Plan Information | Model Account Contributions

[Click here to learn more about using these tabs to model your healthcare costs.](#)

The chart below shows the details of the selected plans.
Select from the menu to see which plan offers the best:

Select alternate plans to compare	High Deductible Plan A	High Deductible Plan B	HMO A
Your Premium Cost¹	\$2052	\$1512	\$2928
Tax Savings on Premium	\$575	\$423	\$820
Employer's Contribution	\$504	\$504	n/a
Deductible (In-Network)	\$2100	\$5250	n/a
Out-of-Pocket Maximum (In-Network)²	\$4200†	\$10000†	\$4000†
Office Visit Copay (In-Network)	\$0	\$0	\$35
Coinsurance (In-Network)	25%	25%	0% - 20%
Prescription Drug Deductible	n/a	n/a	n/a
Prescription Drug Copay	\$15 - \$50	\$15 - \$50	\$15 - \$50
Prescription Drug Coinsurance	0%	0%	0%
Maximum HSA Contribution	\$1596	\$4746	n/a

Call the Cigna Enrollment Information Life toll free at: 1.800.401.4041

24 hours a day, 7 days a week

**We invite you to call us
during your enrollment
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knowledgeable enrollment specialist for:

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- Help finding participating doctors and other health care professionals
- Comparisons of all Cigna products and resources available to you.

*This service is limited to providing information only.
Enrollment cannot be completed through this line. Please
contact your employer for enrollment instructions.*



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- Quickly view medical ID cards(front and back) for entire family
- Easily print, email or scan right from smartphone

Claims

- View and search recent and past medical claims
- Bookmark and group medical claims for easy reference

Drug search

- Look up and compare actual costs at over 60,000 pharmacies nationwide
- Find closest pharmacy location using GPS
- Research medications and dosages
- Speed-dial Cigna Home Delivery Pharmacy

Account balances

- Access and view health fund balances
- Review medical plan deductibles and coinsurance

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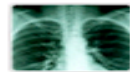


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Estimate Health Care Costs

Medical Cost Estimator



In our Health Care Professional Directory, you can [estimate your average medical costs](#) for a specific issue, then choose your doctor and place for care based on cost, plan and location.

Dental Treatment Cost Estimator

Estimate costs for various dental treatments and procedures based on your dental plan and geographic location.

Estimate Costs for

You cannot use the Dental Treatment Cost Estimator tool for dependents whose dental coverage is currently terminated.

Prescription Drug Price Quote Tool



Based on your plan, our cost estimator helps you locate prescription drugs, compare drug prices and find a pharmacy.

Estimate Costs for

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Dental Plans (Cigna)

2012/2013 Plan Year	DMO (Plan #1)	PPO (Plan #2)		PPO (Plan #3)	
Network	Network Only	Network	Non-Network	Network	Non-Network
Deductible	None	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Deductible Applies	N/A	Basic and Major		Basic and Major	
Annual Max	None	\$1,000		\$1,500	
Diagnostic / Preventive	Copay schedule from \$0 - \$50	100%, No Deductible	80%, No Deductible	100%, No Deductible	80%, No Deductible
Basic Services	Copays range from \$17 - \$110	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Major Services	Copays range from \$100 - \$515	Deductible then 50%	Deductible then 40%	Deductible then 50%	Deductible then 40%
Orthodontia	Copays range from \$195 - \$3,330	Not Covered		50% up to \$1,000	

Church can elect to contribute to the plan or have it as voluntary (100% employee paid)

Life and Disability Plans

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2012/2013 Plan Year	Benefit Plan – CIGNA Group Insurance	
	Plan #1	Plan #2
Basic Life / AD&D	Pastors: Flat \$152,000 (inclusive of housing allowance) Church Staff: 1X annual salary	Pastors: Flat \$152,000 (inclusive of housing allowance) Church Staff: 2X annual salary
Voluntary Life / AD&D	Employee: \$10,000 increments, Guarantee Issue up to \$100,000 Spouse: \$5,000 increments, Guarantee Issue up to \$25,000 Child: \$1,000 increments, Guarantee Issue up to \$10,000	
Short Term Disability	60% benefit, 30 day elimination period, 90 day benefit Pastors: \$1,200 per week Church staff: \$875 per week	
Long Term Disability	60% benefit, 90 day elimination period, 2 year own occupation benefit Pastors: \$5,000 per month Church staff: \$3,800 per month	

Vision Plan (EyeMed)

