CATHOLIC CHARITIES EASTERN WASHINGTON

Your Benefits

Effective July 1, 2020

WELCOME TO YOUR BENEFITS!

Catholic Charities Eastern Washington is proud to offer a robust benefits package to our employees and their dependents! Our benefits package is designed around choice, flexibility and value.

To learn about the available plans and choose which ones are right for your lifestyle and budget, take a look at this Benefits Guide. If you have general questions on your benefits or how to enroll, reach out to Human Resources or a Gallagher Benefit Advocate—their contact info is toward the back of this Guide under "Your Benefits Contacts."

In addition, a Summary of Benefits and Coverage (SBC) is available as an attachment to this guide to help you make your healthcare coverage choices. The SBC summarizes information about your medical plan options and is in a standard format required by the Affordable Care Act. A paper copy is also available, free of charge. Please contact Human Resources to request a copy.

IMPORTANT:
If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page 22 for more details.

WHAT'S INSIDE

NEW HIRE ENROLLMENT OVERVIEW

***For newly eligible employees*. Please follow the steps below to choose your benefits and enroll.**

BENEFIT PLANS

- Medical insurance covering a broad network of doctors and prescriptions
- Dental insurance
- Life and accidental death & dismemberment (AD&D) insurance
- Long term disability insurance
- Flexible spending accounts for tax savings on healthcare and childcare expenses
- Employee assistance program (EAP)
- Employee paid voluntary vision insurance
- Employee paid voluntary supplemental life/AD&D insurance
- Employee paid voluntary legal insurance
- Employee paid voluntary pet insurance
- Employee paid air ambulance transportation

QUESTIONS

Do you have questions about understanding what benefits are offered or how to enroll?
For medical benefit plan questions: Contact Health Benefit Services at 800.807.0400

For all other benefit questions, Contact a Benefit Advocate
(a service provided by Gallagher).
You can reach a Benefit Advocate at:
833.800.6478
6:00 a.m. - 6:00 p.m. PT
Monday - Friday

1. PREPARE EVERYTHING YOU WILL NEED

- Social Security numbers for you and any dependents whom you want to cover
- Dates of birth for your family members
- ID cards for any other medical plans under which you or your family members are covered

2. CHOOSE YOUR BENEFITS

Take the time to review the benefit outlines in this Guide and the Summary of Benefits and Coverage from the insurance company. This will help you understand the plans and how they will fit your lifestyle and budget. To make sure your family doctor is covered by the medical plan, check the Provider Directory online at www.myCBS.org/ppo-hcsc. To make sure your family dentist is covered by the dental plan, check the Provider Directory online at https://www.metlife.com.

3. DECIDE HOW MUCH TO CONTRIBUTE TO FLEXIBLE SPENDING ACCOUNTS (FSA)

Determine how much money you should put into your FSA to save on taxes when paying for medical and dependent care expenses.

4. COMPLETE ENROLLMENT ONLINE

If you are enrolling during open enrollment, please complete your enrollment no later than June 14. If you have any questions, please contact Human Resources.

If you are enrolling outside of open enrollment, please contact Human Resources within 60 days of your date of hire.

YOU ARE DONE!

OPEN ENROLLMENT OVERVIEW

For employees already enrolled.

Open Enrollment is from May 25 to June 14. This is your only opportunity to make changes to your benefits for the year unless you have specific life events, including:

IMPORTANT

Enrollment timeline may vary in certain situations. See "Special Enrollment Rights" on page 10.

- Birth or adoption of a child
- You or a dependent loses coverage under another group plan
- Change in marital status
- Relocation out of the service area
- You or a dependent become eligible for other group coverage including loss of eligibility for Medicaid, including becoming eligible for Medicaid or a child reaches age 26
- Open Enrollment through your spouse's employer

2020 CHANGES

- Medical: No changes.
- Dental: No changes.
- Life/AD&D: No changes.
- LTD: No changes.
- Employee Assistance Program: No changes.
- Voluntary Vision: No changes.
- Voluntary Life: No changes.
- Voluntary Legal: No changes.
- Voluntary Pet: No changes.
- Voluntary Air Ambulance Transportation: Life Flight Membership

ALL BENEFITS

Catholic Charities is using an online enrollment system called PlanSource. Therefore, all benefit eligible employees will need to complete enrollment online no later than June 14 for any benefits. Please contact Human Resources if you have any questions.

FLEXIBLE SPENDING ACCOUNT (FSA/SECTION 125)

You must complete a new Flexible Spending Account (FSA) enrollment form each year prior to the start of your FSA plan year - even if you were previously enrolled. Your FSA plan year is January 1 through December 31. Open enrollment for your FSA plan is in December each year. Determine how much money you should put into your FSA to save on taxes when paying for medical and dependent care expenses, then complete a new enrollment form.

QUESTIONS

Do you have questions about understanding what benefits are offered or how to enroll?
For medical benefit plan questions:
Contact Health Benefit Services at
800.807.0400

For all other benefit questions,
Contact a Benefit Advocate
(a service provided by Gallagher).
You can reach a Benefit Advocate at: **833.800.6478**
6:00 a.m. - 6:00 p.m. PT
Monday - Friday

ELIGIBILITY

All regular full-time employees scheduled to work 25 or more hours each week are eligible for benefits. Coverage will begin on the first of the month following 60 days from employment. You may enroll your eligible dependents (no spouses) for medical, dental, vision, and life insurance. They are also eligible to receive Employee Assistance Program (EAP) services. Your eligible dependents include:

- Your children up to age 26
- Any overage dependent child who is incapable of self-support because of a physical or mental disability and meets carrier requirements for coverage.

