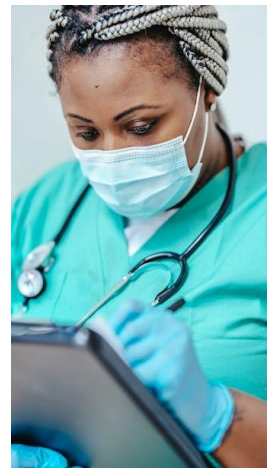


# Denton Bible Church

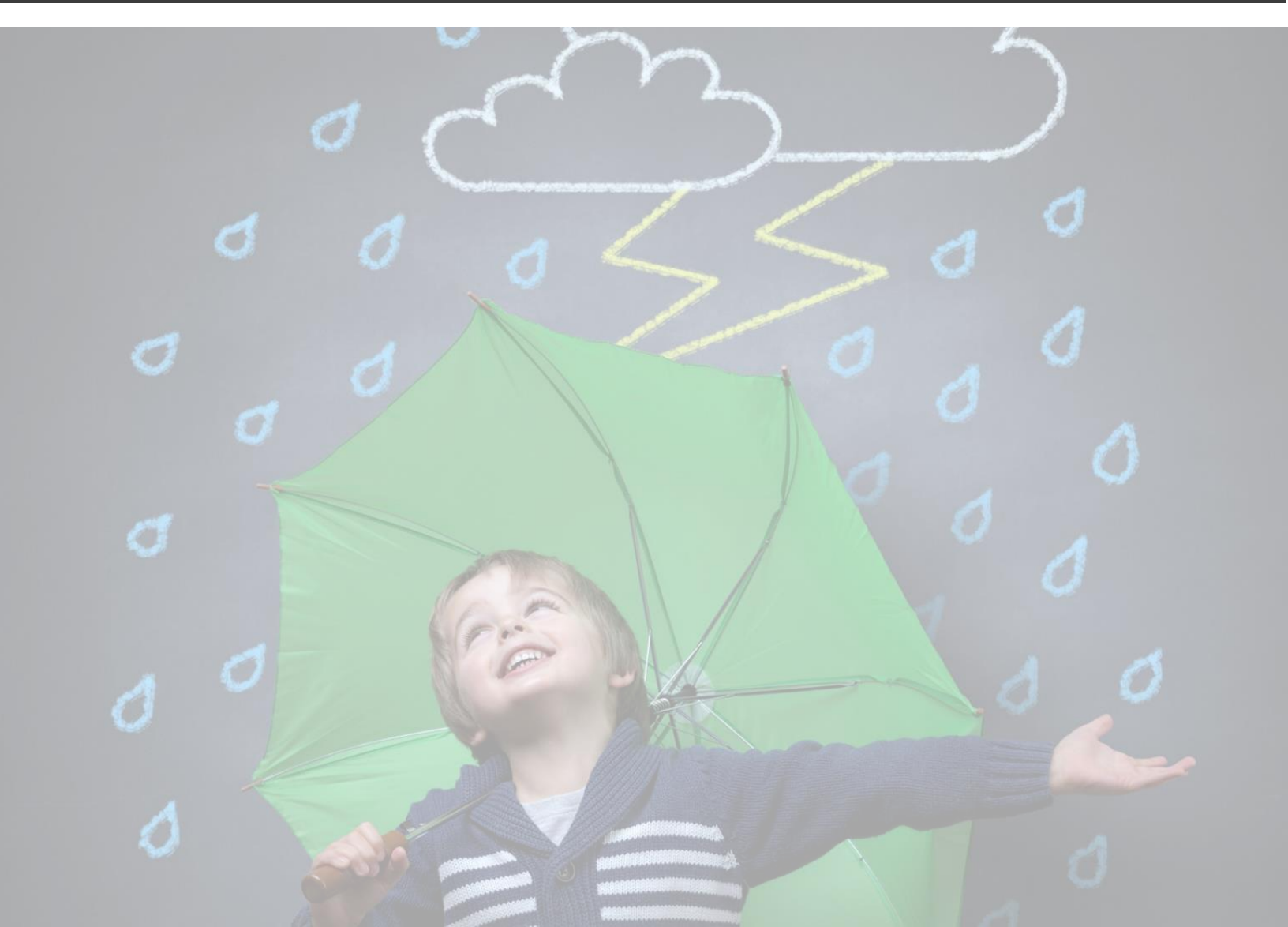
## 2023-2024

### Benefits Guide



DENTON  
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CHURCH

*This guide highlights the main features of many of the benefit plans sponsored by Denton Bible Church. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. Denton Bible Church reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.*



