

# 2015 Employee Benefits Guide



## Welcome to 1st Financial Federal Credit Union's Annual Enrollment Period

1st Financial Federal Credit Union understands how important your employee benefits package is to you. We understand the programs we offer should meet you and your family's needs, as well as be affordable. We received a slight rate increase of 6% this year for our medical renewal. Almost all of this is a result of medical trend and Healthcare Reform fees the insurance companies are required to include in our rates. This year, due to the credit union's overall good performance, 1st Financial made the decision to cover the 6% medical premium increase for all participating employees. After careful review of the renewal and many marketing efforts we have decided to stay with **Coventry Health Care** with no changes to our current plan.

Once again, we are pleased to offer two medical plan options so you can choose the plan that best fits the needs of you and any dependents. A brief summary of the medical plans is on the following pages. If you would like to change plans, now is the time to do so. The month of June is the period designated as "open" to employees for enrollment.

After a full market research for the Life/AD&D, Voluntary Life/AD&D, Short Term Disability, and Dental plans, we found that by switching to **The Standard Insurance Company** we were able to preserve coverage while lowering cost. See the following pages for benefit coverage for these plans.

The Vision plan will remain with **Vision Benefits of America**. 1st Financial Federal Credit Union will continue to provide vision benefits for you through VBA at NO cost as long as you are also enrolled in the medical plan.

***This is the one time of the year to make changes to your elections, such as adding or deleting dependents, as well as changing between the two plans we offer (Base/Buy-up). All changes will be effective July 1, 2015. Otherwise, the only way to change your election is due to a qualifying event (marriage, divorce, birth or adoption of a child, loss of other coverage). These types of changes need to be done within 31 days of the qualifying event. All enrollments and changes need to be made by June 19th.***

The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official Plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the Plans as described in this material and official Plan documents, the language of the documents shall govern.

## ENROLLING IN THE PLANS

### ENROLLING IN THE PLANS IS FAST AND EASY:

If you are newly eligible or would like to now enroll in benefits due to the annual enrollment period, you will need to enroll through the ADP self service.

## ELIGIBILITY

### WHO CAN YOU ADD TO YOUR PLAN:

#### Eligible:

- Legally married spouse
- Natural or adopted children under 26 years old
- Children under your legal guardianship
- Your stepchildren
- Children under a qualified medical child support order
- Disabled children 26 years or older

#### Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

## FREQUENTLY ASKED

## QUESTIONS.....

### ARE CHANGES TO MY PLAN ALLOWED DURING THE YEAR?

Generally, you may only enroll in the plan, or make changes to your benefits, during the re-enrollment period or when you are first hired. However, you can make changes/enroll during the plan year if you experience a qualifying event. As with a new enrollee, you must have your paperwork turned in within 31 days of the qualifying event or you will have to wait until the next annual open enrollment period. Premiums and enrollment eligibility may change; see your Human Resources department for details.

### EXAMPLES OF QUALIFYING EVENTS:

- Your dependents or you lose health coverage because of loss of eligibility or loss of employer contributions
- You get married, divorced, or legally separated (with court order)
- You have a baby or adopt a child
- You or your spouse take an unpaid leave of absence
- You or your spouse dies
- You become eligible for or lose Medicaid coverage
- You become eligible for Medicare



# 1st Financial Federal Credit Union - Union-Non Exempt

## Medical Insurance to Keep You Healthy

<b>Coventry C1000-14</b>	<b>In Network</b>	<b>Out of Network</b>
Deductible: Individual Family	\$1,000 \$2,000	\$2,000 \$4,000
Coinsurance After Deductible	80%	60%
Out-of-Pocket Max: Individual Family	\$3,500 \$7,000	\$6,000 \$12,000
Office Visit Primary Care Specialist	\$25 Co-Pay \$50 Co-Pay	Deductible & Coinsurance
Preventive Care	100%	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery, Lab & X-Ray	Deductible & Coinsurance	Deductible & Coinsurance
Major Diagnostics: Lab, X-Ray, CT, PET, MRI, MRA, Nuclear Medicine	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	\$250 Co-Pay	\$250 Co-Pay
Urgent Care	\$75 Co-Pay	\$75 Co-Pay
Prescription <i>Retail—Tier 1</i> <i>Retail—Tier 2</i> <i>Retail—Tier 3</i> <i>Mail Order (90 Day)</i>	<u>At Participating Pharmacies:</u> \$10 \$35 \$60 \$20/\$70/\$120	

