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This Benefits Guide is intended to provide an easy-to-understand explanation of your Plan benefits. However, you should refer to the official Plan documents for more extensive information about the Plan. In the event of any conflict between the information in this booklet and the official Plan documents (including the Summary Plan Descriptions), the Plan documents will govern.



As an employee of the World Changers Church International (WCCI), you are eligible for a wide range of valuable benefits designed to:

- Promote health and wellness for you and your family
- Protect your income while you are working
- Help build financial security for your retirement
- Help you balance your personal responsibilities and work life

The goal of WCCI's benefits program is to provide benefit options that allow you to choose the coverage that best meets your needs and the needs of your family. It is important to understand all the options available to you. Some benefits are provided automatically, while you must actively elect others. Your medical benefit options are subsidized and WCCI provides life insurance and accidental death & dismemberment insurance as a free benefit to you as an important part of your total compensation package.

This 2017 Benefits Overview Guide provides you with an overview of the benefits available to you. We urge you to review the information provided in this guide so that you can make the choices that are right for you and your family.

WCCI appreciates your efforts in all that you do for the ministry. Your hard work and compassion continues to make a positive difference in the communities we serve. We value you and you are our greatest asset. We are grateful for your contributions to the ministry and appreciate your efforts and we look for your support as WCCI move forward with Understanding Grace | Empowering Change.

For additional information or questions, please contact Stella Byrd at 770-210-5783 ([sbyrd@worldchangers.org](mailto:sbyrd@worldchangers.org)) or Shantel Dean at 770-210-5743 ([sdean@worldchangers.org](mailto:sdean@worldchangers.org)).

Human Resources Benefits Department

## The Annual Benefits Enrollment Time Is Here For Selecting Your 2017 Benefits

This Benefits Enrollment Guide is designed to provide an overview of the 2017 benefit options that are available to you and your eligible dependents through WCCI. WCCI is here to help by illustrating the options available to you and explaining the actions that you will need to take during this annual enrollment period.

## What Is Annual Benefits Enrollment?

### Annual Benefit Enrollment:

*January 3rd through January 13th, 2017*

It's time to review your current benefit elections and select the coverage appropriate for you and your eligible dependents. During Annual Enrollment, you may make changes to your benefits by adding and/or dropping coverage and/or changing your dependents. Any changes you elect will be effective from February 1, 2017 through January 31, 2018, unless you experience a Qualified Life Event.

## 2017 Annual Benefits Enrollment Checklist – What To Do:

Use this checklist to help make your benefit choices for the 2017 plan year. Changes are effective February 1, 2017:

- Review the 2017 Annual Benefits Enrollment Guide
- Review your 2017 Benefits Enrollment Statement
- Decide what benefits you want to enroll and/or change for 2017
- Review your dependent coverages – remove any ineligible dependents from your coverage
- If you wish to enroll in Voluntary Long Term Disability or enroll in and/or increase your Voluntary Life election, you must complete an Evidence of Insurability Form (EOI).
- If you wish to add or change benefits, you must complete a 2017 Enrollment Change Form. Enrollment change forms are due to the Benefits Department on or before **January 13th, 2017**.
- If you do not wish to make any changes to your current elections / coverages then **NO ACTION IS REQUIRED**. Your current election amounts will roll over to the new plan year.

If you have questions about your benefit options, please contact the WCCI Human Resources Department at 770-210-5733.



## When Am I Eligible For Benefits?

### WCCI Eligibility Requirements

As a WCCI employee you are eligible for benefits if you are a regular full-time employee working 30 or more hours per week and have completed 60 days of employment. Benefits are effective the first of the month after 60 days of employment. Part-time employees are not eligible for benefits.

## Can I Enroll My Dependents?

If you wish to enroll your dependents, you must enroll in benefits. In general, eligible dependents are your spouse and unmarried children younger than age 26. If you enroll your dependents in benefits, your dependents must be enrolled in the same plans in which you enroll. You may be asked to provide proof of eligibility, such as a college transcript for a student or a birth certificate for your dependents.

