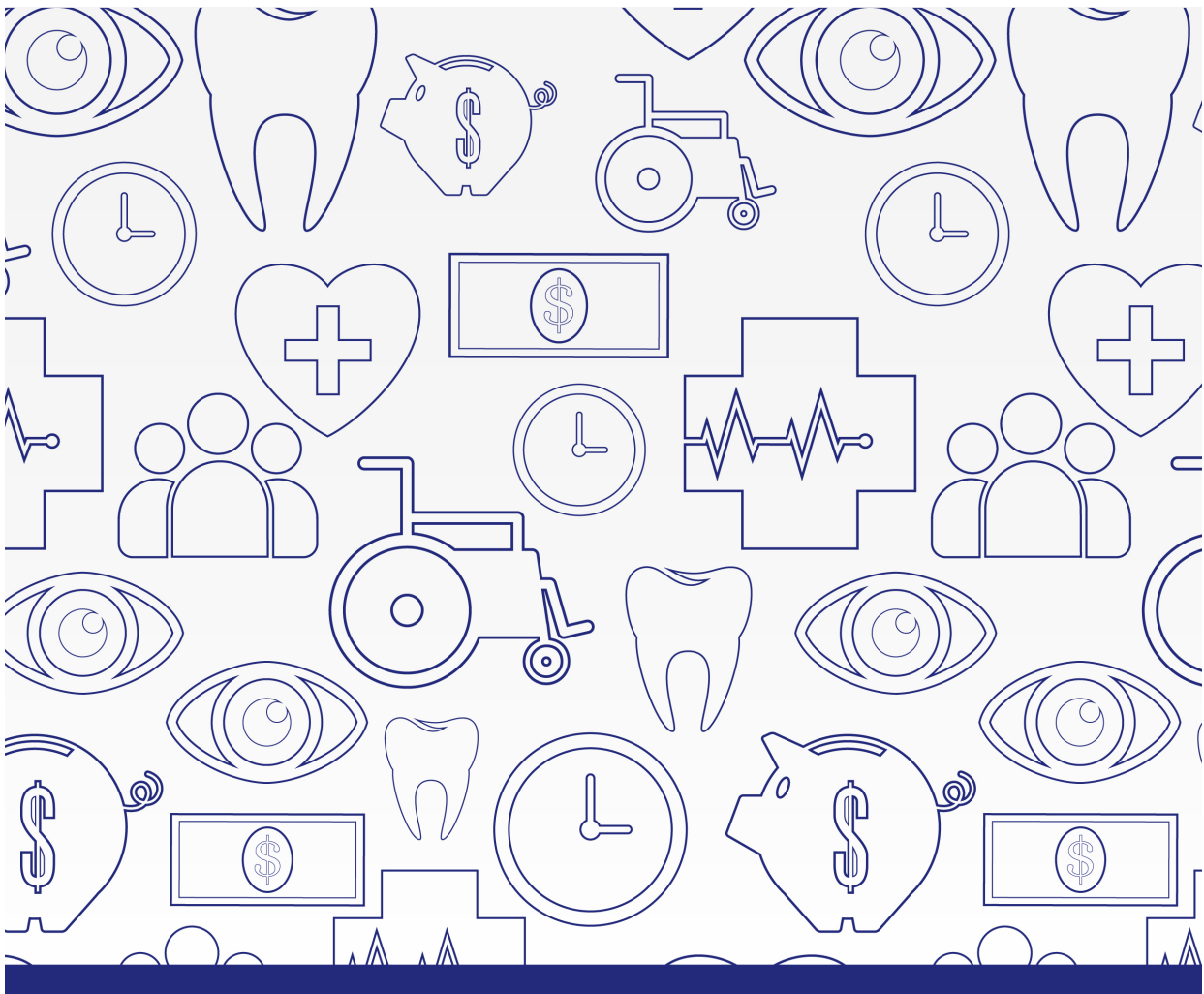




Christian Family Care

BENEFITS **2023**



Effective January 1, 2023 through December 31, 2023

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY



Christian Family Care offers all eligible employees and their eligible family members a comprehensive and robust benefits program. These benefits include Medical, an HSA account and contribution, HealthiestYou, Dental, Vision, Pet Care, Employer-Paid Life and AD&D, Voluntary Life and AD&D, and Employer paid Short-Term and Long-Term Disability. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

WHO IS ELIGIBLE?