<b>Coventry HSA QAR 2000</b>	<b>In Network</b>	<b>Out of Network</b>
Deductible: Individual Family	\$2,000 \$4,000	\$5,000 \$10,000
Coinsurance After Deductible	100%	70%
Out-of-Pocket Max: Individual Family	\$2,000 \$4,000	\$10,000 \$20,000
Office Visit Primary Care Specialist	Deductible & Coinsurance	Deductible & Coinsurance
Preventive Care	100%	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery, Lab & X-Ray	Deductible & Coinsurance	Deductible & Coinsurance
Major Diagnostics: Lab, X-Ray, CT, PET, MRI, MRA, Nuclear Medicine	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance
Prescription <i>Retail—Tier 1</i> <i>Retail—Tier 2</i> <i>Retail—Tier 3</i> <i>Mail Order (90 Day)</i>	<u>At Participating Pharmacies:</u> Deductible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance	

### PLAN HIGHLIGHTS

- ◆ Co-Pays, Coinsurance, Prescription Drug Co-Pays, and Deductibles accumulate towards the Out-of-Pocket Maximum.
- ◆ Lab, X-Ray, and other preventive tests for Preventive care are covered at 100% with no deductible.
- ◆ You can visit a Walgreens Take Care clinic for a Primary Care Office Visit Co-Pay.

## Enhance Your Smile with Dental Coverage

The Standard Schedule of Benefits	In Network	Out of Network
<b>Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Office Visit Co-Pay</b>	n/a	n/a
<b>Coinsurance</b>		
Diagnostic/Preventive	100%	100%
Basic Services	90%	80%
Major Services	60%	50%
Endodontics	90%	80%
Periodontics	90%	80%
Orthodontia	50% to \$1,000 Lifetime Maximum (Child Only)	
<b>Annual Maximum</b>	\$1,000/person	

It is to your advantage to utilize a network dentist to take advantage of contracted fees. If you go *out-of-network*, you will be responsible for any amount exceeding The Standard's negotiated rates plus any deductible and co-insurance associated with your procedure.

### Out-of-Network Services

All out-of-network claims are paid at the 90th Percentile of UCR. The provider will bill the insured for any charges that exceed the 90th Percentile of UCR. (Usual and Customary Reimbursement)

## See Clearly with Vision Coverage

Vision Benefits of America (VBA) maintains a network of more than 16,000 participating Optometrists, Ophthalmologists and Retail Locations nationwide to provide professional vision care for persons covered under this plan.

Select a VBA Participating Provider in your area. When scheduling an appointment, please notify the VBA provider that your vision coverage is administered by VBA. The provider will contact VBA to verify eligibility via on-line system and will process services received electronically.

To access a list of participating providers and to verify your benefit eligibility prior to visiting your eye care provider, please visit:

[www.visionbenefits.com/docsearch](http://www.visionbenefits.com/docsearch)  
or call (800) 432-4966.

Vision Benefits of America	In Network	Out of Network
Examination Co-pay	\$0	Up to \$40 Reimbursement
Frequency of Service:		
Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Contacts	Every 12 months	
Lenses	\$20 Co-Pay, then	<u>Reimbursement</u>
Single	100%	Up to \$30
Bifocal	100%	Up to \$40
Trifocal	100%	Up to \$60
Lenticular	100%	Up to \$80
Frames	\$50 Wholesale Allowance	\$50
Contacts		<u>Reimbursement</u>
Necessary	UCR	Up to \$300
Cosmetic	Up to \$150	Up to \$150

Discounts on LASIK services are also available.

# 1st Financial Federal Credit Union - Union-Non Exempt

## *Protect Your Family with Life & Accidental Death and Dismemberment Insurance*

The Standard will now be your provider Life/AD&D coverage. 1st Financial Federal Credit Union will continue to provide a \$10,000 life insurance policy for each employee. Each benefit amount also carries an equal benefit of accidental death and dismemberment coverage. Now is a great time to ensure that 1st Financial Federal Credit Union has the most up to date beneficiary information. Please update your beneficiary form on ADP.