### The following dependents are eligible for healthcare benefits:

- Your Spouse
- Your unmarried children under age 26, including:
  - Step children and Adopted Children
  - Children for whom you are their legal guardian
- Children are eligible up to age 26 for medical, dental and vision insurance regardless of student status. Children not enrolled as a full-time student are eligible up to age 21 for life insurance.
- Disabled dependents who are medically incapacitated and are unable to provide their own support. If they are over 26 years of age and permanently disabled and financially dependent on you, then they must be covered prior to age 19 for medical and dental and prior to their 26th birthday for life insurance.

## Dependent Eligibility

When you first enroll or if you change coverage during the year due to a Qualified Life Status Change (QLSC), you are required to provide documentation identifying the eligibility of your dependent(s) within 31 days of the change or enrollment. If documentation is not received within 31 days, you will not be able to enroll your dependents.

## When Does My Coverage End

### Your benefit coverage will end on the last day of the month in which:

- Your regular work schedule is reduced to a part-time employee.
- Your employment with WCCI ends due to resignation, termination, or death.
- You stop paying your share of the coverage while on medical leave.

### Your dependent(s) coverage ends:

- When your coverage ends.
- When your dependent is no longer eligible as dependent child(ren).
- End of the month in which they turn 26 for medical, dental, and vision coverage and age 21 or when they are no longer a full-time college student for voluntary term life insurance.

## When Can I Change My Benefits?

You may change your benefits during Annual Benefits Enrollment each year or following a Qualified Life Status Change (QLSC). You will have 31 days from the date of QLSC event. Contact Human Resources to change your benefits. If you do nothing during the 31-day QLSC period, you cannot make changes until the next Annual Benefits Enrollment.

- Birth, adoption, or medical child support order
- Marriage or a divorce
- Death of a spouse or a dependent
- Starting or ending employment of a spouse. Starting or returning from unpaid leave of absence, or a change of job status (from part-time to full-time)
- Change in dependent's eligibility (e.g., marriage or reaching age 19 or age 26 for medical coverage)
- Change in residence if the change affects you or your dependents' current plan eligibility.

## 2017 Benefits Overview

If you choose not to CHANGE your benefits this Annual Benefits Enrollment period, you will continue in your current benefit elections with NO interruption of coverage.

### Medical

WCCI received a rate increase from Aetna for 2017 which includes fees for Health Care Reform. WCCI's medical rates will be increasing starting February 1, 2017. You will continue to have Aetna as your medical provider.

Your preventative services are covered at 100%. So take advantage of this benefit. Talk to your doctor to find out what preventative services you need to have performed for your specific age group.

A Gap Medical Plan through Assurant and AFLAC will continue for 2017 with no change in premiums.

### Dental

The Guardian will continue to be our dental provider in 2017. There will be a slight increase in premiums, and the calendar year annual maximum has changed to \$3,000 beginning February 1, 2017.

### Vision

The vision plan will continue to be offered through EyeMed. Private practitioners will still be covered, and you will continue to have benefits at major retail chains to include Pearl Vision, LensCrafters, Target Optical and other regional retail chains.

### Basic Life/AD&D, Voluntary Life/AD&D, Long Term Disability, Short Term Disability, EAP, Travel Assistance and Identity Theft

These plans will continue to be offered through Aetna. If you wish to increase your voluntary Life/AD&D benefit amounts above the guarantee issue amount of \$50,000, you will be required to complete an EOI.

### AFLAC

AFLAC plans will continue to be offered in 2017.

### 403(b) Savings Plan

There are no changes to the 403(b) plan. The maximum contribution amount for 2017 will remain \$18,000.