## Benefits Overview

### *Our Benefits Program Has You Covered.*

Most days, we all count on our simple routines to get us through. Getting the kids to school, beating the traffic to work, and finishing dinner in time to enjoy a favorite hobby. But sometimes things don't always go as planned. Like when your head cold turns into the flu, and you have to be out of work. Or your son's football game ends with a broken leg. Or even when your spouse learns he or she needs an extensive root canal. That's when Denton Bible Church benefits are there to help you.

Below is an overview of our benefits program, which gives you the coverage you need for all types of things life brings your way. Denton Bible Church benefit plans allow you to choose the options that work best for your own needs—and your pocketbook. The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

## Who is Eligible

You are eligible to enroll in Denton Bible Church benefit plans if you are a regular, full-time employee scheduled to work at least 30 hours per week. As a regular, full-time employee, you are eligible for benefits on the first of the month after 30 days of service.

### Dependent Eligibility

You may also cover your eligible dependents, including:

- Your legal spouse.
- Your eligible children up to age 26 for medical coverage; your unmarried, eligible children up to age 26 for dental and vision coverage.
- “Children” are defined as your natural children, stepchildren, legally adopted children, and children for whom you are the court-appointed legal guardian.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

## When Coverage Begins

### Initial Enrollment

When you first join Denton Bible Church, you have 30 days to enroll yourself and your dependents for benefits. If you enroll on time, coverage begins the first of the month after 30 days of service.

### Annual Open Enrollment

Open enrollment will be open from November 27<sup>th</sup> through November 30<sup>th</sup>. Please be sure to make all elections by **November 30<sup>st</sup>, 2023**. Coverage will take effect on December 1, 2023.

If your child becomes ineligible for coverage (i.e., turning age 26 under the medical plan), you must notify Griffin Eaton at [geaton@dentonbible.org](mailto:geaton@dentonbible.org)



## Making Changes to Coverage

Once you make your benefit elections, these choices remain in effect until the next annual Open Enrollment unless you have a qualified status change, or you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a qualified status change or have another allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 30 days of the event by informing Griffin Eaton. If you do not return your form within 30 days, you will have to wait until the next Open Enrollment to make new elections.

Qualified status changes include, but are not limited to:

- Change in number of eligible dependents due to birth, adoption, placement for adoption, or death
- Gain or loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in residence or workplace that changes your or your dependent's eligibility for coverage
- Change in employment status, such as starting or ending employment, for you, your spouse, or your children
- End of the maximum period for COBRA coverage
- Loss of other coverage

For a more complete list of qualified status changes, refer to the Summary Plan Description.

## Special Enrollment Rules

If you choose not to enroll yourself or your dependents (including your spouse) because you have other coverage, you may be able to enroll yourself and your dependents at a later date if:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage, or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.



You must enroll within 60 days of the qualified events shown in the "Special Enrollment Rules" above.

If your dependent also had other health coverage and lost that coverage in the above situations, they may be added to your coverage. However, you will not be able to add yourself or your dependents to this coverage if the other coverage was terminated "for cause" (including failure to pay the required premiums on time).

In addition to the changes described above, you may enroll yourself and your spouse (with or without the new dependent) in a Denton Bible Church health plan following marriage or the adoption, placement for adoption, or birth of a child, as long as you request enrollment within 30 days of the event. You must be enrolled to cover your dependents. If you have a special enrollment event and want to enroll for health coverage, please notify Jason Mendeke or Griffin Eaton.