### *Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance*

1st Financial Federal Credit Union will continue to offer you the option of purchasing Voluntary Life/AD&D insurance for yourself, your spouse and your child(ren). This coverage will now be provided to you through **The Standard Insurance Company**. You, the employee, must purchase Voluntary Life/AD&D in order to purchase for your spouse and dependent children.

#### **Employee:**

Employees can purchase additional life insurance in increments of \$10,000, up to 6x your annual earnings, with a maximum of \$300,000 (anything over \$140,000, will be subject to medical questions).

#### **Spouse:**

Spousal coverage can be purchased in increments of \$5,000 (up to 100% of the employees election), to a maximum of \$100,000 (anything over \$50,000 will be subject to medical questions).

#### **Child(ren):**

A \$10,000 policy can be purchased for dependent children (up to age 26 regardless of student status).

In addition, the voluntary life benefit carries an equal benefit of accidental death and dismemberment coverage (AD&D) for the employee and their dependents.

If you are currently enrolled in the Voluntary Life/AD&D plan, and you do not wish to make any changes, your current election will rollover to The Standard. Your per paycheck contribution will not change. If you previously did not elect up to the guarantee issue amount of \$140,000 last year and wish to elect up to this amount this year you may do so at this time without providing evidence of insurability.

Should you decide to leave 1st Financial Federal Credit Union and have elected this coverage, you may have the option to convert your Voluntary Life/AD&D policy to an individual policy.

VOLUNTARY LIFE/AD&D EMPLOYEE CONTRIBUTION (Rates are per month)	
<u>AGE BAND</u>	Cost/\$1,000*
Under 29	\$.078
30-34	\$.083
35-39	\$.126
40-44	\$.203
45-49	\$.341
50-54	\$.602
55-59	\$.998
60-64	\$1.330
65-69	\$2.073
70-74	\$3.639
75 +	5.942
Child Life Rate	\$2.00/\$10,000
AD&D: Employee/Spouse	\$0.02
Child	\$0.04
*Spouse rates are based on the spouse's age.	

## *Prepare for the Unexpected with.....*

### *Short Term Disability Insurance*

Ist Financial Federal Credit Union provides income protection in case of an unexpected temporary illness or injury. Short Term Disability is a company provided benefit and is offered to you through The Standard Insurance Company. This coverage pays a benefit for a period of time in the event you cannot work because of a covered illness, injury, pregnancy or mental disorder. This benefit replaces a portion of your weekly income, helping you to meet your financial commitments just when you may need it most. It provides 66-2/3% of your weekly income up to \$600 after satisfying a 14 day elimination period. There is no elimination period for disability due to an injury.



# 1st Financial Federal Credit Union - Union-Non Exempt

## EMPLOYEE COST—Semi Monthly

Medical	Base Per Pay	Buy Up Per Pay
Employee	\$49.00	\$53.00
Employee & Spouse	\$253.00	\$280.00
Employee & Child(ren)	\$202.00	\$223.00
Family	\$407.00	\$450.00

Dental	Cost Per
Employee	\$3.00
Employee & Spouse	\$18.50
Employee & Child(ren)	\$23.00
Family	\$37.50

## ENROLLMENT WORKSHEET

VOLUNTARY LIFE/AD&D EMPLOYEE CONTRIBUTION (Rates are per month)	
AGE BAND	Cost/\$1,000*
Under 29	\$.078
30-34	\$.083
35-39	\$.126
40-44	\$.203
45-49	\$.341
50-54	\$.602
55-59	\$.998
60-64	\$1.330
65-69	\$2.073
70-74	\$3.639
75 +	5.942
Child Life Rate	\$2.00/\$10,000
AD&D: Employee/Spouse	\$0.02
Child	\$0.04
<b>*Spouse rates are based on the spouse's age.</b>	

<b>Employee</b>		
\$ _____	÷ 1,000 X \$ _____	= \$ _____
Amount of Coverage	Unit Cost from Rate Table	Employee Monthly Cost
<b>Spouse</b>		
\$ _____	÷ 1,000 X \$ _____	= \$ _____
Amount of Coverage	Unit Cost from Rate Table	Spouse Monthly Cost
<b>Child(ren)</b>		
\$ _____	÷ 1,000 X \$ _____	= \$ _____
Amount of Coverage	Unit Cost from Rate Table	Child(ren) Monthly Cost



