

EMPLOYEE BENEFIT GUIDE

January 1, 2024 – December 31, 2024



**Moravian Church in America
Southern Province**

A Message from the President

At Moravian Church, Southern Province, we recognize our ultimate success depends on our talented and dedicated staff. We understand the contribution each person makes to our accomplishments and our goal is to provide a comprehensive program of competitive benefits to attract and retain the best staff available. Because of this, we are excited to announce that we are moving our group Medical, Dental and Vision Insurance to Cigna Healthcare starting January 1, 2024. Cigna is helping to solve some of health care's greatest challenges with strategies informed by the members and collaboration with providers and member experience. Partnering with Cigna also opens the door to many opportunities for you to take charge of your own health, as you will see in the following pages. Our hope is that you are as excited about this change as we are.

Through our benefits programs, we strive to support the needs of our staff and their family members by providing a benefit package that is easy to understand, easy to access and affordable for all our staff. This brochure will help you choose the type of plan and level of coverage that is right for you.

Thank you for being a part of this world class team!

Sincerely,

Neil Routh

President



Table of Contents

<i>A Message from the President.....</i>	<i>2</i>
<i>Employee Benefits Open Enrollment</i>	<i>4</i>
<i>Benefit First</i>	<i>5</i>
<i>Contact Information</i>	<i>6</i>
<i>Medical Benefits.....</i>	<i>7</i>
<i>HSA.....</i>	<i>8</i>
<i>Dental Benefits.....</i>	<i>10</i>
<i>Vision Benefits.....</i>	<i>11</i>
<i>Virtual Care.....</i>	<i>12</i>
<i>What Your Benefits Will Cost.....</i>	<i>20</i>
<i>Basic Life and AD&D.....</i>	<i>21</i>
<i>Voluntary Life and AD&D.....</i>	<i>22</i>
<i>Long Term Disability (LTD).....</i>	<i>25</i>
<i>Accident Insurance</i>	<i>26</i>
<i>Critical Illness Insurance</i>	<i>27</i>
<i>Portico Benefit Services for Retirement Highlights.....</i>	<i>30</i>
<i>Legal Notices</i>	<i>32</i>

Employee Benefits Open Enrollment

Moravian Church in America offers an excellent selection of benefits for regular, full-time employees. This Employee Benefits Enrollment Guide is designed to familiarize you with the benefits that are available.

Benefits are a significant part of your total compensation package. It is important to be aware of the benefits and the value they represent to you.

What is Open Enrollment?

Open Enrollment is a once-a-year opportunity to make changes to your current benefits and to review which dependents you will be covering during the new plan year.



Eligibility

Employees that meet the following criteria and their eligible dependents may participate in the Moravian Church in America benefits program.

Employees are Eligible for Benefits first of the month following 60 days of employment. If you are eligible for benefits, your dependents may be too.

Eligible dependents are defined as:

- Your spouse
- Dependent “child” up to age 26

For questions regarding your benefits or enrollment options, please contact Human Resources at 336.531.0025.

Family Status Change Events

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify your Employer, and the change is permitted under the plan terms. Examples of these changes in status events may include:

- Your marriage
- Your divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse’s work status that affects his or her benefits.
- Change in your work status that affects your benefits.
- Change in residence or work site that affects your eligibility for coverage.
- Change in your child’s eligibility for benefits.
- Receiving Qualified Medical Child Support Order (QMCSO)

If you have a family status change, you must notify your HR Manager in a timely manner and complete the necessary forms.

You may enroll from home or work... 24-hour access. You may enroll online at www.Benefitfirst.com or by downloading the Benefitfirst app from the Apple App Store or Google Play.



Your Company ID: 829

Enroll in 5 easy steps.

1 Log on at www.benefitfirst.com or our mobile app.*

2 Enter company ID.

3 Create a user ID.

4 Enter password provided on your personal benefit summary.

5 Log in and follow instructions.

*Available on iOS and Android. Visit your device appstore.



- Enter your name as it appears on your paycheck and your date of birth in the following format: mm/dd/yyyy.
- Choose a unique, confidential password and click **SUBMIT**.
- Select **ENROLL NOW!** at the Moravian Church homepage.
- If you are a new hire, choose **ENROLL IN OR DECLINE BENEFITS AS A NEWLY ELIGIBLE EMPLOYEE**.
- If you are an existing employee going through annual enrollment or wanting to make a family status change, choose the appropriate transaction and click **CONTINUE**.
- Check your personal information for accuracy and click **NEXT**.
- Add any eligible dependents to the dependent screen and click **NEXT**.
- Starting with the medical screen, complete your selections. Choose the level of coverage, the plan desired and the dependents to be added.
- When you get to the last enrollment screen, you will be asked to review your elections and certify them by re-entering your password.
- The final step is to click the **SUBMIT** button. That's it...the entire process can take as little as 4 minutes to complete.

Need an explanation of insurance terms or help deciding between your benefit options?

Visit the Decision Support Center on your Benefitfirst homepage for a library of frequently asked questions.

Contact Information

Have Questions? Need Help?

Utilize the numbers or websites below to get answers to your most pressing questions.

Benefit	Carrier	Phone Number	Website
Medical	Cigna	1.800.997.1654	https://my.cigna.com
Dental	Cigna	1.800.997.1654	https://my.cigna.com
Vision	Cigna	1.800.997.1654	https://my.cigna.com
Basic Life and AD&D	United Healthcare	1.888.299.2070	www.myuhc.com
Supplemental Vol Life	United Healthcare	1.888.299.2070	www.myuhc.com
Long Term Disability	United Healthcare	1.888.299.2070	www.myuhc.com
Critical Illness & Accident	United Healthcare	1.888.299.2070	www.myuhc.com
Health Savings Acct	HSA Bank	1.800.357.6246	www.hsabank.com

USI Benefit Resource Center

In addition to the above, Moravian Church is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time and can be reached at 855-874-0835. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.



The graphic features a series of overlapping speech bubbles in various colors (blue, purple, pink, orange, green) containing common questions: "Why won't they pay my claim?", "Services denied?!", "How can my claim still be 'in process'? It's been two months!", "I called my insurance carrier, but now I'm just more confused.", and "Do I have mail-order prescription benefits?". To the right, there is a contact section with a headset icon, a phone number, a calendar icon, an email icon, and a website address.

855-874-0835
Monday - Friday,
8am-5pm Eastern Time

BRCSouth@usi.com
24 hours a day, 7 days a week

Medical Benefits

The Moravian Church in America is pleased to provide eligible employees and dependents with a medical plan through Cigna. For your reference we have highlighted some of the most frequently used benefits below but encourage you to review the Summary of Benefits & Coverage or Summary Plan Description for complete details on exclusion, limitations, and pre-authorization requirements.

CIGNA	In-Network Benefits	Out-of-Network Benefits
Calendar Year Deductible		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Benefit Coinsurance		
	80%	50%
Out-of-Pocket Maximum (includes copays & deductible)		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
Physician Office Visits		
Primary Care	80% after deductible	50% after deductible
Specialists Visits	80% after deductible	50% after deductible
Telehealth (MD Live)	80% after deductible	Not covered
Preventive Care		
	Covered 100%	Not covered
Laboratory & X-ray Services		
Diagnostic X-Ray & Lab	80% after deductible	50% after deductible
Complex Radiology	80% after deductible	50% after deductible
Hospital Services		
Inpatient	80% after deductible	50% after deductible
Outpatient	80% after deductible	50% after deductible
Emergency Room		
	80% after deductible	80% after deductible
Urgent Care Services		
	80% after deductible	80% after deductible
Prescription Drugs (Retail up to 30 Day Supply)		
Generic	\$10 after deductible	Not covered
Preferred Brand	\$35 after deductible	Not covered
Non-Preferred Brand	\$75 after deductible	Not covered
Specialty	\$150 after deductible	Not covered
Retail and Home Delivery Prescriptions - 90 Day Supply - 2.5 times Retail Cost		

ID cards are digital. You will have access to your ID cards through mycigna.com.
From there you can save a copy, print a copy, or request a mailed ID card.