# Your Medical Plan Options

Medical Coverage - Aetna	
Type of Plan	NY Gold - Open Access EPO
Annual Deductible	In-Network
<i>Individual</i>	\$1,000
<i>Family</i>	\$2,000
Annual Out-of-Pocket Maximum	<i>Includes Deductible</i>
<i>Individual</i>	\$5,000
<i>Family</i>	\$10,000
Coinsurance	Plan pays 90% after Deductible
Lifetime Maximum	Unlimited
Primary Care Physician Office Visits	\$30 Copay
Specialist Office Visits	\$60 Copay
Preventive Care	Covered at 100%, not subject to Copay or Deductible
Maternity Physician Services	Plan pays 90% after Deductible
Hospital Inpatient Expenses <i>(Facility and Physician Charges)</i>	Plan pays 90% after Deductible
Hospital Outpatient Expenses <i>(Facility and Physician Charges)</i>	Plan pays 90% after Deductible
Emergency Room	\$500 Copay (waived if admitted)
Urgent Care	\$75 Copay
Outpatient Therapies <i>(ex: physical, chiropractic and occupational)</i> <i>Maximum Annual Benefit</i>	\$60 Copay per visit 60 visits (combined)
Mental Health, Drug and Alcohol Abuse Treatment Services <i>(Prior Authorization Required)</i>	Inpatient: Plan pays 90% after Deductible Outpatient: \$60 Copay per visit
Prescription Drugs	Deductible:\$100 Individual; \$200 family; applies to Tier 2 and 3 drugs (Deductible waived for preferred generic drugs)
<i>Retail Pharmacy (30 day supply)</i>	\$20 for Tier 1 drugs \$40 for Tier 2 drugs \$60 for Tier 3 drugs
<i>Mail Order Maintenance Drug (90 day supply)</i>	\$40 Copay for Tier 1 drugs \$80 Copay for Tier 2 drugs \$120 Copay for Tier 3 drugs



## Preventive Care Benefits

Please remember to take advantage of your Preventive Care Benefits. This benefit can help your treating physician to identify potential health risks before they become real health problems. Preventive care benefits are available under all WCCI medical plans. These preventive services include routine annual physicals, well child visits, immunizations and some health screenings. Many annual routine preventive services are covered at a \$0 copay. Please contact Aetna to schedule an appointment.

## Got Health Questions? Call Aetna

Employees enrolled in an Aetna medical plan can call this Help line: 24 hours a day / 7 days a week at 404-365-0966 or 1-800-611-1811.

When you call the Aetna Health Line you will be connected to a registered nurse. They are available 24 hours a day, 7 days a week to assist when you need medical advice. A nurse will assess your symptoms and recommend an appropriate course of treatment from simple home care procedures to seeking emergency care.

Depending on your health concern, a nurse may call to follow up to check whether or not your condition has improved.

Employees using the Aetna Health Line are empowered to make more informed health care decisions and take better care of themselves and their families.

## Employee Assistance Program Through Aetna

It is WCCI's goal to maintain a healthy, productive, and satisfied workforce. Your Employee Assistance Program (EAP) benefit can help you cope with stress and life challenges. Your use of this benefit is strictly confidential and there is no charge to use this benefit. This benefit is also available to your immediate family members.

Your EAP program has trained professionals to work with you as you search for solutions to personal and workplace issues.

If you feel you need counseling, you can receive three (3) face-to-face confidential counseling sessions per occurrence with an experienced clinician. Need help, call your EAP 24 hours a day/7 days a week.

## Medical Gap Plan (Supplemental Medical Option)

Assurant is the plan provider. No pre-existing health exclusions. The Medical GAP (Hospital Confinement Indemnity) plan works with your medical plans. You must enroll in one of WCCI's medical plans to enroll in this plan. This benefit does not have a pre-existing condition limitation. However, a condition must be covered under your medical plan in order for benefits to be payable under this plan.

- **Inpatient Benefits** - Hospital Confinement - \$1,000 per covered member calendar year maximum
- **Outpatient Benefits** - Hospitalized for outpatient treatment due to a covered injury or sickness - \$500 per covered member calendar year maximum.

See how you can use this plan with your Aetna medical plan.

**Benefit Payment Example** - You have a hospital stay and now you will need to pay your annual \$1,500 medical Deductible under the Aetna medical plan. See how your inpatient benefit can help you pay your annual

	Gap Coverage	Without Gap Coverage
<b>Your 2017 Deductible</b>	\$1,500	\$1,500
<b>GAP Benefit Amount</b>	\$1,000	\$_____
<b>GAP Benefit Allowance</b>	\$1,000	\$0
<b>Your Net Out-Of-Pocket</b>	\$500	\$1,500

## Your Dental Benefits

The Guardian dental plan benefits include an annual calendar maximum benefit of \$3,000 per covered member. The annual maximum includes all services that comprise of Preventive & Diagnostic (Type A), Basic (Type B), and Major (Type C) service categories. Orthodontia will continue to have a \$1,000 lifetime maximum.

