

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
Attn: Denise Henke
PO Box 483
Goshen, IN 46527
Phone: (574) 307-5771 Fax: (574) 537-6642
E-mail: denise.henke@everence.com

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, 2025, Renewal Option Form – Indicates your current CEP health plan design and tells us which deductible the employees will be participating in 2025, the opportunity to enroll in the dental and/or vision coverage if the church is currently not participating, and update the average weekly attendance.

Attachment 2:
**Return by
Nov. 22, 2024**

The health plan rating factors considered for this renewal are:

- The claims experience of all groups enrolled in The Corinthian Plan CEP health plan.
- The medical-trend adjustment, national average medical premium increase in health care.
- Demographic changes in your group, such as changes in the ages of your employees, the ratio of men and women, and/or the number of dependent units.

The Corinthian Plan Census and Illustrations – Summarizes the current premiums for each deductible option by participating individuals as of September 23, 2024.

Attachment 3

Please note: The total premium is no longer broken down into Parts A (Health Plan) and Part B (Mutual Aid) on the illustration. The overall breakdown information will still be provided at the bottom of each illustration for congregations that benefit from having these figures.

The Corinthian Plan Annual Waive Fees:

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

The life and disability rates will not be adjusted on January 1, 2025.

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

Participant Information

Give to each employee participating in The Corinthian Plan CEP Health Coverage:

Health Plan Summary of Benefits – Please <u>copy and give</u> to each employee on the health plan.	Attachment 4
Summary of Benefits and Coverage (SBC) – According to the Affordable Care Act, you must distribute this federally-required SBC document to employees. Please <u>copy and give</u> to each employee on the health plan.	Attachment 5
Express Scripts (ESI) – Prescription Benefit Partner Frequently Asked Questions Please <u>copy and give</u> to each employee on the health plan.	Attachment 6
Express Scripts (ESI) Flyer - Starting January 1, 2025, ESI will no longer issue physical member ID cards. Members will use the ESI mobile app to access their Prescription Drug Card information. Please <u>copy and give</u> to each employee on the health plan.	Attachment 7
Highmark Connect This is a dedicated Highmark area consisting of customer service advocates, clinical care, and wellness resources. Please <u>copy and give</u> to each employee on the health plan.	Attachment 8
Highmark Register on Member App and Website Register on the Highmark member website or download the My Highmark App and take advantage of all the tools and resources to help you make the most of your health plan. Scan the QR code on the flyer to learn more, or call the Connect team at 1-833-232-0887. Please <u>copy and give</u> to each employee on the health plan.	Attachment 9
Highmark Well360 Virtual Health Get care when and where you need it with Well360 Virtual Health. This solution lets you talk with an Amwell® provider in your area right away. Register on MyHighmark.com. Scan the QR code on the flyer to learn more about your telemedicine benefit, or call the Well360 Connect team at 1-833-232-0887. Please <u>copy and give</u> to each employee on the health plan.	Attachment 10
Vision Service Plan (VSP) If you choose to offer vision coverage, it is not mandatory for eligible employees and their families. The employee may choose whether to enroll or waive coverage.	
VSP Vision Benefits Summaries —Two VSP options are available to employees. The monthly premiums for each plan are listed in Attachment 3.	Attachment 11
Give to each employee <u>if</u> you are adding the new VSP vision and/or dental coverage:	
VSP Signature Plan Benefits Summary - Please copy and give to each employee <u>if</u> you are going to offer this plan to eligible employees at open enrollment.	Attachment 12
-OR-	
VSP Choice with EasyOptions Benefits Summary - Please copy and give to each employee <u>if</u> you are going to offer this plan to eligible employees at open enrollment.	Attachment 13
Dental Plan Summary of Benefits – Please copy and give to each employee <u>if</u> you are adding dental coverage for all eligible employees at open enrollment.	Attachment 14

SECTION 3

Open Enrollment November 1, 2024 – December 31, 2024

Any eligible individual who does not enroll in the Corinthian Plan Health coverage within his or her respective 90-day enrollment or special enrollment period is considered a late enrollee. A late enrollee may now enroll during the open enrollment period of Nov. 1, 2024, through Dec. 31, 2024. Coverage for a late enrollee who enrolls during the open enrollment period will be effective Jan 1.

- **Employee Enrollment for Health Coverage** – to enroll the health coverage. Attachment 15
- **NABCO Life and Disability Enrollment form** – to enroll in Life, AD&D, and LTD. Attachment 16
- **Employee Enrollment VSP Vision Coverage form** – to enroll in VSP Vision coverage. Attachment 17

Use this form if:

- The employee has waived CEP health coverage and wants to enroll in or waive vision coverage.
- The employee has enrolled in CEP health coverage and wants to waive vision coverage.

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

- **Employee Enrollment Dental Coverage form** – to enroll in Dental coverage. Attachment 18

Use this form if:

- The employee has waived CEP health coverage and needs to enroll in or waive dental coverage.
- The employee has enrolled in CEP health coverage but needs to waive dental coverage.

If you provide dental coverage at open enrollment, all eligible employee and family members will be **automatically enrolled** unless they have other dental coverage.

SECTION 4

Paying out-of-pocket expenses

A health savings account (HSA) and health reimbursement arrangement (HRA) are options available to help with reimbursing an employee's higher out-of-pocket expenses that are often associated with high-deductible health plans. Review the HSA and HRA information to decide the best choice for your employees:

- **HRA and HSA Comparison Chart for Congregations** Attachment 19
- **Everence Federal Credit Union HSAs – A Guide for Employers** Attachment 20
- **Health Reimbursement Arrangement** Attachment 21

SECTION 5

HSAs

An HSA is an account that offers tax advantages to help employees save and pay for qualified medical expenses. Everence Federal Credit Union is the custodian for HSAs, offered in conjunction with The Corinthian Plan. The HSAs are administered by Everence Federal Credit Union.