MAKING CHANGES TO YOUR BENEFITS

You may make changes to your benefits once a year during Open Enrollment. All benefits you select will be effective for a full plan year, unless you have a "qualified change in status" or are no longer eligible under the plan (e.g. leave employment). Because many of your benefits are available on a pre-tax basis, the IRS requires you to have a qualified change in status in order to make changes to your benefit elections during the year.

If you have a qualified change in status, you can make changes to your benefits by contacting Human Resources within 31 days of the change. The change to your benefits must be consistent with the qualified change in status. For example, if you have a new baby, you can enroll the child as a dependent under your current health plan, but you may not remove another dependent who is already covered. To determine if your situation allows you to make changes to your benefits, please contact Human Resources or a Gallagher Benefit Advocate.

QUALIFIED CHANGE IN STATUS EXAMPLES

- Birth or adoption of a child
- Loss of your or a dependent's coverage under another plan
- Change in marital status

BENEFIT COSTS

Catholic Charities is covering most of your benefit costs. Your basic life insurance coverage, basic long term disability benefits, and Employee Assistance Plan (EAP) are fully paid by Catholic Charities. In addition, Catholic Charities covers the greater portion of your and your dependent's medical and dental premiums. Additional voluntary benefits are available for your purchase. This table shows how much of the premiums are paid by Catholic Charities and what part is your responsibility.

	Monthly Cost	Medical Plan	Dental Plan
Employee only	Total Monthly Cost	$760.33	$36.31
	Catholic Charities Pays	$760.33	$36.31
	Your Monthly Cost	**$0**	**$0**
Employee plus Child(ren)	Total Monthly Cost	$1,223.28	$95.08
	Catholic Charities Pays	$760.33	$36.31
	Your Monthly Cost	**$462.95**	**$58.77**

Life/AD&D	Employer paid	
LTD	Employer paid	
EAP	Employer paid	
Voluntary Vision	Employee Employee and Child(ren)	$7.67 $18.00
Voluntary Life/AD&D	See rate table in attachments to this guide.	
Voluntary Legal	Employee and family	$21.00/month
Voluntary Pet	Rates are available online at www.aspcapetinsurance.com/CCofSpokane	
Voluntary Air Ambulance Transportation	Employee and family	$69.00/year

MEDICAL BENEFITS

Comprehensive and preventive healthcare coverage is important in protecting you and your dependents from the financial risks of unexpected illness and injury. Catholic Charities offers you a PPO medical plan through Christian Brothers Employee Benefit Trust, supported by a very large network of medical care providers. The plan provides excellent coverage of preventive services, such as routine physical exams and immunizations, that are very important to your and your dependent's health. Prescription drug benefits are also included with the medical plan.

PLAN YEAR DEDUCTIBLE VERSUS CALENDAR YEAR DEDUCTIBLE

Deductibles can be based upon plan year or calendar year. Your medical plan with Catholic Charities has a plan year deductible, meaning the deductible resets July 1st, instead of January 1st. This also means your out-of-pocket maximum resets July 1st.

YOUR CHOICE PPO PLAN

This PPO plan offers a wide choice of providers. You can choose to use a provider in the Blue Cross Blue Shield network or any other provider for your healthcare services. If you choose a network provider, your cost will be less. You do not need a referral for specialist care. You can find PPO providers online at www.myCBS.org/ppo-hcsc or by phone. See contact information in the back of this guide.

COVERAGE ANYWHERE

You also have access to in-network care all over the United States and internationally through the BlueCard™ and BlueCard Worldwide™ programs. When you're traveling, just present your Premera ID card at your visit.

For emergency care outside of Washington or Alaska, go to the nearest hospital and contact BlueCard® if admitted. For assistance finding a PPO provider or questions, contact BlueCard® (the numbers are also on the back of your medical ID card):

- **Inside the U.S.** call 800.810.BLUE (2583)
- **Outside the U.S.** (call collect): 804.673.1177

COPAY & COINSURANCE

A copay is a flat dollar amount you pay for a medical service. Coinsurance is when you pay a percentage of the cost.

PLAN YEAR DEDUCTIBLE

This is the amount you pay before your plan begins covering expenses not subject to a copay. The family deductible applies if you have family members enrolled in your plan along with you. However, once the total family deductible is met, no one else in the family has to pay the balance of their deductible.

OUT-OF-POCKET (OOP) MAXIMUM

The OOP maximum is the most you pay in a plan year for in-network covered medical services. Once the OOP maximum is met, the plan will pay 100% of the allowed amount for the remainder of the plan year for in-network covered services. On a family plan, each person has their own OOP maximum. However, once the total family OOP is met, no one else in the family has to pay the balance of their OOP maximum.

OUT-OF-NETWORK

When you use out-of-network providers, your plan will pay for services based upon their allowed amount. You will be responsible for the remaining costs. When you use out-of-network services, your plan will only pay a percentage of the allowable amount. You may be responsible for the balance.