Health Savings Account (HSA)

HSA Bank will be our new banking partner as of January 1, 2024.

Moravian Church will continue to contribute \$50 per month/\$600 annually towards your HSA.

2024 IRS HSA Maximum Contributions Limits

- Individual: \$4,150
- Family: \$8,300
- Age 55 + catch up contribution: \$1,000

For existing balances with Flores & Associates you will have the opportunity to continue using your card until the balance is depleted or you can choose to transfer your account balance over to HSA Bank.

- Starting January 1, 2024, the monthly banking fee if you keep your account with Flores & Associates will be \$5.50.
- Flores & Associates has a \$25.00 closure fee to transfer your account balance over to HSA Bank.



Health Savings Account (HSA)



Your Cigna Choice Fund® Health Savings Account (HSA) is so much more than an account to pay for health care expenses. It's tax advantages¹ and monthly earned interest. It's investment opportunities and a way to save for the future. Best of all, it's 100% yours - even if you change jobs or retire. Cigna Healthcare is here to help you make the most of it.

Funding your HSA

- › Once your plan becomes effective and your HSA is opened, you can start adding money tax-free to your account.
- › Contributions can be made through payroll deductions or through additional deposits whenever you want.
- › Your employer may also choose to contribute to your account.

Using your HSA

- › You can use the money in your HSA tax-free for qualified health care expenses that occur after you open the account.²
- › You can also use your HSA to pay for qualified expenses not covered through your medical plan, such as dental and vision expenses. For a list of eligible expenses, visit [Cigna.com/expenses](https://www.cigna.com/expenses).
- › There are many convenient methods to pay for health care expenses with your HSA:
 - **HSA debit card** - Pay directly at point of sale, such as at a pharmacy.
 - **Electronic Fund Transfer (EFT)** - Pay with personal funds and reimburse yourself with your HSA funds later.
 - **Online bill pay** - Pay your health care bill via the HSA online portal with payment sent directly to the doctor or facility.

Investing in your future³

Whatever money you don't use earns interest tax-free. You can just keep saving for future health care costs. Or, you also have the option to open an HSA investment account to gain additional savings for your future.

- › Like a 401k or IRA retirement account, HSA investment account earnings grow without being taxed.
- › You can move your HSA investment funds back into your HSA cash account anytime to pay for qualified health care expenses (unlike a 401k or IRA).
- › Withdrawals for eligible expenses are also not taxed. Investments are subject to the loss of principal. Before opening an investment account, we encourage you to discuss your needs and goals with a financial advisor.

Manage your account 24/7 on myCigna.com

- › Log in to myCigna.com⁴
- › Select "Spending Accounts" from the top menu, and then "Health Savings Account (HSA)".
- › Select Manage Your HSA
- › You can also manage your account on the go through the myCigna® App.



Dental Benefits



Dental insurance is offered by Cigna. Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy.

PPO Plan: You may receive dental care from the licensed dentist of your choice; you are not required to visit an in-network dentist. You'll receive the highest level of benefits if you select an in-network dentist who has agreed to provide services at a negotiated rate. If you use an out-of-network dentist, they may bill you for the difference between what UHC pays them and what the dentist usually charges.

	In-Network Benefits
Deductible: Individual / Family	\$50 / \$150
Annual Maximum Per Person	\$1,500
Preventive Services (<i>deductible waived</i>)	
Oral Cleanings & X-rays (2 per year)	100%
Lab & Other Diagnostic Tests	100%
Fluoride, Sealants & Space Maintainers - <i>limited to 16 years of age and younger</i>	100%
Basic Services	
Fillings	90%
Emergency Treatment	90%
Oral Surgery – simple extractions	90%
Major Services	
Oral Surgery - complex	60%
Endodontics & Periodontics	60%
Crowns/Inlays/Onlays	60%
Dentures & Bridges	60%

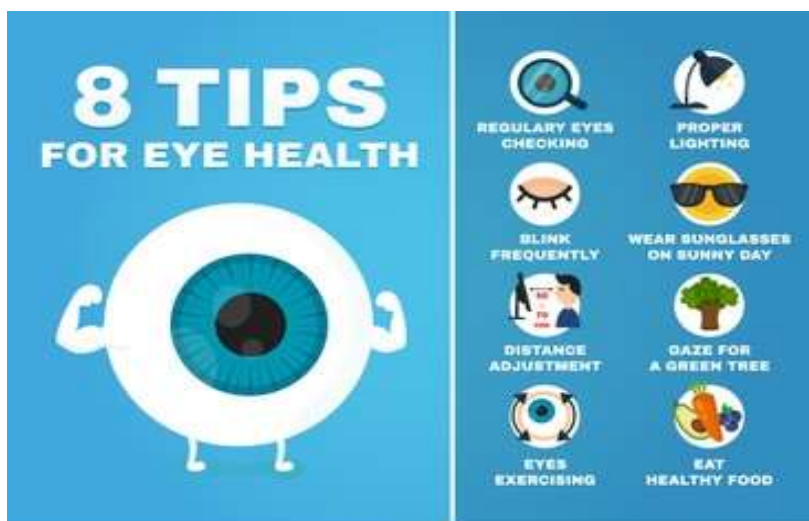
To find a dentist by name or location, go to mycigna.com or call Cigna customer service at the number listed on the back of your ID Card.

Vision Benefits

Vision insurance is provided through Cigna. Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol.

	In-Network Benefits
■ Exam - once every 12 months	\$10 copay
Vision Materials	
■ Lenses – one pair every 12 months	\$25 copay
■ Frame Allowance - one every 24 months	\$150 allowance
■ Therapeutic Contacts – every 12 months in lieu of glasses	\$25 copay
■ Elective Contacts	\$150 retail allowance

**Cigna utilizes the EyeMed vision network.*



Virtual Care – MD Live



WHEN LEAVING THE OFFICE IS EASIER SAID THAN DONE.

Employees can get care whenever and wherever with minor medical and behavioral/mental health virtual care.

Your employees' lives are demanding. It's hard for them to find time to take care of themselves as it is, never mind when they're not feeling well. That's why health plans through Cigna include access to medical and behavioral/mental health virtual care. Whether they've got meetings all day or they just don't have the time or energy to go anywhere but home after work, employees can:

- ▶ Access care from just about anywhere via video or phone.
- ▶ Get minor medical virtual care 24/7/365 – even on weekends and holidays.
- ▶ Schedule a behavioral/mental health virtual care appointment online in minutes.
- ▶ Access board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- ▶ Have a prescription sent directly to a local pharmacy, if appropriate.

Convenient, not costly.

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

Together, all the way.®



Minor medical virtual care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- › Acne
- › Allergies
- › Asthma
- › Bronchitis
- › Cold and flu
- › Constipation
- › Diarrhea
- › Earaches
- › Fever
- › Headaches
- › Infections
- › Insect bites
- › Joint aches
- › Nausea
- › Pink eye
- › Rashes
- › Respiratory infections
- › Shingles
- › Sinus infections
- › Skin infections
- › Sore throats
- › Urinary tract infections

MDLIVE providers can also conduct virtual wellness screenings.

