

Renewal packet instructions

Please carefully review the enclosed renewal documents about The Corinthian Plan and respond as necessary. Use the following contact information for questions and to return forms:

Everence
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We have included one set of all documents. Please make copies as needed.

OPENING

A cover letter from Duncan Smith, Director of The Corinthian Plan

The Corinthian Plan Area Advocates. Contact information.

Attachment 1

SECTION 1

Renewal documents

Jan. 1, 2026 Renewal Option Form – Indicates your current CEP health plan participation and the opportunity to enroll in the dental and/or vision coverage if the church is not participating and updates the average weekly attendance.

Attachment 2:
**Return by
Nov. 21, 2025**

The Corinthian Plan Census and Illustrations – Summarizes the current premiums for participating individuals as of September 26, 2025.

Attachment 3

The Corinthian Plan Annual Waive Fees:

- The Part B Waive fee for Credentialed employees: \$1,800
- Minimum Congregation Waive fee: \$276

The maximum Life and AD&D benefit will increase from \$75,000 to \$100,000. With this increase, the Life and AD&D rates will be adjusted on January 1, 2026. The disability rates will not be adjusted.

The Dental renewal rates are listed on the illustration.

The Vision Service Plan (VSP) adjusted renewal rates are listed on the illustration.

Fair Balance Fund will continue to be \$10 based on the average weekly attendance.

SECTION 2

Dental and Vision Plan Open Enrollment for Congregations

Dental and Vision plans will now have an open enrollment for all congregations each year. Please give a copy to each employee ***if*** you are adding dental and/or vision coverage at renewal:

Vision Service Plan (VSP)

If you choose to offer vision coverage, coverage is not mandatory for eligible employees and their families. The employee may choose whether to enroll in the vision coverage or waive coverage.

VSP Vision Benefits Summaries – Two VSP options are available to offer to employees. The monthly premiums are listed on Attachment 3 for each plan. Attachment 4

VSP Signature Plan Benefits Summary - Please copy and give to each employee if you will offer this plan to eligible employees at open enrollment. Attachment 5

-OR-

VSP Choice with EasyOptions Benefits Summary - Please copy and give to each employee if you will offer this plan to eligible employees at open enrollment. Attachment 6

Dental Plan Summary of Benefits – Please copy and give to each employee if you are adding dental coverage for all eligible employees at open enrollment. Attachment 7

Employee Enrollment VSP Vision Coverage form – to enroll in VSP Vision coverage. Attachment 8

Employee Enrollment for Dental Coverage form – to enroll in Dental coverage. Attachment 9

SECTION 3

Section 125 Cafeteria Plans

Administration of the Section 125 Flexible Spending Accounts (FSA) continues to be administered by The Harrison Group

Section 125 Cafeteria Plan pre-tax premium option - The annual benefit election period is Nov. 15 to Dec. 15.

Give the following information to employees who want to participate in a Section 125 Cafeteria Plan:

- **Section 125 Cafeteria Plan for Mennonite Church USA – Premium Expense, Dependent Care, Medical Expense** – Provides information on how employees can receive pretax benefits for premiums, dependent care, and medical expenses through a Section 125 Cafeteria Plan. Attachment 10
- **Election Form – Section 125 Cafeteria Plan** – Employees may elect to contribute a portion of their paycheck to a medical expense reimbursement account, a dependent care reimbursement account (to pay for childcare while at work – not medical care), or pay their portion of their premiums with pretax dollars. Attachment 11: **Return by Dec. 15, 2025** (if applicable)

Keep a copy for payroll deduction information. If the employee chooses the dependent care and/or medical expense option (No. 2 and/or No. 3 on Attachment 11), the employer fee is \$7.40 per month per participant.

- **Change Form for Elections** (2210846) – Used when an employee needs to make a change to their dependent care or medical expense reimbursement accounts in the middle of a plan year, following a qualifying event. This form is available on The Corinthian Plan webpage at <https://www.mennoniteusa.org/ministry/the-corinthian-plan/>.

Attachment 12:
(available on The Corinthian Plan webpage)

SECTION 4

Premiums and related documents

- **Monthly Payment Plan for Congregations** – If you are currently not participating in the Monthly Payment plan you may use this for to set up an automatic payment from your congregation's checking account. Return form to Everence. This form is available on The Corinthian Plan webpage at <https://www.mennoniteusa.org/ministry/the-corinthian-plan/>.
- **Annual Salary Adjustment Record** – Use during the year to inform Everence of employee salary adjustments. Changes in salary affect life, accidental death and dismemberment insurance, and long-term disability plan benefits. This form is available on The Corinthian Plan webpage at <https://www.mennoniteusa.org/ministry/the-corinthian-plan/>.

Attachment 13:
(available on The Corinthian Plan webpage)

Attachment 14:
(available on The Corinthian Plan webpage)

SECTION 5

The Corinthian Plan Overview - Please **copy and give** to each employee on The Corinthian Plan.

Attachment 15