# 2015 Benefits Guide

## ENROLLMENT WORKSHEET *-(for employee use only)*

### DEPENDENT PARTICIPATION DETAIL

Legal Name	SS#	Relationship	Gender	DOB	Medical Yes or No	Dental Yes or No	Vision Yes or No

### BENEFICIARY INFORMATION

<b>Basic Life Primary Beneficiary(s) - Total Must Equal 100%</b>			
Name	SS#	Relationship	%
Name	SS#	Relationship	%
<b>Basic Life Contingent Beneficiary(s) - Total Must Equal 100%</b>			
Name	SS#	Relationship	%
Name	SS#	Relationship	%
<b>Voluntary Life Primary Beneficiary(s) - Total Must Equal 100%</b>			
Name	SS#	Relationship	%
Name	SS#	Relationship	%
<b>Voluntary Life Contingent Beneficiary(s) - Total Must Equal 100%</b>			
Name	SS#	Relationship	%
Name	SS#	Relationship	%

## Helpful Information

**Deductibles** - The deductible is the amount of money you pay before services are covered under your medical or dental plan. Normally, it is paid for in-patient and out-patient services under your medical plan. Your deductible is accumulated during each calendar year (January 1 through December 31). It does not apply to any preventive services as required under Health Care Reform.

**Coinsurance** - After the deductible is satisfied, claims costs are shared with the insurance carrier until the out-of-pocket maximum is reached.

**Out-of-Pocket Maximums** - This is the maximum amount of money you are required to pay in a calendar year. The deductible, co-pays, and your share of the coinsurance under your chosen plan will equal the most you will pay. Once the out-of-pocket maximum is reached, claims are eligible at 100% of covered services.

**Office Visit Copayments** - When you visit your primary care physician or a specialist, you are required to pay a copayment for that visit. The office visit co-pay will satisfy part of the out-of-pocket limit associated with the plan. There should be no copayments for services coded as preventive by your physician. NOTE: The High Deductible Health Plan (HSA) has no office visit Co-Pay.

**Urgent Care** - If you visit an urgent care facility you will be required to pay a copayment for this service. It is higher than a regular office visit and lower than an emergency room copayment. In addition to the co-pay, the deductible and coinsurance may apply when these services are performed: CT, PET, MRI, Nuclear Medicine, Pharmaceutical Products, Scopic Procedures, Surgery, Therapeutic Treatments. Note: Take Care Clinic with Walgreens is considered at the primary care office visit co-pay. The High Deductible Health Plan (HSA) has no Urgent Care Co-Pay.

**Emergency Room** - If you visit a hospital emergency room, you will be required to pay a copayment for this visit. This is a much higher cost than a regular office visit or urgent care facility. If you are admitted to the hospital the copayment/coinsurance is waived and the deductible / coinsurance applies. The High Deductible Health Plan (HSA) has no Emergency Room Co-Pay.

**Preventive Services** - All services coded as Preventive are covered 100% and the deductible and copayments will not apply. Situations may arise where the "Preventive" service could be coded as "Diagnostic". In these situations the deductible and copayments could apply. Also, if you receive a preventive service in conjunction with a sick visit, you could still be charged the applicable office visit co-pay, deductible, and/or coinsurance. Communication with your provider of care is important.

**Lifetime Benefit Maximum** - All plan design options have an unlimited lifetime maximum.

**Prescription Drugs** - The prescription drug benefit will cover Tier 1 drugs after a \$10 Co-Pay; Tier 2 drugs require a \$35 Co-Pay; and Tier 3 drugs are covered after a \$60 Co-Pay for up to a 31-day supply. Mail Order prescription will provide up to a 90-day supply of medication 2 times the tier co-pay. Please visit [www.coventryhealthcare.com](http://www.coventryhealthcare.com) to access your prescription drug list as well as the list of prescription drug products that are available through mail order.