## Medical Plan

Denton Bible Church's medical plan provides coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs, and hospitalization.

### Medical Option

This year, Denton Bible will be offering a Nexus HMO plan utilizing the UnitedHealthcare network and Tier 1 Providers, which will boost savings and offer a higher coinsurance percentage for office and hospital visits.

### HMO Plans

The HMO plans differ from the PPO plans in that they only offer in-network coverage. The Nexus HMO plan is a fresh take on the HMO structure, while offering only in-network coverage it also offers a "designated network" utilizing their Tier 1 providers. These providers are the highest rated in the UnitedHealthcare network and offer greater savings as result back to the patient. Seeing a Tier 1 doctor is not a requirement, and seeing a doctor that is not designed at "Tier 1" will result in the normal coinsurance rate of 40%. Since the HMO is in-network only, no out-of-network coverage is offered, and you may be required to pay the full cost of the bill for any provider that is out of network.

### Tier 1 Providers

Through the UnitedHealthcare Nexus plan, the best doctors are designated as "Tier 1", those who offer the best service at the lowest cost to you, the patient. By seeing these "Tier 1" providers, you pay less than a non-designated doctor. To find a listing of Tier 1 providers, use the UnitedHealthcare provider portal at [uhc.com/find-a-doctor](http://uhc.com/find-a-doctor)

### Medical Expense Reimbursement Plan

At Denton Bible Church, we offer reimbursement after a certain out of pocket is met for each individual medical expense. After \$250 is met out of pocket, every dollar thereafter is reimbursed. This reimbursement policy does not cover prescription drug copays.



**Medical Plan**

The Denton Bible Medical plan is through UnitedHealthcare, utilizing their HMO Nexus Network. This plan has no out of network coverage but offers a higher coinsurance percentage if a tier 1 doctor is seen, delineated by designated network.

YOU PAY...	UnitedHealthcare Nexus ACO	
	In-Network Only	
<b>Annual Deductible</b> (Individual/Family)	\$6,000/\$12,000	
<b>Annual OOP Max</b> (Individual/Family)	\$8,150/\$16,300	
<b>Physician Visit</b> (Designated network/Network)	\$15/\$45 visit	
<b>Specialist Visit</b> (Designated network/Network)	\$50/\$125 visit	
<b>Emergency Room</b>	\$300 copay plus 20% coinsurance	\$300 copay plus 20% coinsurance
<b>Preventive Care</b>	No Charge	
<b>Inpatient Services</b> (Designated network/Network)	20% coinsurance/40% coinsurance	
<b>Outpatient Services</b> (Designated network/Network)	20% coinsurance/\$250 copay & 40% coinsurance	
<b>Prescription Drugs</b> (Retail/Mail-Order/Specialty)		
Tier 1	\$15/\$37.50/\$15	
Tier 2	\$45/\$112.50/\$100	
Tier 3	\$85/\$212.50/\$300	
Tier 4	Not Covered	

Note: Per covered individual on the plan, the employee must pay \$250 of in-network deductible, copays, or coinsurance (excluding prescription copays) and then Denton Bible Church will reimburse in-network expenses after that. Please see next page for details.

## Medical Reimbursement Plan Details

### Requirements for Reimbursement:

You must be enrolled in the Denton Bible Church Medical Insurance Plan

- Appropriate Documentation supporting your Paid Medical Claim Expense MUST be submitted for Reimbursement. Current YTD Account Summary – Maximum Out-of-Pocket Balances print/scan from [www.myuhc.com](http://www.myuhc.com) is the required documentation. Your most recent Explanation of Benefits (EOB) from UHC is also acceptable. Additional supporting documentation of billing and/or payment of medical expenses may be required on an as needed basis.
- Denton Bible Church will issue payment for Reimbursement on an ongoing basis.
- Pending Approval, Reimbursement is usually paid within two weeks after submission. Minimum reimbursement request of \$250. Exception: final reimbursement request for year may be less than \$250.
- Paperwork for the prior Calendar Year must be submitted prior to April 1st for Reimbursement to be considered.
- Only Medical Expenses Processed and Covered under the Denton Bible Church UnitedHealthcare Medical Insurance Plan will be considered for Reimbursement.
- Should any Refunds be given by the Provider or from other circumstances to those already reimbursed, Denton Bible Church reserves the right to collect a refund of deductible reimbursed to the employee.
- The goal for the Denton Bible Church Reimbursement Arrangement is for a covered member to be out of pocket for no more than \$250 of in-network expenses, excluding prescription copays, per calendar year as covered by the UnitedHealthcare medical plan.
- Office visit and facility copayments are eligible for reimbursement
- Copayments under the prescription drug benefit are NOT eligible for reimbursement

