

Bethel University

Benefit Guide 2020



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Getting Started

Benefits Eligibility

Our company sponsored benefit plans provide coverage for all regular employees who are scheduled to work at least 30 hours per week. These employees can participate in all benefit plans, beginning the first of the month following date of hire.

Dependent Eligibility

In addition to benefits for employees, the company also sponsors benefits for eligible employee's family members. An employee's lawful spouse, as well as children and legal dependents are all eligible for benefit plan coverage, based on the guidelines outlined in this booklet and the plan certificates. Please read the plan eligibility rules carefully to verify whether your loved ones qualify for dependent benefit coverage.

Dependents are defined as:

- An employee's lawful spouse*
- An employee's child, who is:
 - Less than 26 years of age
 - 26 or more years old and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap

*Please note that spouse's who are eligible for coverage under their employer's medical plan are not eligible to be covered under the Bethel University Medical Plan. This only applies to the medical plan.

Dependent Specifications

Please note correct Social Security Numbers and dates of birth are required for enrollment of a new dependent. If you do not have this information at the time you are enrolling your dependent, there may be a delay in coverage.

Benefits Enrollment

Open Enrollment and New Hire Enrollment

Eligible employees can enroll for benefits during two occasions, when newly hired as an employee of the company and during annual open enrollment. Below are descriptions of each of these periods for enrollment:

New Hire: A newly hired employee will be allowed to choose benefit plans that are effective on the first of the month following date of hire. Once a new hire has chosen plans, these benefits will be in place for the remainder of the benefit plan year.

Open Enrollment: Once a year, the company will offer an open enrollment period when employees may change their benefits at their discretion. The open enrollment period will be announced and usually occurs prior to the start of the plan year or at any time when a benefit plan is modified by the company.

Qualifying Life Events

In addition to changes made during the open enrollment process, certain qualifying life events may allow a benefit change during the plan year. You must request the election change within 30 days of the life event.

The following qualified life events are considered under federal law and regulations to be changes in status which will permit you to revoke an existing election and make a new election with regard to one or more benefits under the plan, provided that you notify the Plan Administrator within 30 days of the event. **IF YOU DO NOT MAKE YOUR CHANGES WITHIN THE 30 DAY PERIOD, then you LOSE THE OPTION TO MAKE THE CHANGE.**

- Change in marital status including marriage, divorce, death of a spouse, or legal separation.
- Change in number of dependents including birth, adoption, and placement for adoption or death of a dependent.
- Change in employment status of the employee, spouse or dependent that causes the individual to become or cease to be eligible under the plan.
- Change in dependent eligibility status including events that cause the dependent to gain or cease eligibility such as attainment of age.

In order for you to make a mid-year election change, a qualified life event must affect you, your spouse or your dependent's eligibility for benefits under the plan.

IMPORTANT: If you miss your window of opportunity for enrollment for the plan year, you will NOT be able to enroll in benefits unless you have a qualified 'life event' or you wait until the following year open enrollment. You will have a maximum of 30 days from the date of the life event to make the change.

How Do I Enroll?

For this year's Open Enrollment period, you will be making your elections while meeting with an Enrollment Counselor. All benefit eligible employees must schedule a meeting so your benefits can be chosen/waived. The representative can walk you through each benefit that is offered to you by Bethel University and answer any questions you may have. The enrollment counselor will be on site Nov, 4th – 15th. If you have any questions about this year's enrollment process, please contact HR.

Open enrollment will be from Monday, November 4th through Friday, November 15th.

Important Information on Health Insurance

Did you know that Bethel University has a self-funded plan? This means that every claim that gets processed that is paid by "insurance" is money that comes directly out of the University's budget. HMA processes the claims and pays providers, but they send Bethel University an invoice each week for all of the claims they processed. HMA charges us an administrative fee to do all of this work, to use their network, and receive the discounts they have negotiated with the doctors and facilities within their network. We also pay another vendor for Stop Loss coverage. The Stop Loss coverage limits the University's liability for extremely large claims. There are 3 things that the University pays for:

1. All claims after deductibles, and out of pocket maximums are applied.
2. Administrative fee to HMA to process claims and participate in their network
3. Stop Loss coverage

Bethel University pays a large majority of this cost, so please strive to be a wise consumer of healthcare!