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2012/2013 Plan Year	Vision Plan – EyeMed (Select Network)	
Network	Network	Non-Network
Eye Exam	\$10 Copay, Once every 12 months	Reimbursement, Once every 12 months
Lenses	\$25 Copay, Once every 12 months	Reimbursement, Once every 12 months
Frames	\$130 allowance, Once every 24 months	Reimbursement, Once every 24 months
Contact Lenses	\$130 allowance, Once every 12 months	Reimbursement, Once every 12 months

Church can elect to contribute to the plan or have it as voluntary (100% employee paid)

Flexible Spending Account

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You pay NO TAXES on the amount you put into a Tax Free Spending Account

- **Healthcare Flexible Spending Account** - \$2,500 Annual Maximum
(out of pocket medical, dental, vision, and over-the-counter expenses)
- **Dependent Care Flexible Spending Account** (child daycare and adult dependent care)
- **Eligible Expenses**
 - Medical: medical doctor fees, office visit charges, annual physical exams, x-rays, lab
 - Vision: vision exams, cost of frames and lenses, contact lenses
 - Dental: exams, x-rays, fillings, crowns, braces
 - Chiropractors, Acupuncturists

Value-Add Benefits

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These benefits are provided at no cost to the church or its members

Value – Add Benefits

Employee (Life) Assistance Program – Cigna Behavioral Health

Will Preparation – CIGNA WillPrep

Travel Assistance – Cigna Secure Travel

Wellness – 

Grant Assistance Program (GAP)

What Is It: The Grant Assistance Program (GAP) is available to the Church to provide benefits for the Pastors and Church Staff currently enrolled on the BOP medical plan prior to the Church's transition date to joining the ECO.

Who Is Eligible: The GAP offers assistance for qualified participants based on the availability of funds.

What Resources Does It Provide:

- *Pastoral Premium Assistance - Helps pay premiums for lower income pastors*
- *Healthcare Hardship Assistance - Helps pay catastrophic claims towards the Deductible and Out of Pocket Maximum*

How to Obtain: To apply for a grant, the participant will need to complete a GAP application form.

How to Participate in the ECO Employee Health and Welfare Program

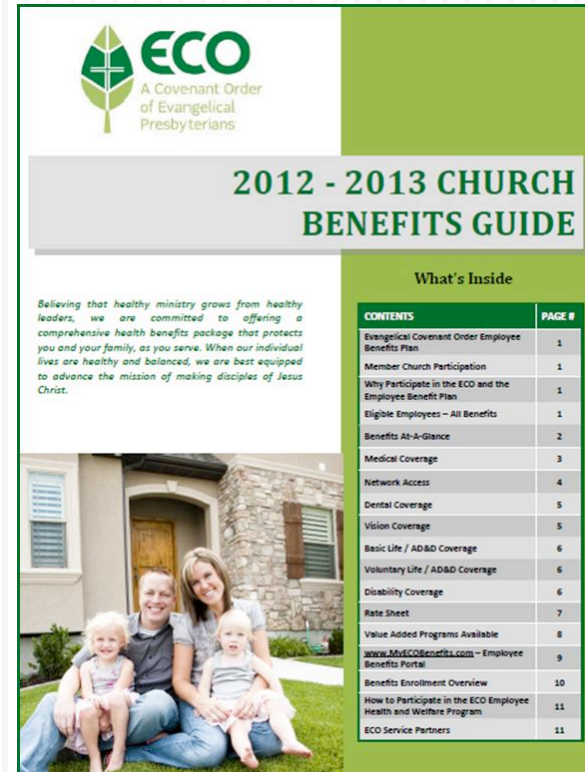
Steps

1. Review the ECO Employee Benefits Appendix which is the primary governing document for administration of the Plan
2. Sign, where designated on the Appendix, your Affirmation of Participation
3. Submit to the ECO for Church membership acceptance
4. Upon ECO notifying, in writing, acceptance of membership
5. Church to complete a Benefit's Application with its benefit plan elections and acceptance of the Appendix
6. Submit application to the ECO for approval
7. Upon ECO notifying, in writing, acceptance of Benefit's Application
8. ECO's Employee Benefit Plan's administrator; Benefit Services Group (BSG), will contact group to finalize benefits election, plan effective date and assist with the on-line enrollment process.

Benefits Program Guide

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- About Your Benefits
- Medical, Dental, Vision Insurance
- Health and Wellness information
- STD and LTD Insurance
- Life and AD&D Insurance
- Voluntary Plans
- And more...



Thank You

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