### Reimbursement Schedule:

On the plan:	Deductibles:	Total Eligible Deductible/OOP Amounts	For Each Deductible, Employee/Dep. Pays:	Maximum Denton Bible Church Reimbursement:
<b>Employee Only</b>	1	\$6,000/\$8,150	\$250 max Per calendar year (including eligible copays)	1 Deductible Met plus coinsurance (including eligible copays)  \$7,900
<b>2 or More Individuals</b>	2 or more	\$12,000/\$16,300	\$250*# of covered individuals Per calendar year (including eligible copays)	2 or more UHC Individual Deductibles Met, plus coinsurance (including eligible copays)  \$15,800



**Dental Plan**

Denton Bible Church offers dental coverage through UnitedHealthcare. The annual deductible is \$50 for individuals and \$150 for families.

YOU PAY...	UnitedHealthcare	
	Contracting Dentists	Non-Contracting Dentists
<b>Benefit Period Maximum</b>	\$1,500	
<b>Deductible</b> (waived for preventive)	\$50 Individual/\$150 Family	
<b>Covered Services</b>		
<b>Preventive Services</b>	100%	
<b>Basic Services</b>	80%	
<b>Endodontic Services</b>	80%	
<b>Periodontic Servies</b>	80%	
<b>Oral Surgery</b>	80%	
<b>Major Restorative Services</b>	50%	
<b>Prosthodontic Services</b>	50%	
<b>Miscellaneous Restorative &amp; Prosthodontic Services</b>	50%	
<b>Orthodontic Services</b>		
Lifetime Maximum per Participant Adult coverage and dependent children to age 19	50% \$1,000 (Deductible does not apply)	

### **Basic Employee Life Insurance**

Denton Bible Church offers group life insurance to all active full-time employees through UnitedHealthcare.

<b>UnitedHealthcare Group Term Life Insurance</b>	
<b>Eligibility</b>	All Active Full-Time Employees
<b>Group Term Life Benefit</b>	\$50,000
<b>Guarantee Issue Amount – Employee</b>	\$50,000
<b>Group Term Life Benefit – Spouse</b>	\$25,000, not to exceed 100% of the employee benefit amount
<b>Group Term Life Benefit – Child(ren)</b>	Birth to 15 days: \$100 15 days to 6 months: \$250 6 months to 26 years: \$10,000
<b>Group Term Life Age Reduction Schedule</b>	Benefits reduce by 35% of the original amount at age 65; and further reduce by: 60% of the original amount at age 70; and 75% of the original amount at age 75.
<b>Waiver of Premium</b>	Elimination Period: 9 Months Duration: To age 65
<b>Accelerated Death Benefit (ADB)</b>	Benefit: Up to 75% of the employee's life insurance Life expectancy: 12 months or less

### **Evidence of Insurability**

UnitedHealthcare may require evidence of insurability before approving any new or additional coverage you elect during open enrollment.

**Group Accidental Death & Dismemberment (AD&D) Insurance**

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident.