You have the option to go to any licensed dentist, but remember when you use a network provider for dental care, you receive a greater benefit. For a list of dental network providers, visit [www.guardiananytime.com](http://www.guardiananytime.com).

## Dental Plan Summary

At annual enrollment, you may choose the Value Plan or the NAP (National Access Plan). If your dentist is in the DentalGuard Preferred Network, you will have richer benefits under the Value Plan. If your dentist is not in the DentalGuard Preferred Network, you should enroll in the NAP plan.

You may change plans at each annual enrollment without penalties.

## How To Locate an In-Network Dentist

Below you will find helpful steps in locating an in-network dentist:

1. Go to [guardiananytime.com](http://guardiananytime.com)
2. Select "Provider" at top of page
3. Select "Find a dentist"
4. Select "PPO", then "DentalGuard Preferred"
5. Enter location zip code

\* Services will be paid up to R&C charges for non-network providers. Note: this list is not all inclusive. For all other services, you may contact Guardian or see your plan certificate.

Type of Plan	Value Plan		NAP Plan	
	IN-NETWORK ONLY	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Network (DentalGuard Preferred)</b>				
<b>Deductible (Calendar Year)</b>				
<i>Individual</i>	\$50		\$50	
<i>Family</i>	\$150		\$150	
<b>Annual Maximum Benefit</b>	\$3,000		\$3,000	
<b>Preventive Services</b> <i>(oral exam, cleaning, x-rays)</i>	100%	100%	100%	100%
<b>Basic Services</b> <i>(fillings, root canal, oral surgery)</i>	100%	100%	80%	80%
<b>Major Services</b> <i>(crowns, dentures, endo, periodontal)</i>	60%	60%	50%	50%
<b>Orthodontia</b> <i>(Adult and child coverage)</i>	50%		50%	
<b>Orthodontia</b> <i>(Lifetime maximum)</i>	\$1,000		\$1,000	
<b>Maximum Rollover</b>				
<b>Rollover Threshold</b>	\$1,000		\$1,000	
<b>Rollover Amount</b>	\$500		\$500.00	
<b>Rollover Account Limit</b>	\$1,500		\$1,500.00	
<b>Waiting Periods</b>				
<b>Major/Orthodontia</b>	24 months for future enrollees			
<b>Endodontic</b>	12 months for future enrollees			

## Vision Care

Eye exams are essential - and not just for detecting vision problems. Regular eye exams can provide early warning for serious medical conditions such as glaucoma, cataracts, diabetes, and cancer. Caring for your eyes should always be a part of your regular health care routine.

WCCI offers a great vision plan through EyeMed.

Vision Benefits	In-Network
Vision Exam	\$10 Copay
Lenses	\$25 Copay
Frames	\$130 Allowance
Contacts	\$130 Allowance

Click here to review detailed benefit information  
[www.eyemed.com](http://www.eyemed.com)

## Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on [www.eyemed.com](http://www.eyemed.com) or call 1-866-804-0982.
- For Lasik providers, call 1-877-5LASER6.

## Basic Life / AD & D

WCCI provides \$25,000 of Basic Life/AD&D insurance at no cost to you.



## Voluntary Life Insurance Can Provide Financial Support When You Need It

What would happen to your family if something happened to you today? How much would your family need to replace your income? How would they pay the mortgage or other household expenses? You might want to consider enrolling in Voluntary Employee Life Insurance to increase your family's financial protection.

## Voluntary Employee Life & AD&D Insurance

You may purchase amounts of \$10,000 up to \$500,000 of insurance for yourself, not to exceed 5 times your basic annual salary. During your first three (3) years you become insured for voluntary life insurance you may elect an additional \$10,000 of coverage without Evidence of Insurability (EOI) at annual enrollment (Not to exceed the guarantee issue amount). The Guarantee Issue amount for new hires not subject to EOI is \$50,000. All other employees will need to provide EOI when electing coverage.