Virtual care options

Cigna partners with MDLIVE® for minor medical and behavioral/mental health virtual care.* This can be accessed via **myCigna.com**. Additionally, Cigna's in-network medical and behavioral providers also provide access to virtual medical and behavioral care, including virtual counseling.

Connect with virtual care your way.

- › Contact your in-network provider or counselor
- › Talk to an MDLIVE medical provider on demand on **myCigna.com**
- › Schedule an appointment with an MDLIVE provider or licensed therapist on **myCigna.com**
- › Call MDLIVE 24/7 at 888.726.3171

Behavioral/Mental health virtual care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral conditions, such as:

- › Addictions
- › Bipolar disorders
- › Child/Adolescent issues
- › Depression
- › Eating disorders
- › Grief/Loss
- › Life changes
- › Men's issues
- › Panic disorders
- › Parenting issues
- › Postpartum depression
- › Relationship and marriage issues
- › Stress
- › Trauma/PTSD
- › Women's issues



Encourage your employees to access virtual care whenever and wherever they need it.



Virtual medical care is available from MDLIVE. Behavioral/mental health virtual care is available from MDLIVE.

*Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A primary care provider referral is not required for this service.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OH-HP-APP-1 et al. (CHLIC); OR-HP-POL38 02-13 (CHLIC); TN-HP-POL43/HIC-CERTV1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

937203 a 08/20 © 2020 Cigna. Some content provided under license.

CIGNA Member Portal



Cigna resources are designed to help you make smarter choices to improve your whole health and health plan spending.



First, register on myCigna.com¹ to access your digital ID cards and activate all available programs

When your plan year begins, register on **myCigna.com**. That way you're ready to go whenever you need to find in-network health care providers, estimate costs or use My Health Assistant.



Register now



Access virtual care

Conveniently connect with board-certified doctors, therapists, psychiatrists and dermatologists via video or phone.²



Connect with Cigna One Guide[®]

Our friendly guides have forward-thinking technology to answer questions on your plan, offer personalized advice and connect you to the right care. They can also proactively reach out.³



Ensure in-network care

myCigna and Cigna One Guide can help you stay in-network, maximize savings and avoid any surprises.



Get preventive care

Preventive care, such as check-ups, biometric screenings and wellness screenings, is available at no additional cost to you.⁴ It's even available virtually for maximum convenience.



Prioritize behavioral support

229K+ behavioral health and substance use providers⁵ can help, either in person or virtually. We also have 24/7 therapy, including Talkspace and Ginger for Cigna, and digital tools, such as iPreval and Happify[™].⁶



Call our 24/7 Health Information Line

Talk with a clinician who can help you choose the right care, whenever you need it – late nights, holidays and more.



Simplify with mail-order medications

Express Scripts[®] is one of the largest pharmacies in the United States and offers convenience, savings and stress-free prescription management.



Identity Theft protection
At no additional cost.



Bounce back with RecoveryOne[™] for Cigna[®]

Virtual physical therapy from the comfort of home is convenient and available at no additional cost to you.



Utilize case management programs

Complex medical conditions can be overwhelming. Our trained teams can help you coordinate care, understand benefits and reach goals through online coaching.





Make sure to get approval from your plan before getting care (known as prior authorization) for routine hospital stays or outpatient procedures.

Learn more at myCigna.com or by calling the number on your ID card.



First, register on myCigna.com or the [myCigna® App](#)⁷

Once you've registered, you can:

- › Access your digital ID cards for yourself and any dependents. You can download the card images to save, share, print or email directly to your dependents and to your providers.
- › Understand what's covered in your plan
- › Find in-network doctors, hospitals and facilities and sort them by location, reviews and Cigna's quality rating
- › Get cost estimates for appointments, procedures and medications
- › Compare costs for 30- and 90-day medications and see if lower-cost alternatives are available
- › Find retail pharmacies that offer a 90-day supply
- › Manage and track claims
- › Get alerts when new plan documents are available
- › Access a variety of health and wellness resources, including an online health assessment, health tracking tools and My Health Assistant digital coaching



Virtual care⁸

Virtual care can be a convenient and affordable option for a wide range of care. For appointments, you can work with an in-network provider or connect with an MDLIVE⁹ provider at myCigna.com.

Right from your phone, tablet or computer, you can:

- › Access board-certified doctors, psychiatrists, dermatologists and licensed therapists
- › Get virtual urgent care 24/7/365 – even on weekends and holidays with MDLIVE
- › Access virtual primary care for preventive care, routine care and specialist referrals
- › Access dermatologists⁸ for fast, customized care for skin, hair and nail conditions – no appointment required
- › Schedule an online virtual behavioral health appointment in minutes through MDLIVE
- › Have a prescription sent directly to your local pharmacy if appropriate

Virtual primary care

- › Preventive care check-ups/wellness screenings are available at no additional cost⁹ and can help identify conditions early
- › Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions

- › Access MDLIVE by logging in to myCigna.com and clicking on "Talk to a doctor." You can also call MDLIVE at **888.726.3171**.
- › Select the type of care you need: Medical care or counseling. The cost will be displayed on both myCigna.com and MDLIVE.
- › Appointments are available via video or phone, whenever it's most convenient for you. No appointments are required for dermatology care.



Cigna One Guide

Combining digital technology with our personalized customer service, over the phone or on the [myCigna App](#),⁷ the Cigna One Guide support tool can help you:

- › Resolve health care issues
- › Save time and money
- › Get the most out of your plan
- › Find the right hospitals, dentists and other health care providers in your plan's network
- › Get cost estimates
- › Understand your bills
- › Navigate the health care system



In-network care

Save money when you use doctors, hospitals and health facilities that are part of your plan's network. Chances are there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care at myCigna.com.



Preventive care

It's important to catch any issues while they're still small. That's why we cover eligible preventive care services at no extra cost, including:⁶

- › Screenings for blood pressure, cholesterol and diabetes
 - › Testing for colon cancer
 - › Clinical breast exams and mammograms
 - › Pap tests
 - › Additional covered procedures listed on myCigna.com
- Since your physical and emotional health are connected, make sure to talk about how you're feeling at your annual check-up.



Behavioral care

You have access to 229K+ behavioral health and substance use providers,⁹ and 75K+ of those are virtual.⁹ Whether you're dealing with a behavioral health condition, going through a rough time or looking for substance use support, you can find the one that fits your needs, either in person or virtually. To find a virtual provider:

- › Go to **myCigna.com** > Find Care & Cost
- › Search for "Behavioral Health Counselor" under "Doctor by Type"
- › Call to make an appointment with your selected provider

Online visits with our behavioral health network providers cost the same as in-office visits. Costs vary by plan.



24/7 Health Information Line

At no extra cost, you can speak to a clinician to make more-informed decisions about your care. Whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your plan's network, you can call the number on your Cigna ID card, day or night.



Specialty medications

We can help you understand, manage and treat complex conditions that require a specialty medication. Our therapy management teams, made up of health advocates with nursing backgrounds as well as pharmacists, are specially trained to help with your specific needs.¹⁰

- › Personalized, 24/7 support
- › Condition-specific education on medication therapy and side effects
- › Help with the medication approval process
- › Financial assistance programs if needed

For more information, call **800.351.3606**.



Identity Theft Protection

- › We're committed to the physical, emotional and financial well-being of those we serve. That's why Cigna teamed up with IdentityForce, a top-rated provider of identity theft protection.⁸

- › We'll help protect you and your children against identity theft and help fix any identity theft compromises – at no additional cost for all medical subscribers.