How to Be a Wise Consumer

With the increasing costs of healthcare, it is important that you take responsibility for medical care and prescription choices. There are many things you can do to take control of how much you are spending on medical care as an individual that could benefit both your health and your personal budget. One simple way to help reduce spending is to ask questions such as:

- How much will the treatment cost?
- Is there an alternative treatment that is equally effective but costs less than the proposed treatment?
- Is there a generic version of this medication?
- Can these lab tests be performed at a clinic, rather than a hospital?
- Can this surgery be performed at a clinic or an outpatient facility?

Becoming an informed customer is the first step in combatting the rising cost of healthcare. If you wish to learn more, please contact Human Resources.

Health Insurance – Hawaii Mainland Administrators (HMA)

Beginning January 1st, 2020, Bethel University is implementing an innovative medical program that allows access to healthcare professionals at a reasonable price for our company and employees. While there are some changes to your medical plan, the majority of your medical and pharmacy benefits will go unchanged from previous years. The main difference will be how Bethel employees access care in a hospital or outpatient facility.

PPO Network

Our Health plan will now utilize the PHCS – Prac & Anc. Network for routine physician care. In addition to the PHCS – Prac & Anc. Network, you will also have access to the PNOA Network. HMA is currently in contact with providers in the area that are not currently in this network to work out an arrangement with them.

To find physicians within the PPO network:

- Please visit www.multiplan.com/PHCSpracanc to search In-Network providers in your area.
- If you do not find your provider, visit www.pnoa-ppo.com and go to “Nominate a Provider” option on the homepage to nominate your provider. In the notes section of the nomination form, write “Bethel”. PNOA will receive these forms and begin efforts with your provider to get them contracted.

HMA Online

HMA’s online services are fast, easy, and free with convenient access to tools and resources such as:

- Scheduling Assistance
- Claim status (including copies of EOBs)
- Status of medical deductibles and out-of-pocket amounts
- Frequently used forms

To Access HMA’s Online Services:

- Visit hmatpa.com/bethel
- Click the Member Login button in the Login dropdown menu
- Submit your username and password in the “Member Log In” box. Or, if you have not yet registered for online services, click “Register Now” then follow the prompts to complete your registration.

ADVANTA

ADVANTA is HMA’s member advocacy service. ADVANTA will be your primary point of contact when you need to receive medical care in a hospital or outpatient facility. ADVANTA specialists are available 24/7/365 to assist members prior to, during, and after receiving care in a hospital or outpatient facility

HMA + ADVANTA Portal

HMA also has a mobile member portal available on smartphones, tablets, and other mobile devices. Through the portal you will have access to an ADVANTA advocate, telemedicine, and an electronic ID card.

CVS caremark

Your new Pharmacy Benefit Manager will be CVS caremark. For more information reference your new medical ID card.

2020 Medical & Prescription Plan Benefits

For the 2020 plan year, Bethel will only be offering a High Deductible Health Plan that will be administered by HMA.

This is a snapshot summary of your In-Network medical benefits and is not intended to replace your Summary of Benefits and Coverage. Please see MyBethel - Human Resources for a full summary of benefits.

Bethel HDHP 3000	
Deductible (Single) (Family)	You Pay: \$3,000 \$6,000
Coinsurance	You Pay: 20% After Deductible
Out of Pocket Max (Includes Deductible) (Single) (Family)	You Pay: \$4,000 8,000
Preventive Care*	You Pay: 0%
PCP Office Visits	You Pay: 20% After Deductible
Specialist Office Visits	You Pay: 20% After Deductible
Emergency Room Visits	You Pay: 20% After Deductible
Urgent Care Visits	You Pay: 20% After Deductible
Prescription Drugs	
Retail (30 Days) Generic Brand Brand, Non-Formulary	You Pay: 20% After Deductible
Mail Order (90 Days) Generic Brand Brand, Non-Formulary	You Pay: 20% After Deductible
Specialty Drugs**	You Pay: Not Covered

*If services other than preventive care as outlined by the US Preventive Services Task Force Recommendations are obtained during the visit, coinsurance, and/or deductible may apply.

** Specialty medications are no longer covered on the medical plan. Please see pg 8 for more information on how to obtain specialty medications

Preventive Care Guidelines

Our medical plan includes coverage for preventive care exams and screenings at no cost to you. The preventive care services covered under the plan follow the recommendations from the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

Below is a sample list of services that are considered preventive for these purposes. Please note that these services may be subject to age and frequency guidelines and may result in cost sharing if they are not provided in accord with the recommended guidelines. Some states offer additional coverage. Please review the complete list of guidelines and limitations provided by your medical insurance carrier.