## Voluntary Spouse Life Insurance

You may purchase \$5,000 up to \$250,000 of insurance for your spouse. Coverage cannot exceed 50% of the employee's amount. The Guarantee Issue amount for new hires not subject to EOI is \$25,000. All other employees will need to provide EOI when electing coverage.

## Voluntary Child Life Insurance

You may elect increments of \$2,000 up to a maximum of \$10,000 of insurance for your eligible dependents. Purchase coverage for dependents from 14 days up to age 19 or to age 23, if full-time student.

## Whole Life Insurance

The plan administrator is New York Life

- Portable Life Insurance - employees get to take this benefit with them when/if they should leave WCCI.
- You receive accumulated guaranteed, tax free, cash-value income within the policy, plus dividends (that can be used during your life time).
- Cash Option Policy that can be used to supplement your retirement income.
- Cash Value is protected from Creditors.
- Policies can be used for College Funding.

## Short-Term Disability (STD)

STD is a mandatory benefit for all regular full-time employees. If you are temporarily disabled due to a non-work related issue such as an accident, illness or maternity, your benefit coverage for STD will be 60% of your base salary, up to \$2,000 weekly benefit for 13 weeks. Benefits will start on the 8th day of your disability. If you are disabled due to an accident, your benefits will begin on the 1st day. Benefits are paid by your insurance provider.

## Long-Term Disability (LTD)

This benefit provides income if you cannot work due to an extended disability. LTD is an optional coverage for which you pay the full cost.

If you become disabled, the LTD plan pays you 60% of your base pay minus other disability benefits you are eligible to receive up to a \$5,000 monthly benefit. Benefits begin on the 14th week of your disability.

## AFLAC

AFLAC pays cash when you, get hurt or miss work.

Choose from a wide range of insurance policies to help cover health events from accidents, to intensive care, to dental care. Elect coverage today.

These policies are available: Accident, Critical Illness, Cancer/Specified Disease, Dental, Disability or Sickness Policy. You must enroll to be eligible for these benefits. If you want to dis-enroll in any of these AFLAC policies, you must elect waive coverage on your 2017 Benefits Enrollment Statement. An AFLAC representative will meet with you to enroll you in these benefits.

## WCCI Retirement Savings Plan

Start planning for your retirement today.



To make saving for the future easy, we offer payroll deduction when you enroll in the Voya 403(b) Savings Plan. When employees make pretax contributions, they put off paying federal and, in most cases, state and local income taxes on the money earned on their contributions. You pay taxes only when you take a distribution or withdrawal from your account: Early withdrawals may be subject to penalties in addition to taxes you pay. By deferring the taxes on your pretax contributions, you lower your taxable income and increase your take-home pay. Employees must pay taxes when they withdraw their money.

Voya offers Life cycle investments for easier investing convenience of investing your contributions into a fund that is managed for you by providing “ready mixed” investments. Life cycle investments are allocated and invested based on your projected retirement time line, starting out with a higher allocation to stocks when you are younger, and then reallocating gradually toward more conservative assets as you get closer to retirement. Each of the funds assumes a retirement age of 65, so please select the appropriate fund based on your retirement age.

Voya offers over 35 investment options. You can take a loan or make a hardship withdrawal under this plan. Also, you will have access to your plan information 24/7. You are eligible to enroll in this benefit every quarter. Contact the Human Resources department for an enrollment booklet.

## Your Responsibility for Health Insurance

The health care reform law requires most Americans to have health insurance. This requirement is called the "Individual Mandate." You can meet this requirement by getting health insurance through:

- World Changers Church International (if you are benefit eligible)
- Your spouse's employer (if eligible)
- A Health Insurance Marketplace available in your state (which may also be referred to as a public exchange)
- Other coverage options that may be available to you, including an insurance plan outside the Health Insurance Marketplace or through government programs such as Medicare and Medicaid.

If you do not enroll in health insurance, you may pay a tax penalty based on your income and family status. The total penalty amount will be collected as a single payment once a year and the tax penalty is scheduled to increase in future years. The actual IRS formula for calculating the amount of the penalty is complex and consists of a number of components, but generally, the annual penalty for 2017 will be the higher of a percentage of your household income or a per person fee.