- › Three ways to register:

- Visit **<https://cigna.identityforce.com/starthere>**
- Call 833.580.2523
- If you are new to a Cigna Medical plan and you provide your email address on **myCigna.com**, you may also receive emails from IdentityForce that will provide you links to register for services.

Once registered, you and your children can access IdentityForce directly through the IdentityForce app or website.



RecoveryOne for Cigna includes:¹¹

- › Virtual physical therapy at no additional cost¹²
- › A private video consult with a virtual physical therapist
- › Customized plans to meet your needs – from the comfort and convenience of wherever you are
- › A multimedia app that guides you through your personalized exercises
- › Video, voice and chat conversations with your support team
- › Motion-tracking technology



Case management programs

Take advantage of our personal services to help you with your personal health needs. A Cigna case manager, trained as a nurse, can work closely with you and your doctor to check on your progress. You can get help with conditions and illnesses, such as cancer and end-stage renal disease, as well as with neonatal care and pain management.

You also have access to My Health Assistant on **myCigna.com** to help you:

- › Control stress
- › Lose weight and eat better
- › Enjoy exercise
- › Quit tobacco
- › Manage diabetes, chronic obstructive pulmonary disease, asthma and other conditions

Enroll online today. Go to **myCigna.com** > Wellness > Health Assistant.

TIPS TO HELP YOU SAVE MONEY



Find where to get prescription drugs

- Find the complete list of covered medications on **myCigna.com**
- Use cost-comparison tools on myCigna to compare prices and purchase mail-order prescriptions¹¹
- Use generics when possible
- Know what brand-name drugs are covered in your plan
- Ask your doctor about a 90-day supply for your maintenance medication(s) through our home delivery pharmacy service



Know where to go for care

- Use an emergency room for true emergencies
- Don't wait: Locate an in-network convenience care clinic, sometimes found within a grocery store, or urgent care center near you, before you need it
- For minor medical conditions, connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit **myCigna.com**, or call MDLIVE at 888.726.3171 to talk with a doctor 24/7¹²
- Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area



Choose the right provider

- Know which providers are in your network by going to **myCigna.com** > Find Care & Costs
- Choose providers who have received the Cigna Care Designation – high-performance recognition given to physicians in certain specialties who meet Cigna quality and medical cost-efficiency standards¹³
- Opt to connect with a board-certified doctor, therapist or psychiatrist via video or phone¹⁴
- Use in-network national labs to help save money



Be proactive about your health

- Get information on the cost of medications and treatments to avoid surprises
- Use your preventive care benefits, learn your core health numbers (blood pressure, cholesterol and blood glucose), and make use of the health improvement tools at **myCigna.com**

Find your way to better health.

Get more information on all the programs that are available to you.



When your plan year begins, register on **myCigna.com**.



Call the 24/7 customer service number on your ID card.



Download the **myCigna App**.¹⁵



1. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. 2. Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs. 3. Not available with all plans. 4. Not all preventive care services are covered, and different plans may cover different things. For example, immunizations for travel are usually not covered. See your plan materials for a complete list of covered preventive care services. 5. Internal unique provider data as of December 2021. Subject to change. 6. The program and services are provided by an independent company and not by Cigna. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. 7. The downloading and use of any mobile App is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply. 8. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days but usually within 24 hours. 9. For legacy clients that have a non-zero preventive care benefit, customers' preventive benefit will be applied when receiving a virtual wellness screening. 10. Not all plans offer all of these programs and services. Please log in to the myCigna App or website, or check your plan materials, to learn more about what your plan offers. The providers in Cigna's pharmacy network don't work for Cigna and are solely responsible for any treatment they provide. 11. White, A. "Best identity theft protection services of September 2021." CNBC.com, August 27, 2021. <https://www.cnbc.com/select/best-identity-theft-protection-services/>. Frankel, P.S. "Best Identity Theft Protection Services Q4 2021." Forbes Advisor, June 10, 2021. <https://www.forbes.com/advisor/personal-finance/best-identity-theft-protection-services/>. The program and services are provided by Sortiq, Inc. and not by Cigna Corporation or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. References to third-party organizations or companies, and/or their products, processes or services, do not constitute an endorsement or warranty thereof. Your use of such products, processes or services is at your sole risk. Product may be updated or modified prior to availability. 12. Cost and usage of this program is covered by your plan administrator; no additional out-of-pocket expense applies for you or your covered dependents (ages 18+). 13. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information. 14. Patient experience, quality designations, cost-efficiency and other ratings found in Cigna's online provider directories are a partial assessment of quality and should not be the only basis for decision-making (as such measures have a risk of error). They are not a guarantee of the quality of care that will be provided to individual patients. Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Providers are solely responsible for any treatment provided and are not agents of Cigna.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc., Express Scripts, Inc., or their affiliates. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38-02-13, TN - HP-POL41/HC-CERTY1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

956233c 08/22



© 2022 Cigna. Some content provided under license.

Prescriptions



Express Scripts Pharmacy[®], our home delivery pharmacy, is a convenient option if you're taking a medication on a regular basis to treat an ongoing health condition. Express Scripts Pharmacy, which is a Cigna company, is one of the country's largest home delivery pharmacies.

What are the benefits of using Express Scripts Pharmacy?

Express Scripts Pharmacy helps make it easy for you to get your medication. With just a few simple clicks of your mobile phone, tablet or computer, your important medications will be on their way to your door (or location of your choice).

- › Easily order, manage, track and pay for your medications **on your phone or online.**
- › Standard shipping **at no extra cost¹**
- › **Fill up to a 90-day supply** at one time
- › Helpful pharmacists **available 24/7**
- › **Automatic refills² and refill reminders** so you don't miss a dose
- › **Payment assistance** if you're having trouble paying for your medication.

Three easy ways to switch to home delivery

1. **Go to my.cigna.com/choosehomedelivery.** Follow the online instructions for how to move your prescription(s) to our home delivery pharmacy.
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)³ electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.



Got a new prescription?

Ask your doctor to send it to Express Scripts Pharmacy using one of these methods:

1. **Electronically:** For fastest service, they can send your prescription electronically to Express Scripts Home Delivery, NCPDP 2623735.
2. **By fax:** They can call 888.327.9791 to get a Fax Order Form.

Together, all the way.[®]



Offered by: Cigna Health and Life Insurance Company or its affiliates.

Use the myCigna® App or website to manage your medications.

- ▶ **See which medications your plan covers.** You can also see which tier they're covered on.
- ▶ **Use Price a Medication to see how much your medication costs.** You can also see if there are lower cost alternatives available.⁴
- ▶ **See your pharmacy claims and coverage details.**
- ▶ **Connect to your Express Scripts online account.** There, you can:
 - Refill your prescriptions and/or request a new prescription from your doctor
 - Check your order status and track your order
 - Sign up for automatic refills (if your medication is eligible)
 - View your order history
 - Update your profile information (shipping address and phone number, payment information, allergies and/or health conditions, how you'd like to be contacted)
 - Pay your bill online

Call 800.835.3784



Place an order



Talk to customer service about an order



Talk to a pharmacist about your medication

1. Standard shipping costs are included as part of your prescription plan.

2. Express Scripts Pharmacy can automatically refill certain medications. Log in to the myCigna App or website or call 800.835.3784 to sign up.

3. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.

4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.

Para obtener ayuda en español llame al número en su tarjeta de Cigna.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Express Scripts, Inc., ESI Mail Pharmacy Service, Inc., Express Scripts Pharmacy, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. "Express Scripts Pharmacy" refers to ESI Mail Pharmacy Service, Inc. and Express Scripts Pharmacy, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CERTV1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, "Together, all the way," and "myCigna" are trademarks of Cigna Intellectual Property, Inc. "Express Scripts Pharmacy" is a trademark of Express Scripts Strategic Development, Inc. All pictures are used for illustrative purposes only.



