

Dental, Life and Disability 2022 Open Enrollment



Annual Open Enrollment Period November 2022

Dental, Short & Long-Term Disability*, Group Life Insurance

Annual Open Enrollment is the time to review your benefit choices and decide if you want to change your coverage for the coming year. It is also a good time to revisit the valuable benefits provided to you by your congregation/agency through the Episcopal Diocese of Michigan. This guide addresses the available dental, group term life/accidental death, and disability benefits available for eligible clergy and lay employees in our diocese.

A New Benefit: The Episcopal Medical Trust now offers a stand alone **Employee Assistance Program.** (EAP) Anyone, working any number of hours in a congregation, can enroll in this EAP plan.—there is no restriction based on number of hours worked. With this EAP, support is offered 24 hours a day for everyday issues and life challenges. The Employee Assistance Program (EAP) is available to assist with finding work/ life balance, and offers up to 10 sessions of face to face or telehealth support for daily living issues. The premium is only \$4.00 per month and includes support for family members, as well.. Please note: This EAP is already a benefit if you are covered by a Medical Trust health care plan. There is a place on the enrollment form to sign up for the EAP.

Looking to enroll in **medical insurance** for 2022 or have questions about Open Enrollment?

Please contact Jo Ann Hardy, Canon to the Ordinary 313.833.4422 or jhardy@edomi.org

Please Note: It is not necessary to complete the enclosed enrollment/change form <u>unless</u> you are making changes to your coverage or dependents, <u>or</u> if you are enrolling in the Delta Dental, the EAP or life/disability insurance plans for the first time.

Contact Information								
Provider	Benefit	Information						
Delta Dental	Dental Group Policy #5781-0001,0002	Customer Service Finding a provider	(800) 524-0149 www.deltadentalmi.com					
Lincoln National Life	Group Term Life/AD&D Dependent Term Life Lay Short-Term Disability Lay Long-Term Disability	Customer Service Website	(800) 423-2765 www.lincoln4benefits.com					
Jo Ann Hardy Canon to the Ordinary	Benefit & HR Questions	Phone E-mail	(313) 833-4422 jhardy@edomi.org					

Dental Coverage

Delta Dental of Michigan is the carrier for our dental insurance. Delta Dental offers one of the largest panels of participating dentists in the industry.

Clergy and lay employees are eligible for dental coverage as of the date of hire.

You have the freedom to receive services from any dentist; however, your out of pocket cost is lower when you receive dental services from in-network participating providers. Dentists that participate with Delta Dental have agreed to accept Delta's approved amount as payment in full less your co-insurance for the services received. Non-participating providers can charge you for the difference between Delta Dental's approved amount and their charged amount. This is known as "balance-billing". The level of dentist participation is broken down into three categories:

- DELTA DPO Providers—You will receive the most cost effective coverage when receiving services
 from a DPO provider. Delta DPO providers have agreed to accept the DPO payment schedule less
 your co-insurance, based on services received as payment in full. This is the most aggressive payment schedule. This means your share of costs will more than likely be less than if visiting a non-DPO
 dentist.
- DELTA PREMIER Providers—Your out-of-pocket amount will be slightly higher when receiving services from a Delta Premier provider. Delta Premier dentists have also signed contracts with Delta Dental.
- 3. NON-PARTICIPATING Providers—These dentists have no contracts with Delta and can, therefore, balance-bill up to the full amount of their charges. Keep in mind, you have the freedom to use whatever level of provider you wish.

Visit the Delta Dental website for a listing of participating dentists in your area at www.deltadentalmi.com.

Delta Dental's Consumer Toolkit

Need information about your Delta Dental coverage? The online Consumer Toolkit provides you with easy access to a wealth of information 24/7. This secure service allows you to:

- Review up-to-date benefit information (such as coverage levels for specific services, how much of your yearly benefit has been used to date, and how much is still available)
- Verify your eligibility
- Check your claims and see what's been paid
- Search directories of participating dentists
- · Print ID cards and claim forms
- Dental health tips

Log on to Delta's Consumer Toolkit at https://www.toolkitsonline.com/

Dental Coverage - continued

Episcopal Diocese of Michigan Delta Preferred Option Point of Service Benefit Summary						
	DPO Member Dentist	Delta Premier or Non-Par Dentist				
Deductible	None	None				
Class I Services						
Diagnosis and preventive Oral exams and cleanings (twice in any 12 months) Fluoride treatment (under 19, twice in any 12 months)	400% 0	100% 0				
 X-rays Bitewing (once every 12 months) Full mouth (once every 5 years) 	100% Coverage of approved amount	100% Coverage of approved amount				
Class II Services						
Oral surgeryEndodonticsPeriodonticsMinor restorative	75% Coverage of approved amount	75% Coverage of approved amount				
Class III Services						
ProsthodonticsMajor restorative	50% Coverage of approved amount	50% Coverage of approved amount				
Class IV Services						
Orthodontics (to age 19)	50% Coverage of approved amount	50% Coverage of approved amount				
Annual Maximum Benefit	Annual Maximum Benefit \$1,000					
Orthodontia Lifetime Benefit Maximum \$1,000						