All employees who are active full-time employees working a minimum of 30 hours per week are eligible.

WHEN DOES COVERAGE BEGIN & END?

ANNUAL OPEN ENROLLMENT

The elections you make during Annual Open Enrollment are effective on January 1, 2023 and will remain effective until December 31, 2023. Due to IRS regulations, once you have made your choices for the plan year you can't change your benefits until the next enrollment period unless you have a qualifying life event.

NEW HIRE

If you are a new hire you are eligible on the first day of the month following 30 calendar days of employment.

YOUR ELIGIBLE DEPENDENTS

- Your legal spouse
- Your dependent children up to age 26 (includes stepchildren and legally adopted children)
- Your dependent child, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for the support as indicated on your federal tax return, and is approved by your medical plan to continue coverage past age 26.



COVERAGE TERMINATION

Plan coverage will terminate at the end of the month in which the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions for Medical, HealthiestYou, Dental, and Vision Coverage. Plan coverage will terminate the last day of work for Life, STD, and LTD.

HOW TO MAKE CHANGES (QUALIFYING LIFE EVENTS)

Unless you experience a life-changing qualifying event you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

You have 30 calendar days to notify Human Resources of your change in status if it impacts your benefits status. Your new coverage becomes effective on the date of change or the first of the following month. Make sure you provide Human Resources with verification of the qualifying event.

MEDICAL AND PRESCRIPTION DRUGS

Christian Family Care offers medical coverage through Blue Cross Blue Shield of Arizona.

We will continue offering a **Health Savings Account High Deductible Health Plan with the option to choose the large Statewide/National Network or smaller Alliance Network.** This allows Christian Family Care to lower premium costs and pass that savings on to you while also making dependent costs more affordable.

Deductible Reimbursement will continue with reimbursement after \$1,400 at 80% as outlined in the following pages. The following chart outlines our benefits effective January 1, 2023.

Blue Cross Blue Shield of Arizona		
Plan Design	HSA \$6,000 70%/50%	
	(Statewide/National Network or Alliance Network)	
Benefit Highlights	In-Network	Out-of-Network[^]
Deductible		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000
Coinsurance		
Coinsurance	70%	50%
Maximum out-of-pocket (includes deductible)		
Individual	\$7,000	\$14,000
Family	\$14,000	\$28,000
Office Visits		
Preventive	100% deductible waived	50% after deductible
Primary Care	70% after deductible	50% after deductible
Specialists	70% after deductible	50% after deductible
Telehealth through BlueCare Anywhere	Approx. \$50 (subject to change)	n/a
Diagnostic Care		
Diagnostic Lab	70% after deductible	50% after deductible
Diagnostic X-ray	70% after deductible	50% after deductible
Emergency Services		
Urgent Care Services	70% after deductible	50% after deductible
Emergency Room	70% after deductible	70% after deductible
Hospitalization		
In-Patient	70% after deductible	50% after deductible
Out-Patient	70% after deductible	50% after deductible
Prescription Drugs		
Prescription Drugs	70% after deductible	50% after deductible
Specialty Drugs	70% after deductible	Not Covered
[^] There may be balance billing on all out-of-network services		

YOUR COST IN 2023, EFFECTIVE JANUARY 1st, 2023

Christian Family Care will continue to contribute to the cost of coverage for you and your family. Bi-weekly payroll deductions are as shown below. These deductions are made pretax.