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

Accessing Obstetrical or Gynecological Care

You do not need prior authorization in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Health Savings Account

If you choose to participate in the 2020 Qualified High-Deductible Health Plan (and you are not covered by another health plan, FSA, or HRA), you are eligible to contribute to a Health Savings Account (HSA). The company does not provide or fund HSAs; however, you may start a HSA at a bank of your choice. The HSA allows you to put aside money to help offset the cost of your healthcare expenses. The balance in an HSA account can be used for eligible medical, dental, and vision expenses (for instance: deductible amounts and other eligible out-of-pocket expenses) throughout the year, and the balance at the end of the year rolls over into the next year (it is NOT a “use it or lose it” program). You can have pre-tax HSA contributions placed into your account bi-weekly via payroll deductions or funds can be deposited on an after-tax basis, and you would deduct the amount of your contributions when you file your income taxes for the calendar year.

Annual HSA Contribution Maximum for 2020:

- Single Coverage: \$3,550
- Family Coverage: \$7,100
- For Individuals Ages 55+: the IRS allows additional “catch-up contributions.” Eligible individuals may contribute an extra \$1,000 for the year. If you and your spouse are HSA eligible and are wanting to contribute separate \$1000 contributions, please note that this must be done in separate HSA accounts.

Very Important Rules

- The IRS rules prohibit an individual from having a Traditional Healthcare FSA and an HSA at the same time. In order for you to be able to fund and use an HSA beginning January 1, 2020, there can be no balance in a Traditional Healthcare FSA after December 31, 2019.
- It is important to keep all receipts as you may need to demonstrate to the IRS that your distributions were for qualified medical expenses. Failure to provide receipts could result in having to pay a penalty.

Please refer to IRS Publication 502 for more information regarding qualified medical expenses:

https://www.irs.gov/publications/p969#en_US_2016_publink1000204083

HDHP Deductible Assistance

For employees who are enrolled on the HDHP and find they need assistance with their deductible, the University is willing to provide loan assistance in approved cases. We have created a program where you can request an interest-free loan for deductible assistance. The maximum loan amount is \$3,000. Repayment will be through payroll deduction and begin immediately on the next check. The maximum repayment period is 6 months. A loan can be requested once per calendar year, and your loan must be paid in full before requesting another loan. To request a loan, you will be required to show documentation of the amount due (doctor's bill with service date in the calendar year requested, EOB). The requested amount cannot be more than the amount due. Please contact the Benefits Office for additional information.

Rx Help Centers

Rx Help Centers is a concierge prescription advocacy firm—not a discount drug card, pharmacy or drug company—that Bethel University offers as a service to employees and dependents enrolled in the medical plan. Advocates at Rx Help Centers work on your behalf to get maintenance brand name and specialty medications for a substantially reduced cost. Ideal candidates are individuals or families with \$100 or more in monthly prescription costs, but anyone on the medical plan can have a free evaluation.

How does Rx Help Centers do this?

Rx Help Centers has established relationships with drug companies, non-profit organizations, public and private foundations, and other sources to provide clients funding and grants. These sources of assistance help almost anyone with expensive brand or specialty drugs cover the cost of those medications.

How long does the process take and what does it cost?

This program is completely paid for by Bethel University for you and your dependents. Therefore, there is no cost to you to participate in the program, although there may be a cost for the prescription drug itself depending on the unique situation. It takes about 3 weeks on average to get the process started but may vary based on your unique situation. Rx Help Centers recommends that you get a 30-day refill from your doctor if you need your medication immediately. By the end of that 30 days, you will know if Rx Help Centers is able to assist in getting you that prescription for free or at a discounted price.

How to sign up for the program?

Go to: <http://rxc8290318-gu.rxhelpcenters.com/> After 24-48 hours of submitting the enrollment forms, an Rx Help Center advocate will contact you directly with further instructions.

Please ask HR for more information if you believe you could benefit! Your personal information given to Rx Help Centers is confidential from Bethel University.

For more information:

Call: (866)-478-9593

Email: help@rxhelpcenters.com



2020 Group Dental Plan

Staying healthy includes obtaining quality dental care for you and your family. Therefore, we offer you the option to purchase dental insurance through Health Resources Inc. (HRI). This plan covers routine preventive care, basic and major restorative services.

*This is a snapshot summary of your In-Network dental benefits and is not intended to replace your Summary of Benefits and Coverage. Please see MyBethel - Human Resources for a full summary of benefits. Once you elect the dental plan, you must be enrolled for at least 2 years before you can waive coverage.