MEDICAL BENEFITS – PLAN HIGHLIGHTS

PPY = Per Plan Year (July 1- June 30)	Christian Brothers MP 6409 – Rx 0967	
	In-Network	**Out-of-Network**
Annual Deductible (individual/Family)	$500/ $1,000	$1,000/ $2,000
What You Pay	20%	40%
Annual Out-of-Pocket Maximum (Individual/Family)	$2,500/ $5,000	$5,000/ $10,000
Preventive Care	No charge	40% after deductible
Office Visit	$25 per visit	40% after deductible
Specialist Visit	$25 per visit	40% after deductible
Mental Health (Outpatient)	$25 per visit	40% after deductible
Diagnostic Lab & X-Ray	Lab – No charge X-Ray – 20% after deductible	40% after deductible
Surgery	20% after deductible	40% after deductible
Rehabilitation	$25 per visit	40% after deductible
	45 visits combined per year	
Chiropractic Care	$25 per visit	40% after deductible
	24 visits per year	
Acupuncture	$25 per visit	40% after deductible
	24 visits per year	
Urgent Care	Primary Care - $25 per visit Free Standing Clinic - 20% after deductible	40% after deductible 40% after deductible
Emergency Room (copay waived if admitted)	$200 copay + 20% after deductible	
Inpatient Hospitalization	20% after deductible	40% after deductible
Vision – (one eye exam every 12 months)	$25 copay	40% after deductible

Limitations: This benefit outline is for illustrative purposes only. Actual claims paid are subject to maximum allowable charge, frequencies, age limitations, terms and conditions of the contract.

IMPORTANT! Christian Brothers Trust requires prior authorization to receive coverage for certain planned services. If prior authorization is not obtained for a required service, you will be subject to additional cost shares not outlined here. A complete list of services requiring prior authorization is available at www.myCBS.org/health.

PRESCRIPTION DRUG BENEFITS

Your medical insurance includes comprehensive prescription drug coverage. The level of coverage depends on whether the drug is generic or brand name, and whether it is on your plan formulary, or preferred drug list. Your out-of-pocket cost is lowest when you buy generic drugs, and highest when you buy brand name drugs that are not on the formulary. To find out if your medication is on the formulary, go to www.myCBS.org/health, register for access, log on, and click on My Prescription Drugs or call Express Scripts at 800-718-6601. More information about the Smart 90, Generics Member Pays The Difference, Formulary, Retail Refill Allowance and SaveonSP programs is available at www.myCBS.org/Rx. Retail maintenance prescriptions are limited to an initial fill and two refills. If you continue to use retail, outside of the Smart 90 program, you will pay the mail order copayment for a 30-day supply. You may fill a 90-day supply at Walgreens owned retail pharmacies through the Smart 90 program.

	Christian Brothers Rx 0967 Plan
Retail Pharmacy - up to 30-day supply Generic Preferred Brand Non-Preferred Brand Specialty	*At Participating Pharmacies Only* *(deductible waived)* $15 $30 $60 Generic - 10% up to a maximum of $150 Preferred - 20% up to a maximum of $150 Non-Preferred – 20% up to a maximum of $250
Mail Order or Smart 90 - up to 90-day supply Generic Preferred Brand Non-Preferred Brand Specialty	*At Participating Pharmacies Only* *(deductible waived)* $20 $40 $80 Generic - 10% up to a maximum of $150 Preferred - 20% up to a maximum of $150 Non-Preferred – 20% up to a maximum of $250

Certain specialty pharmacy drugs are considered non-essential health benefits and copayments may be set to the maximum of above or any available manufacturer-funded copay assistance. For a complete list of non-essential specialty medications, see myCBS.org/health/SaveonSP.

IMPORTANT

If you are prescribed a brand name drug when a generic equivalent is available, you will be charged the brand name copay, plus the difference in cost between the brand name and generic drug.

IMPORTANT INFORMATION REGARDING YOUR MEDICAL BENEFITS

NON-NETWORK COSTS

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. Contact your claims payer or insurer for more information. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language.

ORGAN TRANSPLANT

See Section 4, Comprehensive Medical Coverage, Paragraph G, Organ and Tissue Transplants of the attached Christian Brothers Employee Benefit Trust Medical and Prescription Drug Summary Plan Document for benefits.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide medical and surgical coverage for mastectomies also provide coverage for reconstructive surgery following such mastectomies in a manner determined in consultation with the attending physician and the patient.

Coverage must include:

- All stages of reconstruction of the breast on which the mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedema.

Benefits for the above coverage are payable on the same basis as any other physical condition covered under the plan, including any applicable deductible and/or copays and co-insurance amounts.

Please click here for more information. If you have any questions regarding the Women's Health and Cancer Rights Act (WHCRA) of 1998, please contact our customer service team.

OUT-OF-AREA BENEFITS

If you are traveling or living outside of Washington and need medical care, you may use a Blue Cross or BlueShield PPO provider to receive the same benefits as the preferred level of your plan. When you are outside of the service area and need medical care, call the BlueCard Access Line at 800.810.BLUE (2583) for information on the nearest PPO doctors and hospitals. The doctor or hospital will verify your membership and coverage information after you present your identification/membership card. The doctor or hospital will electronically route your claim to your Blue Cross plan for processing. Because all PPO providers are paid by the plan directly, you are not required to pay for the care at time of service and then wait for reimbursement. You will only need to pay for out-of-pocket expenses, such as non-covered services, deductible, copays and co-insurance.

IMPORTANT INFORMATION REGARDING YOUR MEDICAL BENEFITS *(CONTINUED)*

SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

You may also be able to enroll yourself or your dependents in the future if you or your dependents lose health coverage under Medicaid or your state Children's Health Insurance Program, or become eligible for state premium assistance for purchasing coverage under a group health plan, provided that you request enrollment within 60 days after that coverage ends or after you become eligible for premium assistance.

In addition, 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 dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact your Human Resources Department.

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

HIPAA requires Catholic Charities to notify its employees that a privacy notice is available from the Human Resources Department. To request a copy of Catholic Charities Privacy Notice or for additional information, please contact Human Resources.