<b>UnitedHealthcare Group AD&amp;D Benefit</b>	
<b>Employee</b>	Same as Basic Life (\$50,000)
<b>AD&amp;D Age Reduction Schedule</b>	Same as Basic Life

<b>AD&amp;D Schedule of Loss*</b>	
<b>Loss of Life</b>	100%
<b>Loss of both hands or both feet</b>	100%
<b>Loss of sight in both eyes</b>	100%
<b>Loss of one hand and sight of one eye</b>	100%
<b>Loss of one foot and sight of one eye</b>	100%
<b>Quadriplegia</b>	100%
<b>Paraplegia</b>	75%
<b>Hemiplegia</b>	50%
<b>Loss of one hand</b>	50%
<b>Loss of one foot</b>	50%
<b>Loss of sight of one eye</b>	50%
<b>Loss of one hand or one foot</b>	50%
<b>Loss of speech or hearing</b>	50%
<b>Loss of speech</b>	50%
<b>Loss of hearing</b>	50%
<b>Loss of thumb and index finger of the same hand</b>	25%

\*Loss must occur within 365 days of accident



### Supplemental Life and AD&D

Starting this year, Denton Bible Church will offer voluntary life insurance coverage. This benefit is in increments of \$10,000 for employees, \$5,000 for spouses and \$2,000 for children, with a guarantee issue of \$100,000, \$25,000, and \$10,000, respectively. Monthly rates per \$1,000 of coverage is found on the next page, as well as supplemental AD&D details. Look for an enrollment opportunity soon.

Supplemental Life Insurance	
<b>Eligibility</b>	All Active Full-Time Employees, Dependent Spouses & Children
<b>Group Term Life Benefit</b> (Employee/Spouse/Child)	Increments of \$10,000/\$5,000/\$2,000
<b>Benefit Minimum</b> (Employee/Spouse/Child)	\$10,000/\$5,000/\$2,000
<b>Benefit Maximum</b> (Employee/Spouse/Child)	\$300,000/\$150,000/\$10,000
<b>Guarantee Issue Amount</b> (Employee/Spouse/Child)	\$100,000/\$25,000/\$10,000
<b>Age Reduction Schedule</b>	Benefits reduce to 65% at age 65, 50% at age 70
<b>Waiver of Premium</b>	Elimination Period: 9 Months Duration: To age 65
<b>Accelerated Death Benefit (ADB)</b>	Benefit: Up to 75% of the employee's life insurance Life expectancy: 12 months or less
<b>Monthly Rate (per \$1,000 of coverage)</b>	See table on next page

**Supplemental Life and AD&D Cont.**

<b>Voluntary Life Monthly Rate (per \$1,000 of coverage)</b>	
<b>Under 25</b>	\$0.073
<b>25-29</b>	\$0.087
<b>30-34</b>	\$0.116
<b>35-39</b>	\$0.131
<b>40-44</b>	\$0.146
<b>45-49</b>	\$0.218
<b>50-54</b>	\$0.335
<b>55-59</b>	\$0.626
<b>60-64</b>	\$0.960
<b>65-69</b>	\$1.848
<b>70-74</b>	\$2.998
<b>75 and above</b>	\$2.998

<b>Supplemental AD&amp;D Benefit</b>	
<b>Employee</b>	Increments of \$10,000
<b>AD&amp;D Age Reduction Schedule</b>	Same as voluntary life
<b>Schedule of Loss</b>	Same as Basic AD&D
<b>Monthly Rate</b>	\$0.022 per \$1,000 of coverage

## Disability Coverage

Voluntary Short Term Disability insurance through UnitedHealthcare is available for Employees who choose to elect.

Voluntary Short Term Disability Insurance	
<b>Benefits Begin</b>	8 <sup>th</sup> day of sickness or injury
<b>Maximum Benefit period</b>	26 weeks or until LTD begins, whichever is earlier
<b>Percentage of Income Replaced</b>	60% of weekly earnings to a maximum weekly benefit of \$1,000
<b>Exclusions</b>	<ol style="list-style-type: none"> <li>1. Loss of professional license, occupational license, or certification</li> <li>2. Commission of, participation in, or an attempt to commit an assault or felony</li> <li>3. Intentionally self-inflicted injuries</li> <li>4. Attempted suicide, regardless of mental capacity</li> <li>5. Cosmetic surgery except when required due to illness or injury</li> <li>6. Occupational sickness or injury</li> <li>7. Participation in a war, declared or undeclared, or any act of war</li> </ol>