What Your Benefits Will Cost

Moravian Church will continue to contribute to your Medical, Dental & Vision premiums for staff and dependents. Please refer to the table below to determine your cost per monthly pay period.

MEDICAL			
	Total Monthly Premiums	Moravian Church Monthly Contribution	Employee Monthly Payroll Deduction
Employee Only	\$828.27	\$828.27	\$0.00
Employee + Spouse	\$1,133.13	\$828.27	\$304.26
Employee + Children	\$939.16	\$828.27	\$110.29
Family	\$2,089.59	\$828.27	\$1,260.72
DENTAL			
	Total Monthly Premiums	Moravian Church Monthly Contributions	Employee Monthly Payroll Deduction
Employee Only	\$34.84	\$34.84	\$0.00
Employee + Spouse	\$69.63	\$34.84	\$34.79
Employee + Children	\$85.76	\$34.84	\$50.92
Family	\$130.30	\$34.84	\$95.46
VISION			
	Total Monthly Premiums	Moravian Church Monthly Contributions	Employee Monthly Payroll Deduction
Employee Only	\$4.48	\$4.48	\$0.00
Employee + Spouse	\$8.98	\$4.48	\$4.50
Employee + Children	\$9.88	\$4.48	\$5.40
Family	\$14.37	\$4.48	\$9.89

Basic Life and AD&D

We provide **Basic Life and AD&D** benefits through United Healthcare to eligible employees and their dependents at **no cost**. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

You	
Benefit Maximum	\$40,000
Your Spouse	
Benefit Maximum	\$5,000
Your Child	
Benefit Maximum	\$5,000

**Please note that at age 65, there is a 65% Benefit Reduction and 50% Benefit Reduction at age 70.*



Voluntary Life and AD&D



You	
Increments	\$10,000
Benefit Maximum	Up to \$300,000
Guaranteed Issue	\$50,000
Your Spouse	
Increments	\$5,000
Benefit Maximum	\$150,000
Guaranteed Issue	\$30,000
Your Child	
Increments	\$10,000
Benefit Maximum	\$10,000
Guaranteed Issue	\$10,000

Note: benefits will reduce at age 65

Employees who want to supplement their Basic Life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through post-tax payroll deductions. You must purchase Voluntary Life Insurance for yourself if you want to purchase Voluntary Life Insurance for your spouse or children. You can build a benefit plan that meets your needs and the needs of your family. **Any amount selected over the Guaranteed Issue amount will require evidence of insurability and approval by United Healthcare.**

If death is the result of an accident, your beneficiary will receive an additional AD&D amount equal to your Voluntary Life Insurance coverage. If you are dismembered (such as loss of sight in an eye, loss of a hand, foot, limb, hearing, speech, etc.), benefits will be paid to you as a percentage of the basic life amount. Please see the following pages for costs based on your current age and amount selected.

It's a good idea to regularly update your beneficiary designation, especially after a life change such as a new baby, adopted child or if you have undergone a divorce or suffered a death in the family.

Voluntary Life and AD&D (cont.)

EMPLOYEE COST

Moravian Church
Premium Calculation Sheet
Rates Effective January 1, 2023



Eligibility: All Active Full Time Employees working a minimum of 30 hours per week.

Supplemental Life & AD&D EMPLOYEE Monthly Calculations for: Moravian Church										
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<25	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
25-29	\$1.02	\$2.04	\$3.06	\$4.08	\$5.10	\$6.12	\$7.14	\$8.16	\$9.18	\$10.20
30-34	\$1.17	\$2.34	\$3.51	\$4.68	\$5.85	\$7.02	\$8.19	\$9.36	\$10.53	\$11.70
35-39	\$1.59	\$3.18	\$4.77	\$6.36	\$7.95	\$9.54	\$11.13	\$12.72	\$14.31	\$15.90
40-44	\$2.27	\$4.54	\$6.81	\$9.08	\$11.35	\$13.62	\$15.89	\$18.16	\$20.43	\$22.70
45-49	\$3.58	\$7.16	\$10.74	\$14.32	\$17.90	\$21.48	\$25.06	\$28.64	\$32.22	\$35.80
50-54	\$5.41	\$10.82	\$16.23	\$21.64	\$27.05	\$32.46	\$37.87	\$43.28	\$48.69	\$54.10
55-59	\$7.56	\$15.12	\$22.68	\$30.24	\$37.80	\$45.36	\$52.92	\$60.48	\$68.04	\$75.60
60-64	\$9.22	\$18.44	\$27.66	\$36.88	\$46.10	\$55.32	\$64.54	\$73.76	\$82.98	\$92.20
65-69	\$13.15	\$26.30	\$39.45	\$52.60	\$65.75	\$78.90	\$92.05	\$105.20	\$118.35	\$131.50
70-74	\$22.68	\$45.36	\$68.04	\$90.72	\$113.40	\$136.08	\$158.76	\$181.44	\$204.12	\$226.80
75+	\$61.68	\$123.36	\$185.04	\$246.72	\$308.40	\$370.08	\$431.76	\$493.44	\$555.12	\$616.80
	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
<25	\$14.30	\$15.60	\$16.90	\$18.20	\$19.50	\$20.80	\$22.10	\$23.40	\$24.70	\$26.00
25-29	\$11.22	\$12.24	\$13.26	\$14.28	\$15.30	\$16.32	\$17.34	\$18.36	\$19.38	\$20.40
30-34	\$12.87	\$14.04	\$15.21	\$16.38	\$17.55	\$18.72	\$19.89	\$21.06	\$22.23	\$23.40
35-39	\$17.49	\$19.08	\$20.67	\$22.26	\$23.85	\$25.44	\$27.03	\$28.62	\$30.21	\$31.80
40-44	\$24.97	\$27.24	\$29.51	\$31.78	\$34.05	\$36.32	\$38.59	\$40.86	\$43.13	\$45.40
45-49	\$39.38	\$42.96	\$46.54	\$50.12	\$53.70	\$57.28	\$60.86	\$64.44	\$68.02	\$71.60
50-54	\$59.51	\$64.92	\$70.33	\$75.74	\$81.15	\$86.56	\$91.97	\$97.38	\$102.79	\$108.20
55-59	\$83.16	\$90.72	\$98.28	\$105.84	\$113.40	\$120.96	\$128.52	\$136.08	\$143.64	\$151.20
60-64	\$101.42	\$110.64	\$119.86	\$129.08	\$138.30	\$147.52	\$156.74	\$165.96	\$175.18	\$184.40
65-69	\$144.65	\$157.80	\$170.95	\$184.10	\$197.25	\$210.40	\$223.55	\$236.70	\$249.85	\$263.00
70-74	\$249.48	\$272.16	\$294.84	\$317.52	\$340.20	\$362.88	\$385.56	\$408.24	\$430.92	\$453.60
75+	\$678.48	\$740.16	\$801.84	\$863.52	\$925.20	\$986.88	\$1,048.56	\$1,110.24	\$1,171.92	\$1,233.60
	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
<25	\$27.30	\$28.60	\$29.90	\$31.20	\$32.50	\$33.80	\$35.10	\$36.40	\$37.70	\$39.00
25-29	\$21.42	\$22.44	\$23.46	\$24.48	\$25.50	\$26.52	\$27.54	\$28.56	\$29.58	\$30.60
30-34	\$24.57	\$25.74	\$26.91	\$28.08	\$29.25	\$30.42	\$31.59	\$32.76	\$33.93	\$35.10
35-39	\$33.39	\$34.98	\$36.57	\$38.16	\$39.75	\$41.34	\$42.93	\$44.52	\$46.11	\$47.70
40-44	\$47.67	\$49.94	\$52.21	\$54.48	\$56.75	\$59.02	\$61.29	\$63.56	\$65.83	\$68.10
45-49	\$75.18	\$78.76	\$82.34	\$85.92	\$89.50	\$93.08	\$96.66	\$100.24	\$103.82	\$107.40
50-54	\$113.61	\$119.02	\$124.43	\$129.84	\$135.25	\$140.66	\$146.07	\$151.48	\$156.89	\$162.30
55-59	\$158.76	\$166.32	\$173.88	\$181.44	\$189.00	\$196.56	\$204.12	\$211.68	\$219.24	\$226.80
60-64	\$193.62	\$202.84	\$212.06	\$221.28	\$230.50	\$239.72	\$248.94	\$258.16	\$267.38	\$276.60
65-69	\$276.15	\$289.30	\$302.45	\$315.60	\$328.75	\$341.90	\$355.05	\$368.20	\$381.35	\$394.50
70-74	\$476.28	\$498.96	\$521.64	\$544.32	\$567.00	\$589.68	\$612.36	\$635.04	\$657.72	\$680.40
75+	\$1,295.28	\$1,356.96	\$1,418.64	\$1,480.32	\$1,542.00	\$1,603.68	\$1,665.36	\$1,727.04	\$1,788.72	\$1,850.40
Child Monthly Rate (\$10,000):				\$1.90						
*** Please note that this tool is used for estimation purposes only. In the event of a discrepancy, the UHC billed amounts will prevail.***										