HEALTHCARE REFORM & YOUR BENEFITS

Catholic Charities offers a medical plan option that provides valuable comprehensive coverage that meets the requirements of the healthcare reform law and is intended to be affordable as defined by the law. Also note, it's unlikely that you are eligible for financial help from the government to help you pay for insurance purchased through a Marketplace because you have access to an employer plan that complies with the affordability standard.

PATIENT PROTECTION DISCLOSURE NOTICE

You do not need prior authorization from Christian Brothers Employee Benefit Trust or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare 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. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, go online to www.myCBS.org/ppo-hcsc or see "Your Benefits Contacts" in the back of this Guide.

PREVENTIVE CARE

Certain preventive care services must be provided by non-grandfathered group health plans without member cost-sharing (such as deductibles or copays) when these services are provided by a network provider. Please refer to your insurance company for more information. Contact information is listed under "Your Benefits Contacts" in the back of this Guide.

DENTAL BENEFITS

Going to the dentist isn't on anyone's list of favorite things to do, but Catholic Charities' dental benefits make it as painless as possible with comprehensive coverage through MetLife. You can access services from any licensed dentist you wish. However, your costs will typically be lower if you choose a MetLife PPO dentist. You can find MetLife PPO providers online at https://www.MetLife.com. PDP Plus is your dental network.

BEFORE TREATMENT BEGINS

You should have your dentist's office contact MetLife if you expect the charges to be more than $300. Your dentist's office will coordinate with MetLife to determine how much of the cost will be covered under the plan, and how much will be your responsibility.

PLAN YEAR DEDUCTIBLE VERSUS CALENDAR YEAR DEDUCTIBLE

Deductibles can be based upon plan year or calendar year. Your dental plan with Catholic Charities has a calendar year deductible, meaning the deductible and annual maximum reset January 1st.

MetLife

USUAL, CUSTOMARY & REASONABLE

Benefits are paid at the negotiated fee level for in-network providers. Benefits for services from out-of-network providers will be paid at the 99th percentile of the amount charged by the majority of dentists in the area.

	In-Network (PDP Plus Network)	Out-of-Network
Annual Deductible (waived for Preventive & Diagnostic)	$25 per person $75 per family	
Annual Benefit Maximum	$1,500 per person	
Services		
Preventive & Diagnostic	No charge	No charge
Basic	20% after deductible	20% after deductible
Major	50% after deductible	50% after deductible
Periodontics	Covered under basic	
Endodontics	Covered under basic	
Implants	Covered under major	
Orthodontia (up to age 19)		
Services	N/A	N/A
Lifetime Benefit Maximum	N/A	

Limitations: This benefit outline is for illustrative purposes only. Actual claims paid are subject to maximum allowable charge, frequencies, age limitations, terms and conditions of the contract.

VOLUNTARY VISION BENEFITS

To help you take care of your eyesight, Catholic Charities offers vision care coverage through MetLife. You can access vision care services from any provider you wish. However, your costs will typically be lower if you choose a MetLife network provider. You will not receive a MetLife identification card – simply let your provider know you are a MetLife member when you make your appointment. You can find MetLife providers online at https://www.MetLife.com. MetLife Vision PPO is your network.

	In-Network (Vision PPO Network)	Out-of-Network Reimbursed
Routine Exam	$25 per visit	$45 allowance
Materials Copay	$25 copay	N/A
Lenses		
Single Vision	Materials copay	$30 allowance
Lined Bifocals	Materials copay	$50 allowance
Lined Trifocals	Material copay	$65 allowance
Lenticular	Materials copay	$100 allowance
Frames	$130 allowance, then 20% discount	$70 allowance
Costco	$70 allowance	
Contact Lenses (in lieu of eyeglasses)		
Fitting and Evaluation	Covered in full with a max copay of $60	Applied to contact lens allowance
Elective Contacts	$130 allowance	$105 allowance
Necessary	Covered in full after eyewear copay	$210 allowance
Frequency (Exam/Lenses/Frames)	12/12/24 months	

You will receive an additional 20% off any amount you pay over your allowance. This offer is available from all participating locations except Costco.

If you purchase oversize lenses or have anything "special" done to your lenses (i.e., tinting, scratch guard, etc.), you may be responsible for this cost.

IMPORTANT

Get 20% off the cost for additional pairs of prescription sunglasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Discuss your lens options with your provider to determine whether or not you want to continue with their recommendations for lens options based on your out-of-pocket cost.

LIFE & DISABILITY BENEFITS

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

To help you protect your family, Catholic Charities offers basic life and accident insurance that is fully paid for by Catholic Charities.

	Life/AD&D
Benefit Amount	
• Life Insurance	2x pay up to $250,000
• Accidental Death & Dismemberment	100% of basic life amount
Benefits Begin to Reduce at Age:	65

LONG-TERM DISABILITY (LTD) COVERAGE

When you cannot work for an extended period of time, an LTD plan can help cover a portion of your pre-disability earnings. For an approved, non-work related illness or injury, LTD benefits begin 90 days after becoming disabled.

	Long-Term Disability
Monthly Benefit Amount	60% of predisability earnings
Maximum Monthly Benefit	$5,000
Elimination Period	90 days
Benefit Duration	*RBD w/SSNRA
Definition of Disability	Own occupation for 24 months

MetLife

WHEN YOU FIRST ENROLL

When you first enroll in life insurance benefits, you will need to designate a beneficiary who would receive the benefits in the event of your death. You may change or update your beneficiary at any time.

TAXES

Employers who pay for employees' group life insurance must tax employees on the cost of insurance for amounts exceeding $50,000.