Bi-weekly Payroll Deductions				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Alliance Network HSA	\$30.00	\$96.00	\$80.00	\$155.00
Statewide/National Network HSA	\$35.00	\$130.00	\$106.00	\$213.00

FINDING A DOCTOR OR FACILITY IN-NETWORK WITH BCBS

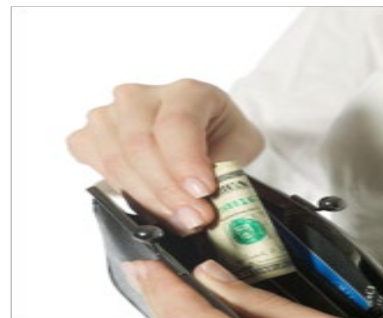
Go to www.azblue.com and register and search through your portal OR click on 'Find a Doctor/Rx' then "Find a Doctor"

- Select "I am NOT yet a member...but might get a BCBSAZ health plan through my employer"
- Where it says "Choose a Network"
 - Alliance Plan: select "Alliance PPO/EPO". You must live in Maricopa County to select this plan but if you happen to travel outside the area/state you can use in-network providers throughout the country
 - Statewide/National Plan: select "Statewide/National PPO"

IN-NETWORK VS OUT-OF-NETWORK

Stay In-Network and Save!

Each carrier (Blue Cross Blue Shield (BCBS) of Arizona and MetLife) has contracted with a vast number of providers on your behalf to get services at discounted rates in their networks. In return, these health care, dental, and vision providers have higher volumes of patients and a consistent flow of insured patients. These providers are designated as being "in-network" because of their pre-selection to provide quality care at a contracted rate. **The main advantage in using an in-network provider is that you receive this negotiated discounted rate for their services and you are not balance billed.** The following example shows how much you can save by choosing an in-network provider when you seek medical, dental, and vision care.



Example: An in-network doctor may regularly charge \$100 for an annual physical exam at the doctor's office. BCBS, however, has contracted with them to discount this visit to \$60. In addition, our plan covers 100% of this preventive care reduced cost, so **your cost would be \$0.**

In-Network	Amount
Annual Physical Exam	\$100.00
Network Discount	-\$40.00
Balance	\$60.00
Insurance Coverage at 100%	\$60.00
Patient Responsibility	\$0

Out-of-Network	Amount
Annual Physical Exam	\$100.00
Network Discount	\$0.00
Balance	\$100.00
Insurance Coverage at 50% of the Network payout (50% of what BCBS pays in-network providers - \$60)	-\$30.00
Remaining Balance	\$70.00
Patient Responsibility	
- 50% of network payout	\$30.00
- balance billing	<u>\$40.00</u>
	\$70.00

Compare this to an out-of-network physician who also charges \$100.00 for an annual physical exam at the doctor's office. For out-of-network providers, BCBS will pay the rate they pay in-network providers which is \$60. Your coverage out-of-network is 50%, so BCBS will pay the out-of-network provider 50% of \$60 which is \$30. You are responsible for the other 50% which is \$30. The out-of-network doctor can then turn around and balance bill you \$40 to recoup the balance of the \$100 bill. **You owe a total of \$70 out-of-network.**

HEALTHIEST YOU

Christian Family Care offers HealthiestYou and pays the full cost of this benefit if you enroll on a medical plan. No matter how you enroll on the medical plan, you and all your dependents will be covered on HealthiestYou. If you do not enroll on a Christian Family Care medical plan you can choose to buy this coverage for \$10.93 a month per employee (cost includes all dependents).

With HealthiestYou you can instantly connect (via phone, email, or video) with one of HealthiestYou's 2,300 licensed doctors for diagnosis and written prescriptions **AT NO COST**. After open enrollment is completed go to www.healthiestyou.com and register for online access or call 1-866-703-1259 anytime to utilize the service (available 24 hours / 7 days a week / 365 days a year).

CHRISTIAN FAMILY CARE HSA CONTRIBUTIONS FOR 2023

A Health Savings Account (HSA) is tax-exempt bank account that is set up with a qualified HSA trustee/bank (Health Equity) to allow you to pay for or reimburse for certain qualified medical expenses you incur. You must be enrolled on a high deductible (HSA) plan to contribute to this account.

Christian Family Care contributes to employee's HSA accounts and will fund your HSA account at the beginning of the year. If you are hired after January your contribution will be prorated based on the months left in the year. The contributions are shown in the chart below.