Voluntary Life and AD&D (cont.)

SPOUSE & DEPENDENT COST

Moravian Church
Premium Calculation Sheet
Rates Effective January 1, 2023



Eligibility: All Active Full Time Employees working a minimum of 30 hours per week.

Supplemental Life & AD&D SPOUSE Monthly Calculations for: Moravian Church										
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<25	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
25-29	\$0.51	\$1.02	\$1.53	\$2.04	\$2.55	\$3.06	\$3.57	\$4.08	\$4.59	\$5.10
30-34	\$0.59	\$1.17	\$1.76	\$2.34	\$2.93	\$3.51	\$4.10	\$4.68	\$5.27	\$5.85
35-39	\$0.80	\$1.59	\$2.39	\$3.18	\$3.98	\$4.77	\$5.57	\$6.36	\$7.16	\$7.95
40-44	\$1.14	\$2.27	\$3.41	\$4.54	\$5.68	\$6.81	\$7.95	\$9.08	\$10.22	\$11.35
45-49	\$1.79	\$3.58	\$5.37	\$7.16	\$8.95	\$10.74	\$12.53	\$14.32	\$16.11	\$17.90
50-54	\$2.71	\$5.41	\$8.12	\$10.82	\$13.53	\$16.23	\$18.94	\$21.64	\$24.35	\$27.05
55-59	\$3.78	\$7.56	\$11.34	\$15.12	\$18.90	\$22.68	\$26.46	\$30.24	\$34.02	\$37.80
60-64	\$4.61	\$9.22	\$13.83	\$18.44	\$23.05	\$27.66	\$32.27	\$36.88	\$41.49	\$46.10
65-69	\$6.58	\$13.15	\$19.73	\$26.30	\$32.88	\$39.45	\$46.03	\$52.60	\$59.18	\$65.75
70-74	\$11.34	\$22.68	\$34.02	\$45.36	\$56.70	\$68.04	\$79.38	\$90.72	\$102.06	\$113.40
75+	\$30.84	\$61.68	\$92.52	\$123.36	\$154.20	\$185.04	\$215.88	\$246.72	\$277.56	\$308.40
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
<25	\$7.15	\$7.80	\$8.45	\$9.10	\$9.75	\$10.40	\$11.05	\$11.70	\$12.35	\$13.00
25-29	\$5.61	\$6.12	\$6.63	\$7.14	\$7.65	\$8.16	\$8.67	\$9.18	\$9.69	\$10.20
30-34	\$6.44	\$7.02	\$7.61	\$8.19	\$8.78	\$9.36	\$9.95	\$10.53	\$11.12	\$11.70
35-39	\$8.75	\$9.54	\$10.34	\$11.13	\$11.93	\$12.72	\$13.52	\$14.31	\$15.11	\$15.90
40-44	\$12.49	\$13.62	\$14.76	\$15.89	\$17.03	\$18.16	\$19.30	\$20.43	\$21.57	\$22.70
45-49	\$19.69	\$21.48	\$23.27	\$25.06	\$26.85	\$28.64	\$30.43	\$32.22	\$34.01	\$35.80
50-54	\$29.76	\$32.46	\$35.17	\$37.87	\$40.58	\$43.28	\$45.99	\$48.69	\$51.40	\$54.10
55-59	\$41.58	\$45.36	\$49.14	\$52.92	\$56.70	\$60.48	\$64.26	\$68.04	\$71.82	\$75.60
60-64	\$50.71	\$55.32	\$59.93	\$64.54	\$69.15	\$73.76	\$78.37	\$82.98	\$87.59	\$92.20
65-69	\$72.33	\$78.90	\$85.48	\$92.05	\$98.63	\$105.20	\$111.78	\$118.35	\$124.93	\$131.50
70-74	\$124.74	\$136.08	\$147.42	\$158.76	\$170.10	\$181.44	\$192.78	\$204.12	\$215.46	\$226.80
75+	\$339.24	\$370.08	\$400.92	\$431.76	\$462.60	\$493.44	\$524.28	\$555.12	\$585.96	\$616.80
	\$105,000	\$110,000	\$115,000	\$120,000	\$125,000	\$130,000	\$135,000	\$140,000	\$145,000	\$150,000
<25	\$13.65	\$14.30	\$14.95	\$15.60	\$16.25	\$16.90	\$17.55	\$18.20	\$18.85	\$19.50
25-29	\$10.71	\$11.22	\$11.73	\$12.24	\$12.75	\$13.26	\$13.77	\$14.28	\$14.79	\$15.30
30-34	\$12.29	\$12.87	\$13.46	\$14.04	\$14.63	\$15.21	\$15.80	\$16.38	\$16.97	\$17.55
35-39	\$16.70	\$17.49	\$18.29	\$19.08	\$19.88	\$20.67	\$21.47	\$22.26	\$23.06	\$23.85
40-44	\$23.84	\$24.97	\$26.11	\$27.24	\$28.38	\$29.51	\$30.65	\$31.78	\$32.92	\$34.05
45-49	\$37.59	\$39.38	\$41.17	\$42.96	\$44.75	\$46.54	\$48.33	\$50.12	\$51.91	\$53.70
50-54	\$56.81	\$59.51	\$62.22	\$64.92	\$67.63	\$70.33	\$73.04	\$75.74	\$78.45	\$81.15
55-59	\$79.38	\$83.16	\$86.94	\$90.72	\$94.50	\$98.28	\$102.06	\$105.84	\$109.62	\$113.40
60-64	\$96.81	\$101.42	\$106.03	\$110.64	\$115.25	\$119.86	\$124.47	\$129.08	\$133.69	\$138.30
65-69	\$138.08	\$144.65	\$151.23	\$157.80	\$164.38	\$170.95	\$177.53	\$184.10	\$190.68	\$197.25
70-74	\$238.14	\$249.48	\$260.82	\$272.16	\$283.50	\$294.84	\$306.18	\$317.52	\$328.86	\$340.20
75+	\$647.64	\$678.48	\$709.32	\$740.16	\$771.00	\$801.84	\$832.68	\$863.52	\$894.36	\$925.20
*** Please note that this tool is used for estimation purposes only. In the event of a discrepancy, the UHC billed amounts will prevail.***										

Long Term Disability (LTD)

As an employee of Moravian Church, you are automatically enrolled in the Long-Term Disability plan. The LTD plan provides financial protection for you by paying a portion of your income while you are unable to work due to an illness or injury. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled.