HRI - Group Dental	
Network	HRI
Plan Description	<p>The HRI plan is a PPO network plan; while benefits are the same in and out of network, the member receives discounted services and payments are made directly to the provider when using a HRI provider.</p> <p>Participating HRI providers may be found at www.insuringsmiles.com or by calling customer service at 1-800-727-1444.</p>
Dental Plan Features	In-Network
Calendar Year Max Benefit (combined across all networks)	\$1000 Per Insured
Calendar Year Deductible	You Pay:
Single	\$0
Family	\$0
Preventive Services	You Pay: 0%
Basic Services	You Pay: 20%
Major Services	You Pay: 50%
Orthodontia	You Pay: Not Covered
Dependent Child Age Limit	To age 26



2020 Group Vision Plan

Bethel University offers vision services through, Vision Service Plan (VSP). VSP has an extensive network of vision care providers who offer copayments and/or allowances for eye exams, lenses and frames. Every twelve months the plan will cover your choice of either medically-necessary contact lenses or eyeglass lenses. See your vision care plan benefits below:

Please see MyBethel - Human Resources for a full summary of benefits.

VSP Group Vision		
Plan Description	VSP is a PPO network plan; benefits are increased and services are discounted when using network providers. Participating providers may be located at www.vsp.com or by calling 1-800-877-7195.	
Vision Plan Features	In-Network	Out-of-Network
Vision Examination Covered once every 12 months	You Pay: \$10 Copay	You Pay: Reimbursed up to \$45
Frames Covered once every 24 months	You Pay: \$25 Copay, \$130 Allowance + 20% off remaining balance	You Pay: \$25 Copay, Reimbursed up to \$70
Lenses Covered once every 12 months	You Pay: \$25	Reimbursed Single Lenses – Up to \$30 Bifocal Lenses – Up to \$50 Trifocal Lenses – Up to \$65
Contact Lens Exam Covered once every 12 months	You Pay: Up to \$60 Copay	Reimbursed up to \$105
Contact Lens Benefit In lieu of glasses	You Pay: \$25 Copay, \$130 Allowance	Reimbursed up to \$105



2020 Group Life Insurance Plan

Group Term Life Insurance

Life insurance is an important part of your financial well-being, especially if others depend on you for support. As such, the company provides \$50,000 of basic life insurance and AD&D coverage to eligible full-time employees at no cost. Please make sure to review beneficiary information as major life events occur.

Voluntary Life and AD&D Insurance

The company provides you with the opportunity to purchase additional life insurance through Reliance Standard Life Insurance Company for yourself and your covered dependents through payroll deduction. Premiums are based on the amount of life insurance and the age of the employee. Detailed benefit summaries and premium costs are available through MyBethel – Human Resources.

Note: Employee must be enrolled in voluntary life in order to elect spouse or dependent life.

Eligibility	Coverage
Employee Voluntary Life	Available in Increments of \$10,000 Maximum Benefit: 7x's Annual Salary, up to \$500,000 Guarantee Issue (GI) Amount: \$200,000
Spouse Voluntary Life*	Available in Increments of \$5,000 Maximum Benefit: 100% of employee's benefit, up to \$250,000 Guarantee Issue (GI) Amount: 100% of employee's benefit up to \$50,000
Child(ren) Voluntary Life**	Available in Increments of \$2,500 Maximum Benefit: 100% of employee's benefit, up to \$10,000 Guarantee Issue (GI) \$10,000

*Spouse voluntary life cannot exceed 100 percent of employee elected coverage.

**Eligible children are children 14 days old up to age 26 years.

Open Enrollment: This year's open enrollment will be a true open enrollment. All employees, regardless of whether you have declined coverage in the past, will be able to elect up to the Guarantee Issue amount without having to provide Evidence of Insurability.

Beneficiary Designation: It is important to make sure your beneficiary designation is complete and up-to-date. You may change your beneficiary at any time. Please refer to Selerix or MyBethel - Human Resources for more information concerning Beneficiary Designation outside of Open Enrollment.

2020 Long-Term Disability

The company provides employees with long-term disability coverage to help provide paycheck replacement income in the event you are disabled long-term.

- For salaried employees, the plan replaces 60% of your pay up to \$5,000 per month.

The benefit is payable to Social Security Normal Retirement Age after a 180-day waiting period per illness/injury.