### Percentage of income

- 2.5% of household income
- Maximum: Total yearly premium for the national average price of a Bronze plan sold through the Marketplace

### Per Person

- \$695 per adult
- \$347.50 per child under 18
- Maximum: \$2,085

Family Size	Household Income (Example)	How the Penalty is Calculated: Greater of:	2017 Tax Penalty
Individual	\$25,000	\$695 Flat Dollar OR 2.5% of (\$25,000 - \$10,150) (household income minus the tax filing threshold)	\$695
Married Couple	\$40,000	(\$695 x 2) adults OR 2.5% of (\$40,000 - \$20,300) (household income minus the tax filing threshold)	\$1,390.00
Family of 3 Assumes (1 child < age 18)	\$40,000	(\$695 x 2) + 347.5 OR 2.5% of (\$40,000 - \$20,300) (household income minus the tax filing threshold)	\$1,737.50
Family of 4 Assumes 2 children < age 18)	\$40,000	(\$695 x 2) + (347.5 x 2) OR 2.5% of (\$40,000 - \$20,300) (household income minus the tax filing threshold)	\$2,085.00
Family of 5 Assumes 3 Children < age 18	\$150,000	(\$695 x 2) + (347.5 x 3) OR 2.5% of (\$150,000 - \$20,300) (household income minus the tax filing threshold) Penalty Not to Exceed \$2085.00	Not to Exceed \$2,085.00

\* These are only examples. Actual penalties will vary based on each person's circumstances. World Changers Church International can't provide tax advice to employees. If you have questions, talk with your tax advisor.

## Basic Life and Accidental Death & Dismemberment, Voluntary Life, Long-Term & Short-Term Disability

### Aetna Life

Phone: 1-800-523-5065  
Fax: 1-800-238-6239  
Claims Address:  
Aetna Life Insurance Co.  
P.O. Box 40512-4549  
Lexington, KY 40512-4549

### Aetna Disability

Phone: 1-866-326-1380  
Fax: 1-866-667-1987  
Claims Address:  
Aetna Disability  
P.O. Box 14560  
Lexington, KY 40512-4560

## Medical

### Aetna

Member Services: 1-888-802-3852  
[www.aetna.com](http://www.aetna.com)

### Aetna Nurse Line

Aetna 1-888-802-3862

## Dental

### The Guardian

Member Services: 1-800-541-7846  
[www.guardiananytime.com](http://www.guardiananytime.com)  
Group# 524056

## Vision

### EyeMed

Member Services: 1-866-804-0982  
[www.eyemed.com](http://www.eyemed.com)

## EAP (Employee Assistance Program)

### Aetna

Member Services: 1-855-283-1915  
[www.mylifevalues.com](http://www.mylifevalues.com)  
Login/Password = RESOURCES

## AFLAC

Member Services: 1-800-99-AFLAC  
[www.aflac.com](http://www.aflac.com)

## Whole Life Insurance

### New York Life

Member Services: 1-800-695-9873  
[www.newyorklife.com](http://www.newyorklife.com)

## Travel Assistance & Identity Theft Protection

Aetna Travel Assistance Program

How to reach us:

Overseas assistance, call: 1-312-935-3704 all collect calls accepted

Toll-free within the United States call: 1-877-935-3704

E-mail questions or concerns to:

[aetnatravelassistance@axa-assistance.us](mailto:aetnatravelassistance@axa-assistance.us)

## Identity Theft

Aetna

[www.iChooseLegal.com](http://www.iChooseLegal.com)



## Women's Health and Cancer Rights Act of 1998

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy – related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy (including lymphedema). Please call your plan administrator for more information.

## The Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a new federal law that protects Americans from being treated unfairly because of differences in their DNA that may affect their health. The new law prevents discrimination from health insurers and employers. The President signed the act into federal law on May 21, 2008. The parts of the law relating to health insurers will take effect by May 2009, and those relating to employers will take effect by November 2009.

Who needs protection from genetic discrimination?

Everyone should care about the potential for genetic discrimination. Every person has dozens of DNA differences that could increase or decrease his or her chance of getting a disease such as diabetes, heart disease, cancer or Alzheimer's. It's important to remember that these DNA differences don't always mean someone will develop a disease, just that the risk to get the disease may be greater.