United Healthcare Long-Term Disability	
Benefits Begin	After 90 days of disability
Benefit Duration	Social Security Normal Retirement Age
Own Occupation Period	2 years
Percentage of Monthly Income Replaced	60%
Maximum Benefit	Up to \$5,000 per month

Accident Insurance

Moravian Church is offering Accident insurance through United Healthcare Life. This benefit provides you with a cash benefit for covered injuries, treatments and services, **in addition** to what your medical plan may cover. Payments will go directly to you, not the doctor. Enrollment is easy, with no medical questions to answer. See below for a summary of the benefits available and rates.

Fully Portable Accident Coverage	Coverage Details (Off the Job) Option 1	Coverage Details (Off the Job) Option 2
Physician Office Visit	\$50	\$75
Physician Follow Up	\$50	\$75
Emergency Treatment	\$100	\$150
Initial Hospitalization	\$800	\$1,000
Ambulance (Air/Ground)	\$200 / \$1,200	\$300 / \$1,800
Physical Therapy	\$25	\$30
Medical Appliances (<i>Wheelchairs, Braces, Canes, etc</i>)	\$50 - \$150	\$75 - \$225
Transportation (for treatment >100 miles) <i>*max 3 trips per accident</i>	\$200	\$300
Fracture/Dislocation	\$150 - \$3,000	\$200 - \$4,000
Burns	\$500 - \$8,000	\$750 - \$12,000
Emergency Dental	\$100 - \$200	\$150 - \$300
Tendon/Ligament/Ruptured Disc	\$400	\$600
Eye Surgery	\$100 - \$200	\$150 - \$300
Major Diagnostic Exam	\$175	\$250
Wellness Benefit Rider	\$50 per Employee & Insured Sp.	\$50 per Employee & Insured Sp.

ACCIDENT PROTECTION MONTHLY RATES		
	Option 1	Option 2
Employee	\$4.70	\$6.20
Employee + Spouse	\$7.51	\$9.91
Employee + Children	\$8.64	\$11.96
Employee + Sp + Children	\$13.55	\$18.58

Critical Illness Insurance

Critical Illness insurance pays you a lump sum benefit if you are diagnosed with a covered disease or condition (on or after your coverage effective date). There are two options to choose from. Please refer to the table below to see the Paid Benefit Options. This coverage will provide some financial relief, paid directly to you, during what may be a very stressful time in your life. Please see the following pages for an overview of the benefit. See the Summary of Benefits for more details.

Critical Illness Benefits Payable		
Voluntary Benefits	Option 1	Option 2
Employee Guarantee Issue Benefit	\$5,000	\$10,000
Spouse Guarantee Issue Benefit	\$2,500	\$5,000
Child(ren) Guarantee Issue Benefit	\$1,250	\$2,500



Critical Illness Insurance (cont.)

COVERED CRITICAL ILLNESS CONDITIONS	
Base Conditions	
Benign Brain Tumor	100%
Cancer ~ Invasive	100%
Cancer ~ Non-Invasive	25%
Chronic Renal Failure	100%
Coma	100%
Coronary Artery Disease	25%
Heart Attack	100%
Heart Failure	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Ruptured Aneurysm	100%
Stroke	100%
Additional Conditions	
Amyotrophic Lateral Sclerosis (ALS)	100%
Complete Blindness or Loss of Hearing	100%
Advanced Alzheimer's	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's	100%
Child Only Conditions	Percentage of Maximum Child Benefit Amount payable per Covered Child
Cerebral Palsy	25% of Employee's Amount
Cleft Lip / Palate	25% of Employee's Amount
Cystic Fibrosis	25% of Employee's Amount
Down Syndrome	25% of Employee's Amount
Muscular Dystrophy	25% of Employee's Amount

Critical Illness Insurance (cont.)

EMPLOYEE COST

Moravian Church Summary of Benefits Critical Illness Protection Plan



Current Monthly Cost Tables

The costs shown on these tables are based on the employee and spouse ages and tobacco status being the same; **the tables do not reflect the costs when employee and spouse ages and/or tobacco-status are different.** Any applicable age-related benefit reductions are included. Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here. *Please consult your human resources/benefits department for additional cost information.*

Effective Date	January 1, 2023
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.

Employee Paid Benefits

Age Range	Option 1: EE \$5,000 / SP \$2,500 / CH \$1,250							
	Employee Only		Employee+Spouse		Employee+Child(ren)		Employee+Spouse+Child(ren)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Under 25	\$0.85	\$0.90	\$1.20	\$1.30	\$1.08	\$1.13	\$1.43	\$1.53
25 - 29	\$1.25	\$1.40	\$1.78	\$2.03	\$1.48	\$1.63	\$2.00	\$2.25
30 - 34	\$1.60	\$1.95	\$2.40	\$2.93	\$1.83	\$2.18	\$2.63	\$3.15
35 - 39	\$2.15	\$3.15	\$3.40	\$4.63	\$2.38	\$3.38	\$3.63	\$4.85
40 - 44	\$3.70	\$5.45	\$5.55	\$8.18	\$3.93	\$5.68	\$5.78	\$8.40
45 - 49	\$5.90	\$9.65	\$8.85	\$14.48	\$6.13	\$9.88	\$9.08	\$14.70
50 - 54	\$8.10	\$13.95	\$12.45	\$21.80	\$8.33	\$14.18	\$12.68	\$22.03
55 - 59	\$11.15	\$20.50	\$17.05	\$31.55	\$11.38	\$20.73	\$17.28	\$31.78
60 - 64	\$17.15	\$33.55	\$25.53	\$49.88	\$17.38	\$33.78	\$25.75	\$50.10
65 - 69	\$23.95	\$49.05	\$35.93	\$73.55	\$24.18	\$49.28	\$36.15	\$73.78
70 - 74	\$15.48	\$30.08	\$24.35	\$48.09	\$15.70	\$30.30	\$24.58	\$48.31
75 +	\$26.03	\$49.78	\$35.09	\$64.66	\$26.25	\$50.00	\$35.31	\$64.89

Age Range	Option 2: EE \$10,000 / SP \$5,000 / CH \$2,500							
	Employee Only		Employee+Spouse		Employee+Child(ren)		Employee+Spouse+Child(ren)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Under 25	\$1.70	\$1.80	\$2.40	\$2.60	\$2.15	\$2.25	\$2.85	\$3.05
25 - 29	\$2.50	\$2.80	\$3.55	\$4.05	\$2.95	\$3.25	\$4.00	\$4.50
30 - 34	\$3.20	\$3.90	\$4.80	\$5.85	\$3.65	\$4.35	\$5.25	\$6.30
35 - 39	\$4.30	\$6.30	\$6.80	\$9.25	\$4.75	\$6.75	\$7.25	\$9.70
40 - 44	\$7.40	\$10.90	\$11.10	\$16.35	\$7.85	\$11.35	\$11.55	\$16.80
45 - 49	\$11.80	\$19.30	\$17.70	\$28.95	\$12.25	\$19.75	\$18.15	\$29.40
50 - 54	\$16.20	\$27.90	\$24.90	\$43.60	\$16.65	\$28.35	\$25.35	\$44.05
55 - 59	\$22.30	\$41.00	\$34.10	\$63.10	\$22.75	\$41.45	\$34.55	\$63.55
60 - 64	\$34.30	\$67.10	\$51.05	\$99.75	\$34.75	\$67.55	\$51.50	\$100.20
65 - 69	\$47.90	\$98.10	\$71.85	\$147.10	\$48.35	\$98.55	\$72.30	\$147.55
70 - 74	\$30.95	\$60.15	\$48.70	\$96.18	\$31.40	\$60.60	\$49.15	\$96.63
75 +	\$52.05	\$99.55	\$70.18	\$129.33	\$52.50	\$100.00	\$70.63	\$129.78