Monthly Cost of Dental Coverage for 2022 (Rates are the same as 2021)							
Single	Employee + Spouse/ Partner	Employee + Child	Employee + Family				
\$42.04	\$79.41	\$99.68	\$154.00				

Short-Term Disability (STD) Coverage

Please note: Eligible clergy receive STD benefits through the Church Pension Fund.

Congregations and agencies of the Episcopal Diocese of Michigan provide permanent lay employees working 1500 hours or more per year, with short-term disability coverage. STD coverage replaces a portion of your income in the event you are unable to work as the result of a non-work related illness or injury.

This benefit is equal to 70% of your base weekly earnings, to a maximum of \$1,100 per week. Benefits are payable for up to 13 weeks from the initial date of disability, provided you remain disabled according to the terms of the contract.

Benefits are payable as of the first day if you are disabled due to an injury, or the eighth day if you are disabled due to an illness.

Long-Term Disability (LTD) Coverage

Please note: Eligible clergy receive LTD benefits through the Church Pension Fund.

Diocesan congregations and agencies also provide permanent lay employees, working 1500 hours or more per year, with long-term disability coverage. The long-term disability plan provides you with income in the event of a disability that continues for more than 90 days.

The long-term disability benefit replaces 60% of your pre-disability monthly earnings, up to a maximum benefit of \$6,000 per month. The plan begins to pay benefits as of the 91st day of disability. Payment of LTD benefits is limited to 24 months for a disability caused or contributed to by a mental disorder or substance abuse. Please see your Certificate of Coverage for a more detailed review of the LTD plan, including additional plan limitations and exclusions.

NOTE: If you have not been covered by long-term disability coverage provided through the Episcopal Diocese of Michigan for 12 months, you may be subject to the pre-existing condition limitation provision of the plan. The plan will not pay a benefit for a condition that was present three months prior to your effective date of coverage until you have been insured and actively at work for 12 continuous months.

Basic Group Life/AD&D Coverage

The Basic Life and Accidental Death & Dismemberment (AD&D) plan is provided for eligible clergy and lay employees. The life insurance benefit amount is two times your basic annual salary, up to a maximum benefit of \$100,000. The death benefit is payable to your designated beneficiary at the point of your death.

The AD&D portion of the policy will pay your beneficiary an additional benefit amount equal to your Life benefit should your death be the result of an accident.

Clergy and lay eligible lay employees may also enroll in basic life insurance coverage for their dependents, including spouses and children. The benefit is equal to \$5,000 for each dependent. Children must be between the ages of 6 months and 19 years, or to age 26 if a full time student, to be eligible for this benefit.

Certain age reductions and restrictions do apply for group life.

Please contact Canon Jo Ann Hardy at jhardy@edomi.org for details.

Extra Added Benefits:

Lincoln Financial EmployeeConnect Services:

EmployeeConnect is an Employee Assistance Program (EAP) which provides confidential support, guidance and resources 24 hours a day 7 days a week.

Some of the services provided include:

- In person help with short-term issues, up to four sessions per person, per issue, per year.
- Unlimited phone access to legal, financial and work-life services.
- A 25% discount on in-person consultations with network lawyers.
- Financial consultations and referrals.
- Work/life services for assistance with child care, finding movers, kennels and pet care, vacation planning and more.

To learn more about the Lincoln Financial EmployeeConnect program, visit https://www.guidanceresources.com/ (user name = LFGsupport; password LFGsupport1). You can connect or speak with a specialist at 888-628-4824.

Lincoln Financial TravelConnect:

TravelConnect focuses on travel, medical and safety related services you may need while traveling. When traveling just 100 miles or more from home, TravelConnect services are available to you. Services are available 24 hours a day 7 days a week and include some of the following:

- Destination information—weather, currency and more
- Emergency travel arrangements and fund transfers
- Lost or stolen travel document assistance
- Language translation services
- Medical and dental referrals
- Assistance with corrective lenses or medical device replacement
- Arrangement for delivery of medications, vaccines or blood
- Updates to family, employer and/or home physician
- Repatriation of a deceased traveler
- Security and political evacuation assistance

A program description is available at www.lincoln4benefits.com

To use TravelConnect call MEDEX at 1-800-527-0218 or 410-453-6330. Your Identification number is 322541.