HSA 2023 Contributions (paid by CFC)	
	Annually
Employee Only	\$1,000
Employee & Spouse	\$2,000
Employee & Child(ren)	\$2,000
Family	\$2,000

NOTE: If last day of employment with Christian Family Care ends before the annual HSA contributions are deposited (or a resignation notice is received prior to date of deposit) in to the HSA accounts then employee will receive a monthly prorated contribution during last month worked.

HSA ANNUAL CONTRIBUTION LIMITS FOR 2023

You are also able to contribute pre-tax dollars to your HSA bank account up to a certain limit. The contribution limits for each year are those set by the IRS. Please see the table below for IRS annual contribution limits. Limits **include** the Christian Family Care contributions and your contributions.

HSA Contribution Limits	2023 (Jan - Dec)
Individual (enrolled as Employee Only)	\$3,850
Family (EE & Spouse, EE & Child(ren), EE & Family)	\$7,750
"Catch Up" contributions	Age 55 or older, \$1,000

DEDUCTIBLE REIMBURSEMENT:

*****IMPORTANT: DEDUCTIBLE REIMBURSEMENT IS FOR IN-NETWORK SERVICES ONLY*****

Christian Family Care provides a deductible reimbursement program. If you or any dependents exceed the amount outlined below you can submit the information to our benefit consultants (FBC) and Christian Family Care will reimburse you accordingly.

Deductible Reimbursement: After the first \$1,500 of the deductible, Christian Family Care will reimburse employees and their dependents 80% of the last \$4,500 (\$3,600) of the deductible **for in-network services only.**

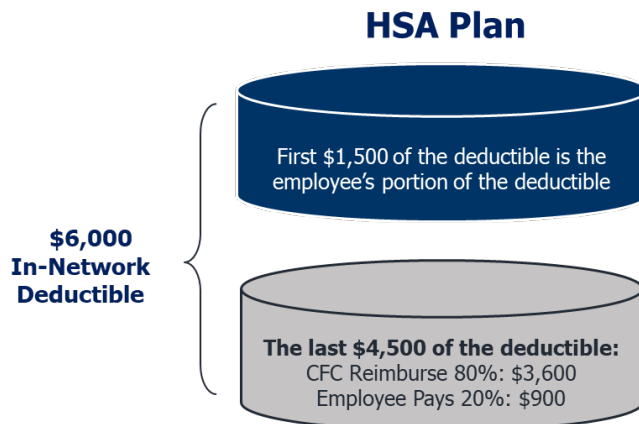
Example of how it works:

- Your child breaks their arm and you take them to the Emergency Room. The ER will submit a claim to BCBS.
- Once your claim has been processed by BCBS an Explanation of Benefits (EOB) is posted online. When you look at the EOB you see you had \$4,000 applied to your son’s in-network deductible and you are due reimbursement.
- Go to the FBC app and submit your reimbursement or fill out a deductible reimbursement form and supply FBC with your EOB.
 - FBC processes your form and informs Christian Family Care what you are due in reimbursement. You receive reimbursement from Christian Family Care and use the money to pay your medical bills.
 - Deductible reimbursement form and app information is available at the end of the enrollment guide.



Reimbursement Example – reimbursed 80% after \$1,500:

Deductible that has been met is:.....\$4,000
Employee Responsibility:.....\$1,500
Amount Eligible for Reimbursement:.....\$2,500
Christian Family Care reimburses you 80% of the \$2,500:.....\$2,000



DENTAL

Christian Family Care offers dental coverage through MetLife. To find in-network provider go to www.metlife.com and click on “Find a Dentist” then network “PDP Plus” or call 800.275.4638. The following chart outlines your dental benefits.

Services	Dental	In-Network Provider	Out-of-Network Provider [^]
Preventative Services	Exams, cleanings, x-rays	100%	80%
Deductible	Applies to Basic and Major Services only - Individual - Family	\$50 \$150	\$50 \$150
Basic Services (no waiting periods)	Fillings, root canals, extractions, periodontics	80%	60%
Major Services (no waiting periods)	Crowns, Dentures, Bridges, Implants	50%	40%
Orthodontia (no waiting periods)	Child Only-Covered at % to lifetime max	50% up to \$1,000	50% up to \$1,000
Annual Maximum	The maximum amount the plan pays per year per covered person	\$1,750	\$1,750

[^] There may be balance billing on all out-of-network services at the 90th%

YOUR DENTAL COST IN 2023, EFFECTIVE JANUARY 1st, 2023

Christian Family Care will continue to contribute to the cost of coverage for you and your family. Bi-weekly payroll deductions are as shown below. These deductions are made pretax.