403(b) Retirement Plan



PEACE OF MIND TODAY, PREPARED FOR TOMORROW

Saving for the long term can feel daunting, but someday, you're likely to need retirement income to live on. For most people, Social Security benefits aren't enough. It's important to have your own savings, too. You might wonder if you can afford to save for retirement when you have bills to pay now. It may be easier than you think with your employer-sponsored retirement plan.

RETIREMENT PLAN HIGHLIGHTS

Tax advantages

Save straight from your paycheck with pretax contributions, which lower today's income taxes.

34 investment fund options

Choose funds that reflect your investment priorities, how hands-on you want to be, and the level of social impact you want to have.

One home for all your retirement savings

Your retirement account accepts rollovers from traditional IRAs, 401(k) plans, 403(b) plans, governmental 457(b) plans, and other ELCA retirement plans.

Financial well-being support

Fidelity, the retirement plan's recordkeeper, offers you online tools, workshops, and access to financial planners — all at no additional cost.



Greetings from Portico Benefit Services!

Moravian Church in America, Southern Province has selected Portico Benefit Services to administer your employer-sponsored retirement plan.

Portico is the nonprofit benefit ministry of the Evangelical Lutheran Church in America (ELCA). We continue a 200+ year tradition of the ELCA's predecessor ministries serving the staff at Lutheran congregations, schools, and social ministry organizations. Your retirement account will be part of the ELCA Master Institutional Retirement Plan.

When you care for others every day, it's critical to take care of yourself, too. You're not alone in this. At Portico, we're dedicated to supporting your well-being, so you can live out your mission to serve others.

Peace,

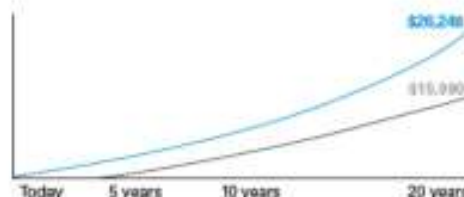
The Rev. Jeff Thiemann
President & CEO
Portico Benefit Services

See Your Retirement Savings Grow

Even small amounts can really add up when you start early



Take Alexis — she decides to start saving 2% of her salary now instead of waiting five years. That gives her investments more time to do the hard work, and she accumulates an extra \$10,000+. That's the power of compounding!*



Plan details for Moravian Church in America, Southern Province

	Employee Contributions	Employer Contributions
Eligibility	Regularly scheduled to work 10+ hours per week	<ul style="list-style-type: none"> Regularly scheduled to work 10+ hours per week Age 18+ Completed 60 days of service
Amount	Employees may elect to contribute a percentage of their compensation up to IRS limits. The 2024 limit is \$23,000. Employees who will be age 50 or more in 2024 may contribute an additional \$7,500.	<p>Housing Equity Contributions will be made for certain ministers of the gospel who have reached individual agreement with their employer.</p> <p>Employer Required Contributions will be made for certain employees who have reached individual agreements with their employer.</p>
Vesting Schedule	100% Immediate	100% Immediate
Distributions	Loans, hardship withdrawals (defined by IRS); in-service withdrawals after age 59½; withdrawals upon termination of employment, retirement, disability, or death; in-plan annuity option	

GET STARTED!

1. Receive your unique security credentials from Portico.
2. Complete one-time registration at myPortico.PorticoBenefits.org and **Fidelity NetBenefits®**.
3. Sign in to your account online to start or increase retirement contributions, update fund selections, designate beneficiaries, and access financial tools.

Have any questions? Call Fidelity at 888.771.4015.

* Illustration assumes a \$30,000 annual salary, \$50 monthly contribution, hypothetical initial portfolio balance of \$0, a 7% annual return, and no distributions. This growth does not represent any specific investment, nor does it reflect any investment fees, expenses, or taxes. Your account may grow more or less than the amounts shown and may lose value.

Neither Portico Benefit Services nor the funds it manages are subject to registration, regulation, or reporting under the Investment Company Act of 1940, the Securities Act of 1933, the Securities Exchange Act of 1934, the Employee Retirement Income Security Act of 1974, or state securities laws. Accordingly, participants are not afforded the protections of the provisions of these laws and related regulations. You should carefully consider the investment objectives, risks, charges, and expenses of any fund before investing in it. All funds are subject to risk and uncertainty. Past performance cannot be used to predict future performance. Portico funds are not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. See the ELCA Master Institutional Retirement Plan Investment Fund Descriptions document for additional fund information.

Your rights under the plan are governed by the plan document (the full, legal description of the plan). If this information is found to be inconsistent with the plan document, the plan document is considered the controlling document. Portico reserves the right to change any term of the plan through the amendment or termination process described in the plan document. To request a copy of the plan document, call 888.771.4015.

Moravian Church

Important Legal Notices

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NOTICE OF 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 toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Robyn Glance
336-793-0093
rglance@mcsp.org

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share

- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- January 1, 2024
- Robyn F. Glance CPA; Chief Financial Officer; 336.793.0093; rglance@mcsp.org

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Moravian Church in America 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 Cigna Healthcare 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:

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. Moravian Church in America has determined that the prescription drug coverage offered by the Cigna Healthcare Plan 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 to 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 Cigna Healthcare coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Cigna Healthcare coverage, be aware that you and your dependents will be able to get this coverage back.

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 Moravian Church in America 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.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information Robyn Glance at 336.793.0093 **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 Moravian Church in America 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 1-800-772-1213 (TTY 1-800-325-0778).

Remember: 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).

Date:	01.01.2024
Name of Entity/Sender:	Moravian Church in America
Contact--Position/Office:	Robyn Glance, Chief Financial Officer
Address:	459 S. Church Street, Winston-Salem, NC 27101
Phone Number:	336-793-0093

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid	MINNESOTA – 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: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – 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 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
KENTUCKY – Medicaid	NEBRASKA – 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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
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	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	TEXAS – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be

subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2024)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Moravian Church in America, Southern Province	4. Employer Identification Number (EIN) 56-0552778	
5. Employer address 459 S. Church Street Winston-Salem, NC 27101	6. Employer phone number 336-793-0093	
7. City Winston-Salem	8. State NC	9. ZIP code 27101
10. Who can we contact about employee health coverage at this job? Robyn Glance		
11. Phone number (if different from above)	12. Email address rglance@mcsp.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☒ All employees. Eligible employees are:
Anyone working 30 plus hours a week.
- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:
For spouses and dependents to age 26 for covered members.

☒ If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Notes:

Notes:

Notes:



Moravian Church in America Southern Province

Disclaimer

This brochure provides only a summary of the benefits available under the Moravian Church in America benefit plans. In the event of a discrepancy between this summary and the plan document, the plan document will prevail. The Moravian Church in America retains the right to modify or eliminate these or any other benefits at any time and for any reason.