IMPORTANT

Restrictions and limitations apply to these benefits. Please review the insurance booklet or certificate for complete

* RBD w/SSNRA stands for reduced benefit duration with social security normal retirement age. Benefit duration is based upon your age on the date of your disability. If disabled at less than 60 years of age, benefit duration is to age 65. If 60 or older, benefit duration is based upon a table which takes social security normal retirement age into consideration.

VOLUNTARY LIFE/AD&D BENEFITS

In order to purchase life/AD&D coverage for dependent children, an employee must purchase voluntary life/AD&D on them self. Some additional benefits are available for those purchasing voluntary life/AD&D insurance. They are will preparation, travel assistance, and identity theft. Please see the attachments to this handbook for benefit details.

Voluntary Life – Benefit Outline	
Benefit Options Employee Children Live Birth to 6 Months 6 Months to Age 19, or Age 26 if a Full Time Student	 $10,000 Increments $1,000 $2,000 Increments
Benefit Maximums Employee Children 15 days to 6 months old 6 Months to Age 19, or Age 26 if a Full Time Student	 Lesser of 5x annual salary or $500,000 $1,000 Options of $1,000, $2,000, $4,000, $5,000, or $10,000
Guaranteed Issue Employee Children	 $100,000 $10,000
Benefits Begin to Reduce at Age:	N/A
Waiver of Premium	Included
Portability	Included

Voluntary Life/AD&D – Monthly Cost Outline			
Employee Age (as of July 1 each year)	**Employee Life Rates** (Per $1,000)	**Employee AD&D Rate** (Per $1,000, must match life amount)	
< 30	$0.081	$0.018	
30-34	$0.096		
35-39	$0.130		
40-44	$0.187		
45-49	$0.283		
50-54	$0.455		
55-59	$0.70		
60-64	$1.024		
65-69	$1.648		
70+	$2.648		
Child(ren) Rate (Per $1,000)	$0.24	$0.043	

VOLUNTARY LEGAL

MetLaw®

Smart. Simple. Affordable.®

MetLaw covers you, your spouse and dependents.

E-Services -- Attorney locator, law firm e-panel, law guide, free downloadable legal documents, financial planning, insurance and work/life resources

Telephone and office consultations
- For an unlimited number of personal legal matters with an attorney of your choice

Estate Planning Documents
- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Document Review
- Any Personal Legal Documents

Family Law
- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legitimization
- Guardianship or Conservatorship
- Name Change

Elder Law Matters
- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect participant

Real Estate Matters
- Sale, Purchase or Refinancing of Your Primary, Second or Vacation Home
- Eviction and Tenant Problems (Primary Residence)
- Home Equity Loans for Your Primary, Second or Vacation Home
- Zoning Applications
- Boundary or Title Disputes
- Property Tax Assessment
- Security Deposit Assistance (For Tenant)

Document Preparation
- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

Traffic Offenses*
- Defense of Traffic Tickets (excludes DUI)
- Driving Privilege Restoration (Includes License Suspension due to DUI)

Personal Property Protection
- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

Juvenile Matters
- Juvenile Court Defense, including Criminal Matters
- Parental Responsibility Matters

Financial Matters
- Negotiations with Creditors
- Debt Collection Defense
- Personal Bankruptcy
- Tax Audit Representation (Municipal, State or Federal)
- Foreclosure Defense
- Tax Collection Defense

Identity Theft Matters
- Identity Theft Defense

Defense of Civil Lawsuits
- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense
- School Hearings
- Pet Liabilities

Immigration Assistance
- Advice and Consultation
- Review of Immigration Documents
- Preparation of Affidavits and Powers of Attorney

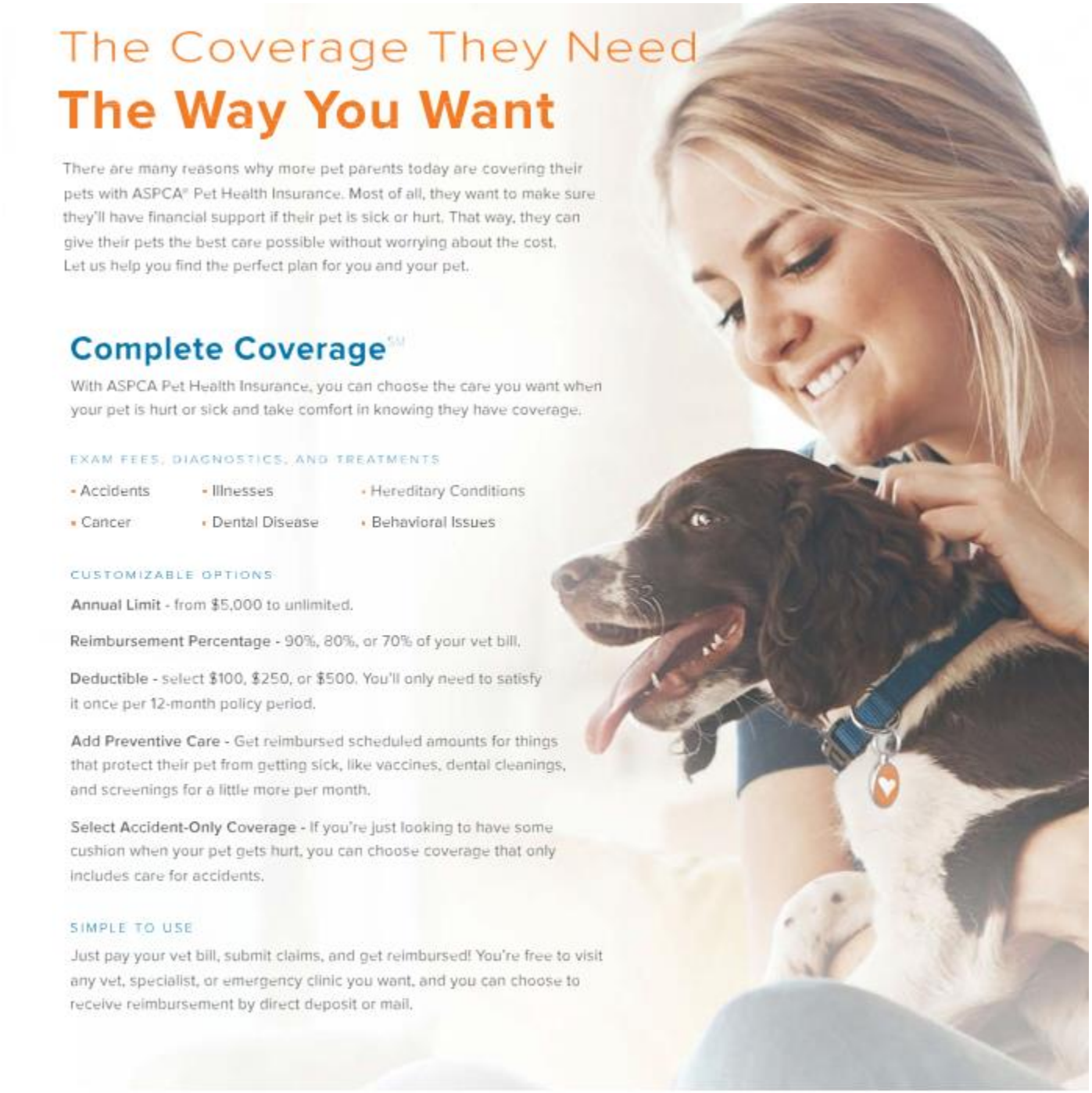
Consumer Protection
- Disputes over Consumer Goods and Services
- Small Claims Assistance