2022 Open Enrollment New Enrollment/Change Form

Medical, Dental, EAP, Group Life, Short & Long Term Disability

(Please complete only if you are a new enrollee, or have changes to report for Open Enrollment)

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CLERGY/LAY EMPLOYEE INFORMATION										
<u>Name</u>						SSN				
Address						Home Pho	Home Phone			
							nome i m	<u>one</u>		
☐ Check if Change					Email Address					
Marital Status			Yearly Salary	Congregation/Age	ency Name & City/Positio	<u>n</u>	Date of Birth Date			Date of Hire
☐ Single	■ Married	■ Divorced								
ENROLLME	ENT INFORM	MATION - Ple	ease list thos	se you wish to	cover under eac	h plan and indic	cate cove	erage selec	cted.	
<u>Action</u>	<u>Relation</u>		<u>Name</u>		Social Security	# Date of	of Birth	<u>Gender</u>		<u>Coverage</u>
□ Continue□ Add□ Delete	Employee									Pental Medical
□ Continue□ Add□ Delete	Spouse / Domestic Partner									Pental Medical
☐ Continue ☐ Add ☐ Delete	Dep 2									Pental Medical
COORDINATION OF BENEFITS										
Are you or your	dependents cov	vered by any othe	r group health or	dental plan?	YES 🗖 NO					
DENTAL P	LAN SELEC	TIONS (DEL	TA DENTA	L OF M ICHIG	AN)					
The Insurance	Carrier rates	are illustrated fo	or your informat	ion.						
Delta Dental					<u>Single</u> □ \$42.04	Employee & Spouse/Partner		loyee & Child]\$99.68		<u>Family</u> □\$154.00
☐ I decline Dental coverage										
2022	2 Medica	l Plan Se	lections							

Episcopal Medical Trust			
	Single	Plus One	Family
Anthem BCBS BlueCard 100	1127	2029	3156
Anthem BCBS BlueCard 90	1039	1870	2909
Anthem BCBS Blue Card 80*	943*	1697	2640
CDHP 20**	762	1370	2131
CDHP I5**	861	1550	2411

CDHP I5**	861	1550	2411		
		**Plans must			vannuity in lieu of medical insurance s to a Health Savings Account (HSA)
Plan selected		Sin	gleF	Plus One	Family

EMPLOYEE ASSISTANCE PI	ROGRAM (EAP) EI	NROLLMENT -	\$4.00 MONTHLY PREI	MIUM	
☐ All employees, regardless Trust health care plans. If you					ncluded benefit with all Medical alone EAP.
BASIC LIFE / ACCIDENTAL	DEATH & DISMEM	IRFRMENT (ΔΙ	DD) INSURANCE (I IN	COLN LIEE	
		<u> </u>			
are paid by your employer.	amount equal to 2x you	ii base allilual eall	illigs up to a maximum of \$1	loo,ooo is prov	ded at no cost to you. The premiums
You may insure your spouse of dependents. Children must be u				is an additiona	I \$2.89 total, regardless of the number
	Enroll	Decline			
Basic Life - Spouse			Name		DOB
Basic Life Child(ren)			Name		DOB
			Name		DOB
					Use additional sheet if necessary.
BASIC LIFE INSURANCE BE	NEFICIARY				
I designate the person(s) named be than one beneficiary is named, the associate. If no such beneficiary su	death benefit, unless oth	nerwise provided h	erein, will be paid in equal sh	nares to the des	nder the terms of the plan. If more signated beneficiaries who survive the
Life Insurance Primary Beneficial			'		Percentage Share (must total 100%)
Name	•	te of Birth	Relationship		
Name	Da	te of Birth	Relationship		
Life Insurance Secondary Benefic	ciary- Individual or Tru	ıst			
Name		te of Birth	Relationship		
Name	Da	te of Birth	Relationship		
SHORT TERM DISABILITY (STD) INSURANCE	(LINCOLN LI	FE)		
☑ Lay employees working 1500 howeekly earnings to a maximum of \$		re provided a STD	benefit insured by Lincoln Lit	fe. The benefit	amount is equal to 70% of your base
LONG TERM DISABILITY (L	TD) INSURANCE	(LINCOLN LIF	E)		
☑ Lay employees working 1500 ho month. Benefit begins on the 91st d				base monthly e	earnings to a maximum of \$6,000 per
Please note: All activ			-term and long-term disabi y, (jhardy@edomi.org) for	•	e Church Pension Fund.
AUTHORIZATION					
					verage my next opportunity to enroll in guide. Please sign and date below and
Signaturo:		D	ate:		