Supplemental Coverage – Allstate

Accident

Bethel University offers Voluntary Accident and Critical Illness policies through Allstate. These policies are an excellent supplement to the health insurance plan to help offset deductibles in the case of accident or diagnosis of a designated critical illness. The list below is a snapshot of the conditions covered by the Accident policy.

Please see the benefit summaries on MyBethel - Human Resources for further information.

Description	Option 1	Option 2
Accidental Death	Primary Insured – \$40,000 Spouse, if covered – \$20,000 Child(ren), if covered – \$10,000	Primary Insured – \$60,000 Spouse, if covered – \$30,000 Child(ren), if covered – \$15,000
Daily Hospital Confinement	\$200 per day	\$300 per day
Intensive Care	\$400 per day	\$600 per day
Ambulance Services	\$200 Regular \$600 Air	\$300 Regular \$900 Air
Accident Physician Treatment	\$100	\$150
X-Ray	\$100	\$150
Dislocation or Fracture	Primary Insured – \$4,000 Spouse, if covered – \$4,000 Child(ren), if covered – \$4,000	Primary Insured – \$6,000 Spouse, if covered – \$6,000 Child(ren), if covered – \$6,000
Emergency Room Services	\$200	\$300



Critical Illness

The University provides employees with the opportunity to purchase Allstate Critical Illness coverage to help financially if you are diagnosed with a predetermined disease. The following benefits (in addition to the full list included in the benefit summary) are eligible for payment at the designated amounts at the time of diagnosis. Even though there is no pre-existing condition provision, the benefit is only payable for diagnoses after the effective date of coverage.

Description	Option 1	Option 2
Heart Attack	\$10,000	\$20,000
Stroke	\$10,000	\$20,000
Major Organ Transplant	\$10,000	\$20,000
End Stage Renal Failure	\$10,000	\$20,000
Invasive Cancer	\$10,000	\$20,000
Coronary Artery Bypass Surgery	\$2,500	\$5,000

403(b) Retirement Plan

Bethel offers a 403(b) plan through Principal Financial. Employees are able to contribute both pre-tax and after-tax (Roth) dollars into the plan. Go to www.principal.com to view your account and/or to make changes to your contributions. Changes can be made at any time during the year.

Service Days

Bethel encourages all Staff Members to utilize up to three paid Service Days per fiscal year to volunteer their time and talent in service to the community. These days must be scheduled (and approved) in advance, and can be requested off using a Leave Request Form.

Tuition Reduction Grant

Tuition remission is a benefit provided by Bethel University to all benefit-eligible employees (working at least 30 hours per week, year round), their spouses and their dependents according to the provisions described in the Tuition Remission Policy. A degree earned with Tuition Remission assistance is limited to one earned degree per family member (employee, spouse, dependent).

Bethel University also participates in the Tuition Waiver Exchange Program sponsored through the Council of Christian Colleges and Universities. More information about this program can be obtained by contacting the Office of the Vice President for Academic Services.

Be sure to watch your email and Bethel feed in March/April for the 2020-2021 TRG policy and form. If you miss the deadline for submitting your form, you will not be eligible for TRG benefits for the 2020-2021 academic year. No late applications are accepted.

2020 Employee Payroll Deductions

Bi-Weekly Premium Payroll Deductions

Payroll Deductions are deducted on a bi-weekly basis.

Plan	Based on 26 Pay Periods Per Year			
Medical	Bethel HDHP 3000			
Employee Only	\$10.00			
Employee /Spouse	\$80.50			
Employee/Child(ren)	\$77.50			
Employee/Family	\$99.00			
Dental	HRI Dental			
Employee Only	\$9.45			
Employee/Spouse	\$19.37			
Employee/Child(ren)	\$16.05			
Employee/Family	\$28.65			
Vision	VSP Vision			
Employee Only	\$3.83			
Employee/Spouse	\$6.45			
Employee/Child(ren)	\$6.59			
Employee/Family	\$10.62			
Life / Disability	Reliance Standard			
Basic Life / LTD	Employer Paid			
Voluntary Life	Refer to MyBethel - Human Resources			
Accident	Allstate – Option 1		Allstate – Option 2	
Employee Only	\$5.56		\$7.66	
Employee/Spouse	\$8.62		\$12.02	
Employee/Child(ren)	\$13.02		\$18.14	
Employee/Family	\$16.32		\$22.72	
Critical Illness	Allstate – Option 1 (\$10,000)			
	Non-Tobacco Users		Tobacco Users	
Employee Age	EE or EE + CH	EE + SP or Family	EE or EE + CH	EE + SP or Family
18-29	\$2.02	\$3.34	\$2.64	\$4.26
30-39	\$3.92	\$6.26	\$5.48	\$8.62
40-49	\$7.36	\$11.60	\$11.22	\$17.40
50-59	\$12.64	\$19.76	\$19.70	\$30.36
60-64	\$16.86	\$26.26	\$26.72	\$41.04
65+	\$27.18	\$41.96	\$42.40	\$64.78