Monthly Rate per \$10 of Weekly Benefit	
Age	Rate
<b>Under 25</b>	\$0.753
<b>25-29</b>	\$0.783
<b>30-34</b>	\$0.734
<b>35-39</b>	\$0.700
<b>40-44</b>	\$0.742
<b>45-49</b>	\$0.798
<b>50-54</b>	\$0.988
<b>55-59</b>	\$1.313
<b>60-64</b>	\$1.652
<b>65+</b>	\$1.690

**Disability Coverage Cont.**

Long-term disability is available for those electing short-term disability, this is paid for by Denton Bible Church.

<b>Long Term Disability Insurance</b>	
<b>Benefit Amount</b>	60%
<b>Definition of Disability</b>	Residual
<b>Elimination Period</b>	180 days
<b>Maximum Period Payable</b>	Social Security Normal Retirement Age (SSNRA)
<b>Minimum Monthly Benefit</b>	\$100 or 10% of gross monthly earnings, whichever is greater
<b>Maximum Benefit Amount</b>	\$6,000
<b>Minimum Benefit Amount</b>	Greater of \$100 or 10% of gross monthly benefit
<b>Survivor Income Benefit</b>	3 months gross
<b>Pre-Existing Condition Waiting Period</b>	3/12



## UnitedHealthcare Ex-Pat Coverage

Denton Bible church offers coverage for those traveling and serving internationally, through UnitedHealthcare expatriate insurance. This plan offers coverage internationally, as well as domestically.

	International	U.S. Network	U.S. Out-of-Network
<b>Annual Medical Deductible</b>			
<b>Individual</b>	None	\$1,000	\$2,000
<b>Family</b>	None	\$3,000	\$6,000
<b>Annual Out-of-Pocket Limit</b>			
<b>Individual</b>	-	\$2,000	\$4,000
<b>Family</b>	-	\$6,000	\$12,000
<b>Services</b>			
<b>Preventative Care</b>	No Copay	No Copay	20%
<b>Primary Care</b>	No Copay	\$15 Copay	20%
<b>Specialist</b>	No Copay	\$30 Copay	20%
<b>Urgent Care</b>	No Copay	\$50 Copay	20%
<b>Virtual Visits</b>	No Copay	No Copay	Not covered
<b>Vision Exams</b> (1 every 12 months)	No Copay	\$15 Copay	20%
<b>Inpatient Care</b>			
<b>Habilitative Service</b>	No Copay	No Copay	20%
<b>Hospital – Inpatient Stay</b>	No Copay	No Copay	20%
<b>Skilled Nursing Facility</b>	No Copay	No Copay	20%
<b>Outpatient Care</b>			
<b>Habilitative Service</b>	No Copay	\$15 Copay	20%
<b>Surgery – Outpatient</b>	No Copay	No Copay	20%
<b>Mental Health Care</b>			
<b>Inpatient</b>	No Copay	No Copay	20%
<b>Outpatient</b>	No Copay	\$15 Copay	20%
<b>Partial Hospitalization</b>	No Copay	No Copay	20%



**International/US Pharmacy Benefits**

Outlined below are the copays of the different tiers of drugs on the UnitedHealthcare International plan

Prescription Drug Product Tier Level	What You Will Pay		
	International Provider	Network Provider	Out-of-Network Provider
<b>Tier 1</b> \$	Retail: No Charge Mail-Order: Not covered	Retail: \$10 copay (deductible does not apply) Mail-Order: \$25 copay (deductible does not apply)	Retail: 30% coinsurance (deductible does not apply)
<b>Tier 2</b> \$\$	Retail: No Charge Mail-Order: Not covered	Retail: \$25 copay (deductible does not apply) Mail-Order: \$62.50 copay (deductible does not apply)	Retail: 30% coinsurance (deductible does not apply)
<b>Tier 3</b> \$\$\$	Retail: No Charge Mail-Order: Not covered	Retail: \$60 copay (deductible does not apply) Mail-Order: \$150 copay (deductible does not apply)	Retail: 30% coinsurance (deductible does not apply)
<b>Tier 4</b> \$\$\$\$	N/A	N/A	N/A

## International/US Dental Benefits

Employees on the Expat plan are provided Dental Benefits through UnitedHealthcare utilizing their international network. Benefits are the same for non-network coverage.