- **The Corinthian Plan CEP Health Plan with a Health Savings Account: Employer and Employee Contributions** – Chart is based on the 2025 HSA maximum contributions.
- For employees that are eligible and want to open an HSA, the **Everence Federal Credit Union Membership and Health Savings Account Application*** is available on the Everence Federal Credit Union website at www.Everence.com.

Select the Banking tab, then “Health savings accounts” (HSA) and “HSA application.” Employees may also request an application from a service representative at (800) 451-5719.

** If employees are currently enrolled in The Corinthian Plan CEP plan and have an established Everence Federal Credit Union HSA, they will not need to take any action.*

SECTION 6

HRAs

An HRA is an employer-funded account that reimburses employees for qualified medical expenses administered by The Harrison Group. If an employer chooses to offer the HRA option for the first time, please contact Deana Roth (574) 307-6340 or email: deana.roth@everence.com for an information packet. It includes set-up forms that will need to be completed and returned.

SECTION 7

Section 125 Cafeteria Plans

The Harrison Group continues to administer the Section 125 Flexible Spending Accounts (FSA).

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

Section 125 Cafeteria Plan with a Health Savings Account – Employers should give the following information to employees participating in the health plan who are currently participating in, or opening, an HSA:

- **Section 125 Cafeteria Plan for Mennonite Church USA: Premium Expense, HSA Contributions, Dependent Care** – Provides information on how employees can receive pretax benefits for premiums, HSA contributions, and dependent care expenses through the Section 125 Cafeteria Plan. Attachment 23
- **Election Form – With a Health Savings Account** – For employees that want to make pre-tax contributions to their HSAs, a dependent care reimbursement account (to pay for child care while at work – not medical care) or have their portion of their premiums paid with pretax dollars. Attachment 24:
Return by Dec. 15, 2024(if applicable to Everence)
Keep a copy for payroll deduction information. If the employee chooses the dependent care option (No. 3 on Attachment 24), the employer fee is \$7.20 per month per participant.
- **Change Form – Section 125 Cafeteria Plan: Employee Health Savings Account Contributions Election** – Used when an employee wants to make a change to their contribution to the HSA in the middle of the year. This form is available on The Corinthian Plan webpage at <https://www.mennoniteusa.org/ministry/the-corinthian-plan/>. Attachment 25:
(available on The Corinthian Plan webpage)
- **Change Form for Elections (2210843)** – Used when an employee needs to change their Dependent Care reimbursement account 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 26:
(available on The Corinthian Plan webpage)

Section 125 Cafeteria Plan

Give the following information to employees not participating in the health plan or unable to open an HSA but who want to participate in a Section 125 Cafeteria Plan medical expense reimbursement account:

- **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 27
- **Election Form – Section 125 Cafeteria Plan** – Employees not opening an HSA may elect to contribute a portion of their paycheck to a medical expense reimbursement account, a dependent care reimbursement account (to pay for child care while at work – not medical care), or pay their portion of their premiums with pretax dollars. 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 28), the employer fee is \$7.20 per month per participant. Attachment 28:
Return by Dec. 15, 2024 (if applicable to Everence)
- **Change Form for Elections** (2210846)—This form is used when an employee needs to change their dependent care or medical expense reimbursement accounts in the middle of a plan year following a qualifying event. It is available on The Corinthian Plan webpage at <https://www.mennoniteusa.org/ministry/the-corinthian-plan/>. Attachment 29:
(available on The Corinthian Plan webpage)

SECTION 8

Premiums and related documents

- **Monthly Payment Plan for Congregations** – If you are currently **not** participating in the Monthly Payment Plan, you may use this form to set up an automatic payment from your congregation’s checking account. Return the form to Everence. This form is available on The Corinthian Plan webpage at <https://www.mennoniteusa.org/ministry/the-corinthian-plan/>. Attachment 30:
(available on The Corinthian Plan webpage)
- **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 31:
(available on The Corinthian Plan webpage)

SECTION 9

Important Notice About Your Prescription Drug Coverage and Medicare - Please **copy and give** to each employee on the health plan. Attachment 32

As required by federal guidelines, prescription drug plans must be tested for creditable status. On behalf of The Corinthian Plan CEP health plans for Mennonite Church USA, Everence has completed the annual actuarial assessment, and it is determined that **the prescription drug coverage provided under your current health plan is creditable drug coverage**. This means it provides a drug benefit equal to or greater than Medicare Part D coverage.

It is up to the employee to determine if the information pertains to them or any covered family member. Please note that the notice should also be distributed to people hired through the plan year and to any employee who requests a new copy.

SECTION 10

Notice of Health Privacy Practices - Please copy and give to each employee participating in the Health, Dental, and/or Vision Plan. Attachment 33

SECTION 11

New Health Insurance Marketplace Coverage Options and Your Health Coverage – Please complete Part B and numbers 3 through 12, then copy and give to new employees within 14 days of their date of hire, regardless of whether they are eligible to enroll in your health plan. Attachment 34

The Everence Actuarial Team has calculated the actuarial determination of your group’s plan and has determined that the coverage meets the minimum value standard, and the cost of this coverage to the employee is intended to be affordable, based on employee wages.

SECTION 12

Annual Notice Women’s Health and Cancer Rights Act of 1998 - Please copy and give to each employee on the health plan. This form is available on The Corinthian Plan webpage at <https://www.mennoniteusa.org/ministry/the-corinthian-plan/>. Attachment 35: (available on The Corinthian Plan webpage)

SECTION 13

Employee Contact Information Update form - Please copy and give to each employee on The Corinthian Plan to confirm their contact information and return the form to Everence as indicated on the form. Attachment 36