Smart. Simple. Affordable.®
Hyatt Legal Plans
A MetLife Company

For More Information:

Visit our website info.legalplans.com and enter access code: **GetLaw** or call our Client Service Center at 1-800-821-6400 Monday - Friday from 8am - 8pm (Eastern Time).

VOLUNTARY PET



VOLUNTARY AIR AMBULANCE TRANSPORTATION

A Life Flight Network Membership relieves you from liability for out-of-pocket costs of emergent, medically necessary transports completed and billed by Life Flight Network. Your membership is not an insurance policy but secondary to insurance carriers and health care cost sharing programs. All available insurances will be billed first including health, auto, workers compensation and third-party insurance. Life Flight Network will accept payment from insurance carriers and other third party payers as payment in full.

Membership benefits are available for those eligible household members listed on the member record at the time of transport if the transport is an emergent, medically necessary transport to the closest, most appropriate facility, performed by Life Flight Network, its contracted agents, or reciprocal partners, subject to the reciprocal program's rules.

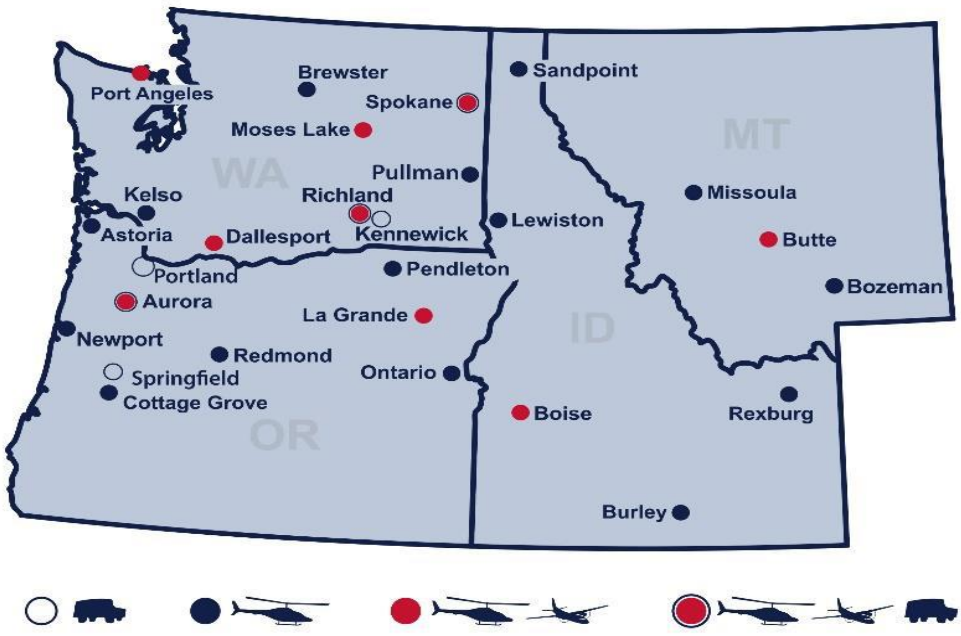
Membership benefits are extended to the primary member, his/her spouse or domestic partner and dependents claimed on their income tax return. Dependents must be added to the member record within 30 days of birth or adoption. Elderly (age 65+) and disabled family members living in the same household are also covered. Life Flight Network may require documentation or other verification of membership eligibility.

Emergency medical transports are based on medical need, not membership status. Medical need can only be determined by a physician, EMS provider, hospital or another qualified third-party recognized by Medicare, and is in all cases subject to the final determination of the health insurance carrier, if any. Non-emergent transports are not eligible for Life Flight Network membership benefits.