Bi-weekly Payroll Deductions				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Dental	\$4.50	\$19.58	\$21.19	\$40.07

VOLUNTARY VISION

Christian Family Care offers voluntary vision coverage through MetLife. To find in-network provider go to www.metlife.com and click on “Find a Vision Provider” then network “MetLife Vision PPO” or call 855.638.3931. Plan details are outlined below.

Services	MetLife Vision Benefits	
	In-Network	Out-of-Network
Exams (dilation as necessary)	\$10 copay	Plan pays up to \$45 allowance
Frames	\$130 allowance	Plan pays up to \$70 allowance
Eyewear copay	\$25 copay	n/a
Single Lenses	Covered in full after eyewear copay	Plan pays up to \$30 allowance
Lined Bifocal Lenses	Covered in full after eyewear copay	Plan pays up to \$50 allowance
Lined Trifocal	Covered in full after eyewear copay	Plan pays up to \$65 allowance
Contacts Lenses	\$130 allowance	Plan pays up to \$105 allowance
Exam (fitting and eval)	Up to \$60 copay	n/a
Frequency	Exam, Lenses, Contacts (instead of glasses): 1 per 12 months Frames: 1 per 24 months	

YOUR VISION COST IN 2023, EFFECTIVE JANUARY 1st, 2023

Bi-weekly payroll deductions (26) are shown below. These deductions are made pretax.

Bi-Weekly Payroll Deductions				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Vision plan	\$3.58	\$7.17	\$6.07	\$10.02

LIFE INSURANCE

Christian Family Care provides \$50,000 of group term life and accidental death & dismemberment (AD&D) insurance to all eligible employees through MetLife. **Christian Family Care pays the full cost of this benefit.** Contact Human Resources to update your beneficiary. Benefits begin to reduce at age 65.

SHORT TERM DISABILITY INCOME BENEFITS

Christian Family Care provides full-time employees with short term disability income benefits through MetLife. **Christian Family Care pays the full cost of this coverage.** In the event you become disabled from a non-work injury or sickness, disability income benefits are provided as a source of income. The first day of your disability triggers your elimination period (14 day waiting period). On the 15th day of your disability your STD benefits begin. You may use sick or vacation days for those 14 days of elimination if you want to make sure there is no break in income.

	Short Term Disability
Eligibility Requirements	Full-time active employees
Benefits Begin	15 th day for an accident 15 th day for an illness
Benefits Payable	Up to 11 weeks
Percentage of Income Replaced	60%
Maximum Benefit	\$1,500 per week

LONG TERM DISABILITY INCOME BENEFITS

Christian Family Care provides full-time employees with long term disability income benefits through MetLife. **Christian Family Care pays the full cost of this coverage.** In the event you become disabled from a non-work injury or sickness, disability income benefits are provided as a source of income.

	Long Term Disability
Benefits Begin	After 90 days
Benefits Payable	Up to Age 65 or SSNRA
Percentage of Income Replaced	60%
Maximum Benefit	\$6,000 per month
Pre-existing Condition Limitation	3/12 (condition in the 3 months before insurance will have 12 month waiting period)

VOLUNTARY LIFE

Christian Family Care offers employees the option to elect Voluntary Life coverage for themselves and their family through MetLife. **You pay the full cost of this benefit.**

- Life insurance is available to you in increments of \$10,000 to a maximum of the \$100,000 (or lesser of 5x annual earnings) with a Guarantee Issue (GI) of \$100,000.
- Spouse life insurance is available in increments of \$5,000 to a maximum of \$25,000 (not to exceed 50% of employee's benefit) with a GI of \$25,000.
- Child life insurance is available in increments of \$1,000, \$2,000, \$4,000, \$5,000 and \$10,000 (ages 6 months to 26) and \$1,000 for child birth to 6 months.