Critical Illness	Allstate – Option 2 (\$20,000)			
	Non-Tobacco Users		Tobacco Users	
Employee Age	EE or EE + CH	EE + SP or Family	EE or EE + CH	EE + SP or Family
18-29	\$3.40	\$5.40	\$4.62	\$7.26
30-39	\$7.00	\$10.90	\$10.14	\$15.60
40-49	\$13.54	\$20.86	\$21.26	\$32.46
50-59	\$23.64	\$36.26	\$37.78	\$57.48
60-64	\$31.80	\$48.64	\$51.48	\$78.18
65+	\$52.00	\$79.16	\$82.42	\$124.80



2020 Holidays

Here are the 2020 Holidays with the day in parentheses of when the holiday will actually be recognized at Bethel:

New Year's Celebration (January 1)	Day Before Thanksgiving (November 26)
Good Friday (April 10)	Thanksgiving (November 27)
Memorial Day (May 25)	Day after Thanksgiving (November 28)
Independence Day (July 3)	Christmas Eve (December 24)
Labor Day (September 7)	Christmas Day (December 25)
	Christmas Recess (December 26 – December 31)

Contact Information

Here you can review and reference important contact information for the many benefit providers that manage our employee benefit offerings. Refer to this chart to contact your benefits providers.

Plan	Customer Service	Web Site
Medical		
HMA	1-866-206-7920	www.hmatpa.com/bethel
Pharmacy		
CVS Caremark	1-866-818-6911	www.caremark.com
Dental		
HRI	1-800-727-1444	www.insuringsmiles.com
Vision		
VSP	1-800-877-7195	www.vsp.com
Life / Vol Life / LTD		
Reliance Standard	1-800-351-7500	www.rsli.com
COBRA		
Infinisource	1-800-300-3838	www.infinisource.com
Accident / Critical Illness		
Allstate	1-877-810-8973	www.allstate.com

Glossary of Terms

Term	Definition
Deductible	The amount you owe for major medical services before your health insurance benefits begin. For example, if your deductible is \$1,000, you are responsible for the first \$1,000 of your healthcare costs, excluding claims covered at 100% (preventive) or with copays (for example, Rx).
Co-Insurance	Your part of the costs of a health service that is covered by insurance. It is calculated as a percentage and you pay this portion in addition to whatever deductible you may owe. For example, if your plan allows \$100 for a doctor visit and you've already met your deductible, your co-insurance payment of 20% would be \$20. The insurance plan picks up the rest of the cost (\$80).
Out-of-Pocket Maximum	The most you pay during the period of your policy (most policies go for a year) before your insurance plan begins to pay 100% of the allowed amount. This total does not include your balance-billed charges, your premium, or your health care services your plan doesn't cover. Other charges may be excluded from this as well, so read the plan instructions and Summary of Benefits and Coverage carefully.
Premiums	The amount you must pay for your insurance plan, typically through payroll deductions on a regular basis.
Claim	The bill you, your doctor, or health care provider submits to your health insurance company.
Allowed Amount	This may also be called an "eligible expense" or "negotiated rate" or "payment allowance." It is the maximum amount on which payment is based for health care services that are covered by your insurance.
In-and out-of-network	An in-network provider is a health care office that has contracted with the health insurance company to provide services for people on that insurance plan. An out-of-network provider is someone who does not have such a relationship with the insurance company. Typically, insurance will only cover the cost of services from health care providers who are "in-network," or do so at a substantially lower cost.
Preventive Care	Routine health care that includes regular checkups, patient counseling and screenings to prevent disease, illness and other health complications.
Usual, Customary, and Reasonable	The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.
Qualified High Deductible Health Plan	A plan that features higher deductibles than traditional insurance plans. High deductible health plans (HDHP) can be combined with a health savings account to allow you to pay for qualified out-of-pocket medical expenses on a pre-tax basis.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the 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 the 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.