YOU PAY...	UnitedHealthcare
	International Network & Non-Network
<b>Benefit Period Maximum</b>	\$2,000
<b>Deductible</b>	\$50 Individual/\$150 Family
<b>Covered Services</b>	
<b>Diagnostic Services</b> (Oral evaluation, Radiographs, Labs)	100%
<b>Preventive Services</b> (Cleanings, Fluoride, Sealants, Spacers)	100%
<b>Basic Services</b>	
<b>Restorations*</b>	80%
<b>Emergency Treatment</b>	80%
<b>Simple Extractions</b>	80%
<b>Oral Surgery</b>	80%
<b>Periodontics</b>	80%
<b>Endodontics</b>	80%
<b>Major Services</b>	
<b>Inlays/Onlays/Crowns*</b>	80%
<b>Dentures/Removable Prosthetics</b>	80%
<b>Fixed Partial Dentures (Bridges)*</b>	80%
<b>Orthodontic Services</b>	
<b>Diagnose or correct misalignment of teeth/bite</b>	50%
<b>Lifetime Maximum per Participant Adult coverage and dependent children to age 19</b>	\$2,000

\*Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

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**HOLMES MURPHY BENEFIT ANALYST**

Denton Bible Church has partnered with Holmes Murphy to provide dedicated customer service support and assistance in navigating the health care system. It is important to our organization to know that our partners have a confidential resource to help answer questions when you and your family need it.

If you have questions about your benefits or plan options, your dedicated Benefit Analyst is ready to answer questions such as:

- When am I eligible to enroll in my benefits?
- I've lost my ID card, how do I get a new one?
- How do I make changes to my benefits? What is a qualifying life event?
- Where can I find a list of in-network providers?
- What is my deductible and what does "co-insurance" mean?
- What can my HSA funds be used for?
- I received a bill from my doctor – was my claim paid correctly?
- What is an "EOB" and how do I read it?
- And many more!

As an alternative to contacting HR or waiting on hold to speak to your insurance carrier's customer service, you may contact your experienced Benefits Analyst.

**Hours of Assistance: Monday – Friday from 8am – 5pm (Central Time)**



**Debbie Watkins**  
**Benefit Analyst**  
**214-265-6326**  
**DWatkins@holmesmurphy.com**

## Important Contacts

Resource	Phone Number	Website/E-mail
<b>UnitedHealthcare Member Services</b>	866-801-4409	myuhc.com
<b>UnitedHealthcare Ex-Pat Member Services</b>	877-844-0280	uhcglobal.com
<b>UnitedHealthcare Ex-Pat Eligibility Analyst</b>	702-242-7381	ExpatInsurance_Eligibility@uhcglobal.com
<b>Debbie Watkins - Holmes Murphy Benefit Analyst</b>	214-265-6326	DWatkins@holmesmurphy.com
<b>Jason Mendeke</b>		jmendeke@dentonbible.com
<b>Griffin Eaton</b>		geaton@dentonbible.com

# HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

## ***PART A: General Information***

Since key parts of the health care law took effect in 2014, there is another 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 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 tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

### **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 9.61% for plans that start in 2022 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.

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 Jason Mendeke.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.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: Denton Bible Church		3. Employer Identification Number (EIN) 75-1607582	
4. Employer address 2300 E University Dr.		5. Employer phone number 940-297-6700	
6. City Denton	7. State Texas	8. ZIP code 76209	
9. Who can we contact about employee health coverage at this job? Jason Mendeke			
10. Phone number (if different from above)		11. E-mail address jmendeke@dentonbible.com	

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

- As your employer, we offer a health plan to some employees.

Eligible employees are:

- Regular, full-time employee scheduled to work at least 30hrs per week

- With respect to dependents, we do.