Note: If you elect coverage as a new hire you are guaranteed the max coverage amount noted above (the GI). If you waive or enroll in lesser amounts and want to increase or add coverage later you will be required to submit a Statement of Health form (SOH) to MetLife for approval of the benefit and may not be approved for the amount requested.



United Pet Care is NOT pet insurance. It is BETTER than pet insurance! You receive savings immediately at the veterinarian’s office.

You save 20-50% off in-house veterinary services.

- No exclusions due to pre-existing conditions, age or breed-specific conditions, No deductibles, No claim forms, No limit to the number of office visits

www.unitedpetcare.com | info@unitedpetcare.com | 877-872-8800

Bi-Weekly Payroll Deductions		
	1 Pet	2 Pets
United Pet Care	\$7.15	\$13.38

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Under ERISA, the Plan Administrator of the group health plan may have fiduciary responsibilities regarding distribution of dividends, demutualization and use of the Medical Loss Ratio rebates from group health insurers. Some or all of any rebate may be an asset of the plan, which must be used for the benefit of the participants covered by the policy. Participants should contact the Plan Administrator directly for information on how the rebate will be used.

The Employer has the right to modify or amend the plan with a 60-day written notice. This document is also serving as your SPD. All our plans are 501 ERISA Plans.

Address: 2436 N. Central Ave, Phoenix, AZ 85004 | Tax ID: 86-0430037



Christian Family Care

Need help with your coverage and Plan?

START WITH THE CARRIER

- ✓ Get your ID card and information
- ✓ Find an in-network doctor, lab, urgent care, pharmacy, dentist, etc.
- ✓ Learn how your coverage works and get answers to all your health care, dental, vision and plan questions

Medical: Blue Cross Blue Shield of Arizona

- Group Number: 031178
- Customer Service: 602.864.4197 and say “I’m a member”
- Website: www.azblue.com

Dental: MetLife

- Group Number: 05933225
- Customer Service: 800.275.4638 (member)
- Website: www.metlife.com

Vision: MetLife

- Group Number: 05933225
- Customer Service: 855.638.3931
- Website: www.metlife.com

Still need help?

Contact our benefit consultants at FBC Insurance, Benefits & Consulting

- ✓ **Your Benefit Advocate: Ricky Sillman: 480.398.2909 | Questions@fbcserv.com**
 - ✓ I’m not found in the system
 - ✓ BCBS/MetLife gave me the run around
 - ✓ I’m just not sure where to start...



Honesty • Integrity • Excellence

Need to talk to HR?

- **Contact:** Lorina Soza
- **Email:** LSoza@cfcare.org
- **Call:** 602.234.1935



Honesty • Integrity • Excellence

Deductible Reimbursement Request Form For Employees of ChristianFamily Care

Send the following items to the email, fax, or address below or use the app!

- 1) Completed Deductible Reimbursement Request Form
- 2) Explanation of Benefits (EOB) from BCBS of Arizona

Email: submit@fbcserv.com

Fax : 602.277.8067

Mail: FBC Insurance, Benefits & Consulting
14201 N 87th Street, Suite D141
Scottsdale, AZ 85260



Online: Download app by visiting myfbccapp.com
OR Scan with your phone camera

Deductible Reimbursement for the HSA Plans: After the first \$1,500 of the deductible, Christian Family Care will reimburse employees and their dependents 80% of the last \$4,500 (\$3,600) of the deductible **for in-network services only.**

Please help FBC process your request for reimbursement
by providing the following information:
(please print)

Submittal Date: _____

Total Pages: _____

Employee Name: _____

Daytime Phone: _____

Employee Email: _____

Request for reimbursement is made for out-of-pocket medical expenses for:

- Myself
- My Dependent (First & Last Name): _____

AUTHORIZATION & CERTIFICATION:

I authorize FBC Insurance, Benefits & Consulting to review the documentation I have provided in this transmission. I understand that this information will be used only for the purposes for which it is intended and will not be disclosed to other parties without my express permission.

I certify that I am claiming reimbursement for only eligible expenses incurred during the 2023 plan year and only for eligible plan participants.

Signed

Date