Availability of service cannot be guaranteed due to weather conditions, maintenance, commitment to another transport, out-of-service equipment and other reasons. New and lapsed membership benefits take effect 72 hours after receipt of a completed enrollment with payment.

Membership fees are non-refundable, non-transferable and are not tax-deductible. Life Flight Network may cease selling and servicing memberships should any governmental body, now or in the future, determine memberships can no longer be offered within their jurisdiction. No refunds will be made for any memberships already purchased.

LIFE FLIGHT NETWORK LOCATIONS



FLEXIBLE SPENDING ACCOUNTS (FSA)

Looking for a way to save money on healthcare and/or dependent day care? Flexible Spending Accounts (FSAs) save you money by reducing the taxes you pay. Your FSA contributions are deducted from each paycheck before federal, FICA and, in most cases, state taxes are calculated. So in effect, you do not pay taxes on your eligible FSA expenses.

HOW DOES AN FSA WORK?

FSA contributions are taken from your paycheck on a pre-tax basis according to your annual elections. Once you have elected your annual deductions, you cannot change your elections under most circumstances.

When you have an eligible healthcare or dependent day care expense, you can pay for it with tax-free money. The accounts are not connected: you pay for healthcare expenses and dependent day care expenses with separate accounts.

MAXIMUM CONTRIBUTIONS

Healthcare FSA: $2,750

Dependent Care FSA: $5,000 for single employees or married employee filing jointly. $2,500 for married employees filing separately.

You may use money in your FSA to pay for eligible expenses incurred by you, your spouse and your dependents. You and/or your dependents do not have to be enrolled in the medical plan to participate in the healthcare FSA.

If you have an HSA, your healthcare FSA can only be used for eligible dental and vision expenses. Once you've met your deductible, you can use your healthcare FSA for eligible medical expenses.

REIMBURSEMENTS

You can use your FSA debit card to pay for healthcare expenses at the point of purchase at pharmacies and many other authorized retailers and providers. The debit card lets you pay for eligible expenses directly from your healthcare FSA so you do not have to wait for reimbursement.

Keep your receipts! In the event Rehn & Associates requires documentation for a purchase made with the benefits debit card, it is your responsibility to provide the detailed copy of your store receipt (not just a credit slip stating dollar amount).

CARRY OVER

You may carry over up to $500 in unused healthcare FSA money from one year to the next. Unused amounts in your Dependent Care FSA cannot be carried over and will be forfeited.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Catholic Charities provides an Employee Assistance Program (EAP) through BPA Health. The EAP offers free and confidential counseling and assistance in resolving situations that may impact your personal or professional life. All Catholic Charities employees are automatically covered by the EAP.

The EAP provides free short-term counseling and referrals to help you deal with a variety of issues that can affect you at work or at home, such as:

- Managing stress and anxiety
- Depression
- Parenting
- Alcohol or drug problems
- Coping with grief and loss
- Legal assistance
- Debt management and budgeting
- Elder care options

EAP counselors are available to assist you 24 hours a day, seven days a week by calling 800.726.0003. All call are confidential. When you or a family member contacts the EAP, your call will be answered by a trained professional who will discuss your personal concerns with you and make sure you have access to appropriate resources.

FIND TIPS ON STRESS MANAGEMENT, WELLNESS AND MORE ONLINE

BPA Health offers a wealth of educational resources on their website. Please see the access information under “Your Benefits Contacts” in the back of this Guide.

IF YOU VISIT A COUNSELOR

Up to 3 sessions per situation are provided at no charge to you. If more sessions are needed, the EAP professionals can work with your health plan to determine further coverage.

If you prefer, go online to:
www.BPAHealth.com
Login: Catholic Charities Eastern WA
Password: 8007260003

FREE AND CONFIDENTIAL

All EAP counseling and assistance is free and confidential.

Call 800.726.0003 for assistance.

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're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't 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, contact the Department of Labor at **www.askebsa.dol.gov** or call **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 January 31, 2020. Contact your State for more information on eligibility -

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1.855.692.5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1.866.251.4861
Email: CustomerService@MyAKHIPP.com Medicaid Eligibility:
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1.855.MyARHIPP (855.692.7447)

California – Medicaid
Website:
https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_co nt.aspx
Phone: 1-800-541-5555

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1.800.221.3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1.800.359.1991/State Relay 711

FLORIDA – Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1.877.357.3268

GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1.877.438.4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1.800.403.0864

IOWA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-6185488 (LaHIPP)

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1.800.442.6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1.800.862.4840

MINNESOTA – Medicaid
Websitehttps://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/medical-assistance.jsp
Phone: 1.800.657.3739

MISSOURI – Medicaid
Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573.751.2005

CHIP *(CONTINUED)*

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1.800.694.3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: https://dhcfp.nv.gov
Medicaid Phone: 1.800.992.0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603.271.5218
Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609.631.2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1.800.701.0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1.800.541.2831

NORTH CAROLINA – Medicaid
Website: https://dma.ncdhhs.gov/
Phone: 919.855.4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1.844.854.4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1.888.365.3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1.800.699.9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical
/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 855.697.4347 , or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1.888.549.0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1.888.828.0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1.800.440.0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1.877.543.7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1.800.250.8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/hipp/
Medicaid Phone: 1.800.432.5924
CHIP Phone: 1.855.242.8282

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1.800.562.3022

WEST VIRGINIA – Medicaid
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WISCONSIN – Medicaid and CHIP
Website: https://health.wyo.gov/healthcarefin/medicaid/
Phone: 1.800.362.3002

WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307.777.7531

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
877.267.2323
(Menu Option 4, Ext. 61565)

CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE

IMPORTANT NOTICE FROM CATHOLIC CHARITIES 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 Catholic Charities 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:

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).