More and more tests are being developed to find DNA differences that affect our health. These tests (called genetic tests) will become a routine part of health care in the future. Health care providers will use information about each person's DNA to develop more individualized ways of detecting, treating and preventing disease. But unless this DNA information is protected, it could be used to discriminate against people.

### Why was the law needed?

The law was needed to help ease concerns about discrimination that might keep some people from getting genetic tests that could benefit their health. The law also enables people to take part in research studies without fear that their DNA information might be used against them in health insurance or the workplace.

## HIPAA Notice of Privacy Practices

This rule required health plans to send participants an initial notice of privacy practices and then reminders must be given once every three years. This memo is a reminder that if you would like to see or obtain another copy of the health plan's HIPAA Privacy Notice, please contact the WCCI Human Resources Department.



## Michelle's Law Notice

(To Accompany Certification of Dependent Student Status)

Michelle's Law is a federal law that requires certain group health plans to continue eligibility for adult dependent children who are students attending a post-secondary school, where the children would otherwise cease to be considered eligible students due to a medically necessary leave of absence from school. In such a case, the plan must continue to treat the child as eligible up to the earlier of:

- The date that is one year following the date the medically necessary leave of absence began; or
- The date coverage would otherwise terminate under the plan.

**For the protections of Michelle's Law to apply, the child must:**

- Be a dependent child, under the terms of the plan, of a participant or beneficiary; and
- Have been enrolled in the plan, and as a student at a post-secondary educational institution, immediately preceding the first day of the medically necessary leave of absence.

"Medically necessary leave of absence" means any change in enrollment at the post-secondary school that begins while the child is suffering from a serious illness or injury, is medically necessary, and causes the child to lose student status for purposes of coverage under the plan.

If you believe your child is eligible for this continued eligibility, you must provide to the plan a written certification by his or her treating physician that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

If you have any questions regarding the information contained in this notice or your child's right to Michelle's Law's continued coverage, you should contact WCCI Human Resources Department.

## Important Notice from World Changers Church International

### 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 World Changers Church International 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. World Changers Church International has determined that the prescription drug coverage offered by the Health Benefits 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 15<sup>th</sup> through December 7<sup>th</sup>.

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 World Changers Church International coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current World Changers Church International coverage, be aware that you and your dependents may not 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 World Changers Church International 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. **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 World Changers Church International 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](http://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](http://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:	December 1, 2016
Name of Entity/Sender:	World Changers Church International
Contact--Position/Office:	Ms. Stella Byrd / Human Resources
Address:	2500 Burdett Road College Park, GA 30349
Phone Number:	770-210-5700

## 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](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

ADDITIONAL INFORMATION /CHIP LIST
<p><b>GEORGIA – Medicaid</b></p> <p>Website:  <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a>                      Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)                      Phone: 404-656-4507</p>
<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>                      Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>                      CHIP Phone: 1-800-701-0710</p>
<p><b>NEW YORK – Medicaid</b></p> <p>Website:  <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a>                      Phone: 1-800-541-2831</p>
<p><b>TEXAS – Medicaid</b></p> <p>Website:  <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>                      Phone: 1-800-440-0493</p>

If you wish to add or change benefits, you must complete a 2017 Enrollment Change Form. Enrollment change forms are due to the Benefits Department on or before **January 13th, 2017**.

If you do not wish to make any changes to your current elections / coverage's then **NO ACTION IS REQUIRED**. Your current benefit election will roll over to the new plan year.

If you have questions about your benefit options, please contact the WCCI Human Resources department at 770-210-5733.

### Key Things to Know

#### Dates to Remember:

Your Annual Enrollment dates are:

January 3, 2017, through January 13th, 2017

Your Period of Coverage dates are:

February 1, 2017, through January 31, 2018









2417 Grand Concourse  
Bronx, NY 10468

Disclaimer: This Benefit Guide provides only the briefest of summaries of the benefits available under World Changers Church International. In the event of any discrepancy between this summary and any Plan Document, the Plan Document will prevail. World Changers Church International retains the right to modify or eliminate these or any benefits at any time and for any reason.