Eligible dependents are:

- Your legal spouse
- Your eligible children up to age 26
  - “Children” are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian.

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, [www.healthcare.gov](http://www.healthcare.gov) will guide you through the process.

## DENTON BIBLE CHURCH HEALTH PLAN NOTICE OF PRIVACY PRACTICES

- *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.*

### ***Our Company's Pledge to You***

This notice is intended to inform you of the privacy practices followed by the (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on .

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

### **Protected Health Information**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of

a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

## How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

**Payment.** We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

**Health Care Operations.** We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

**Treatment.** Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

**As permitted or Required by Law.** We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

**Pursuant to Your Authorization.** When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

**To Business Associates.** We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

**To the Plan Sponsor.** We may disclose protected health information to certain employees of for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## Your Rights

**Right to Inspect and Copy.** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the

extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

**Right to Amend.** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

**Right to Request Restrictions.** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

**Right to Request Confidential Communications.** You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

**Right to be Notified of a Breach.** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

**Right to Receive a Paper Copy of this Notice.** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

### **Our Legal Responsibilities**

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

**Jason Mendeke**  
**Denton Bible Church**  
**2300 E University Dr.**  
**Denton, TX 76209**  
**[jmendeke@dentonbible.org](mailto:jmendeke@dentonbible.org)**

### **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us



## **IMPORTANT NOTICE FROM DENTON BIBLE CHURCH 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 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:**

**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.**

**Denton Bible Church has determined that the prescription drug coverage offered by 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 Denton Bible Church coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Denton Bible Church 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 Denton Bible Church 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 Denton Bible Church 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 “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: 1/1/23  
 Name of Entity/Sender: Denton Bible Church  
 Contact/Office: Jason Mendeke  
 Address: 2300 E University Dr, Denton, TX 76209  
 Phone Number: (940) 297-6700

## COBRA RIGHTS NOTICE

You’re getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

### *What Is COBRA Continuation Coverage?*

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

- If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
  - Your hours of employment are reduced; or
  - Your employment ends for any reason other than your gross misconduct.
- If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
  - Your spouse dies;
  - Your spouse’s hours of employment are reduced;
  - Your spouse’s employment ends for any reason other than his or her gross misconduct;
  - Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
  - You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When Is COBRA Coverage Available?**

• The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: [jmendeke@dentonbible.org](mailto:jmendeke@dentonbible.org)**

### **How Is COBRA Continuation Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### **Disability Extension of 18-Month Period of Continuation Coverage**

• If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### **Second Qualifying Event Extension of 18-Month Period of Continuation Coverage**

• If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are There Other Coverage Options Besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan)

through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and

later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

<sup>1</sup><https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

### ***If You Have Questions***

• Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### ***Keep Your Plan Informed of Address Changes***

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### ***Plan Contact Information***

Date: 12/1/2023

Name of Entity/Sender: Denton Bible Church

Contact/Office: Jason Mendeke

Address: 2300 E University Dr, Denton, TX 76209

Phone Number: (940) 297-6700

## **OTHER NOTICES**

### ***Expanded Coverage for Women's Preventive Care***

Under the Affordable Care Act, provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit <https://www.healthcare.gov/preventive-care-women/>.

## ***Patient Protection Disclosure***

Denton Bible Church generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Jason Mendeke at [jmendeke@dentonbible.org](mailto:jmendeke@dentonbible.org)

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Jason Mendeke at [jmendeke@dentonbible.org](mailto:jmendeke@dentonbible.org).

## ***60-Day Special Enrollment Period***

In addition to the qualifying events listed in the enrollment guide, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

## ***Notice of Special Enrollment Rights***

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in medical coverage 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 no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in medical coverage as long as you request enrollment by contacting the benefits manager no more than 31 days after the marriage, birth, adoption or placement for adoption. For more information, contact Jason Mendeke at [jmendeke@dentonbible.org](mailto:jmendeke@dentonbible.org).

## ***Newborn & Mothers Health Protection Notice***

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

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

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 consultations with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact Jason Mendeke or your medical plan administrator.