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. Your company has determined that the prescription drug coverage offered by the Christian Brothers Employee Benefit Trust 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 through 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 current coverage may be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents may still be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current company coverage, be aware that you and your dependents may be able to get this coverage back by enrolling back into the company benefit plan during the Open Enrollment period under the company benefit plan.

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 company 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.

CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE *(CONTINUED)*

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE…

Contact the person listed below for further information. **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 company changes. You also may request a copy of this notice at any time.

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 800.MEDICARE (800.633.4227). TTY users should call 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 800.772.1213 (TTY 800.325.0778).

Date:	July 1, 2020
Name of Entity/Sender:	Catholic Charities Eastern Washington
Contact--Position/Office:	Leslie Varela, HR Director
Address:	12 E 5th Avenue, PO Box 2253, Spokane, WA 99210
Phone Number:	509-358-4267

YOUR BENEFITS CONTACTS

CATHOLIC CHARITIES BENEFITS WEBSITE

Access benefits information 24/7! The site contains forms, benefit summaries, helpful tools, provider directories, wellness resources, and more.

https://www.cceasternwa.org/

CHRISTIAN BROTHERS SERVICES

- **Help with understanding your medical benefits**
- Guidance on medical claims issues
- Help with medical appeals process
- Assistance resolving medical billing errors

www.cbservices.org
Select My Health and register

For medical or pharmacy benefit questions, contact Christian Brothers Services at 800.807.0400

GALLAGHER BENEFIT ADVOCATES

Benefit Advocates (a service provided by Gallagher), are available to provide confidential, free help with your insurance needs.

- **Help with understanding all other benefits**, what is or isn't covered
- Guidance on claims issues
- Help with the appeals process
- Assistance resolving billing errors

For all other benefit questions, you can reach a Benefit Advocate
Toll free: 833.800.6478
6:00 a.m. - 6:00 p.m. PT
Monday - Friday

CATHOLIC CHARITIES

Human Resources - Day to day employee contact and questions

- Melinda Dakan

melinda.dakan@cceasternwa.org
509.455.3041

- Bev Sexton

bev.sexton@cceasternwa.org
509.455.3038

Benefit	Administrator	Group Number	Contact Information		Website
Medical	Christian Brothers Services	44012	Customer Service	800.807.0400	www.cbservices.org
Dental	MetLife Dental (PDP Plus Network)	5959273	Customer Service	800.275.4638	https://www.MetLife.com
Vol Vision	MetLife (MetLife PPO Vision Network)	5959273	Customer Service	800.275.4638	https://www.MetLife.com

Life/AD&D, LTD	MetLife	5959273	Customer Service	800.275.4638	https://www.MetLife.com
Supplemental Life/AD&D	MetLife	5959273	Customer Service	800.275.4638	https://www.MetLife.com
EAP **Website logon**	BPA Health		Customer Service	800.726-0003	www.BPAHealth.com Login: Catholic Charities Eastern WA Password: 8007260003
FSA	Rehn & Associates		Customer Service	509-534-0600	www.rehnonline.com
Vol Legal	MetLife - MetLaw	5959273	Customer Service	800.821.6400	https://info.legalplans.com Access code: GetLaw
Vol Pet	United States Fire Insurance Company		Customer Service	877.343.5314	www.aspcapetinsurance.com/CCofSpokane Priority code: EB19CCofSpokane
Vol Air Ambulance Transportation	Life Flight Network		Customer Service	800.982.3841	www.lifeflight.org

KEY TERMS

BRAND NAME PRESCRIPTION DRUG

A prescription drug that is sold under a trademarked name. An equivalent generic drug may or may not be available at lower cost, depending on whether the patent on the brand name drug has expired.

COPAY

A flat dollar amount you pay for a medical service.

COINSURANCE

The percentage of the charges you are responsible for paying. For example, the plan pays 80% and you pay 20%.

DEDUCTIBLE

This is the amount you pay before your plan begins covering expenses not subject to a copay.

EXPLANATION OF BENEFITS

The statement you receive from your insurance company detailing how much the provider billed, how much (if any) the plan paid, and the amount that you owe the provider (if any).

GENERIC PRESCRIPTION DRUG

A prescription drug made and distributed after the brand name drug patent has expired, and available at a lower cost than brand name prescriptions.

OUT-OF-POCKET (OOP) MAXIMUM

The most you pay in a plan year for covered medical services. Once the OOP maximum is met, the plan will pay 100% of the allowed amount for the remainder of the plan year for covered services.

IN-NETWORK

Services from a provider or facility that is contracted with the insurance company. In-network providers agree to accept set fees for covered medical services and not bill you for any amounts over those fees. In-network providers also agree to bill the insurance company directly, so you will not have to pay up front and submit your own claims to the insurance company.

OUT-OF-NETWORK

Services from a provider or facility that is not contracted with the insurance company. If you receive services out-of-network, then you will typically have a higher coinsurance and you will be responsible for the difference between the provider's billed charge and the allowable charge.

PREVENTIVE CARE

Measures taken to prevent diseases. This includes routine cancer screenings, exams and certain drugs and immunizations. Most preventive care is covered-in-full by the plan, with no cost to you.

NOTES

This benefit summary prepared by:

Please note:
This overview has been prepared to briefly highlight key features of your plan and is not to replace your insurance contract or booklet. We have compiled information into summary form to answer questions we most commonly receive. Please refer to the insurance carriers' contracts and booklets for more detailed information and plan limitations. Actual claims paid are subject to the terms and conditions of the individual carriers' contracts.