**Review your Certificate of Coverage.** It is a complete summary of your health insurance benefits.

**Ask your physician or healthcare provider if they participate in the Coventry network.** Do not ask if they accept Coventry Healthcare. The providers usually, but not always, accept payments from insurance companies or anyone who wants to give them money; however, not all providers want to accept the contractual discounts required by participation in the network. You can also check the website at [www.coventryhealthcare.com](http://www.coventryhealthcare.com) for the most up-to-date list of participating providers or call customer service at the phone number on the back of your ID card for assistance.

**If you go out-of-network,** know that it is your responsibility to pre-certify all procedures. Contact customer service at the phone number on the back of your ID card. There are penalties and more out-of-pocket expenses if you do not pre-certify.

## IMPORTANT NOTICES

### **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 our health coverage 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](http://www.healthcare.gov).

If you believe 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 go to [www.insurekidsnow.gov](http://www.insurekidsnow.gov) website 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, you will be allowed to enroll in our medical 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](http://www.askebsa.dol.gov) or call 1-866-444-3272.

**Link to the latest form:** <http://www.dol.gov/ebsa/pdf/chipmodelnotice.pdf>

For more information on special enrollment rights, you can contact either:

#### **U.S. Department of Labor**

Employee Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

1-866-444-EBSA (3272)

#### **U.S. Department of Health and Human Services**

Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Ext. 61565

### **MEDICARE PART D CREDITABLE COVERAGE**

This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. If you are eligible for Medicare the following information can help you decide whether or not you want to join a Medicare drug plan. You should consider comparing your current coverage through our medical plan with the costs of plans offering Medicare prescription drug coverage in your area. Two important things you need to know about your current coverage and Medicare prescription drug coverage:

Medicare prescription drug coverage is available if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan. All Medicare drug plan provide at least a standard level of coverage set by Medicare. More coverage may be offered at a higher premium.

Coventry Healthcare has determined that the prescription drug coverage offered by 1st Financial Federal Credit Union 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 for the Buy Up (C-1000-14) Plan. Because this coverage is Creditable Coverage, you can keep it and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. The HSA plan is not considered Creditable Coverage by Coventry Healthcare. Depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan.

If you lose your current creditable prescription drug coverage through no fault of your own, you will be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.

## IMPORTANT NOTICES (cont.)

If you decide to join a Medicare drug plan, your current coverage will not be affected. This plan will coordinate with Part D coverage. If you drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

If you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

A notice will be provided to you prior to the October 15 Medicare open enrollment period. If you want more information about Medicare plans that offer prescription drug coverage, you will find it in the Medicare & You handbook or you can visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227) TTY users: 1-800-486-2048. If you have limited income and resources, visit Social Security on their website at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213. TTY users: 1-800-325-0778.

**Keep all Creditable Coverage notices.** If you decide to join one of the Medicare drug plans, you may be required to provide a copy of the 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).

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

As a requirement of the Women's Health and Cancer Rights Act of 1998, your plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. The benefits must be provided and are subject to the health plan's regular co-pays, deductibles, and co-insurance. You may contact our health carrier at the phone number on the back of your ID card for additional benefit information.




## **SPECIAL ENROLLMENT NOTICE**

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans. If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. If coverage is lost, you must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll any new dependent within 30 days of the event. To request special enrollment or obtain more information, contact TarAnn Barrett in Human Resources.

## **SUMMARY OF MATERIAL MODIFICATION**

Coventry Healthcare has amended the Employee Medical Benefit Plan. This contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description or Certificate of Coverage that is available to you. If you need a copy of your Summary Plan Description or Certificate of Coverage, please go to [www.coventryhealthcare.com](http://www.coventryhealthcare.com) or contact Human Resources.

## CONTACT INFORMATION

YOUR CARRIERS	
	<p>Medical:</p> <p>Member Services 1-800-755-3901 www.chcmissouri.com</p>
	<p>Dental Life/AD&amp;D, Voluntary Life &amp; Short Term Disability</p> <p>Customer Service: 1-888.937.4783</p>
	<p>Vision:</p> <p>Member Services: 1-800-432-4966 www.visionbenefits.com</p>



For questions regarding your benefits please contact our benefit consultants at CBIZ Benefits & Insurance Services, Inc:

Tina Borge, Account Executive  
314-692-2249 Ext. 145  
tborge@cbiz.com

Nicol Schmidt, Account Manager  
314-692-2249 Ext. 147