KNOX
THEOLOGICAL SEMINARY

2027







EMPLOYEE BENEFITS GUIDE

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

KNOX THEOLOGICAL SEMINARY

Markita Duncombe
Director of Human Resources
mhubbard@knoxseminary.edu
Office: (954) 771-0376

Visit our Benefits Website for full plan information:
www.knoxbenefits.org

aab All Atlantic Benefits

Brandon Kress
Vice President, Benefits Consultant
brandonk@allatlanticbenefits.com
Talk/Text: (954) 667-9197

Monique Tookes
Account Manager
moniquet@allatlanticbenefits.com
Talk/Text: (954) 715-5169

OUR CARRIERS

HEALTH

Meritain
Telephone: (888) 306-9215
www.meritain.com

Aetna Network • www.aetna.com

SmithRx • Telephone: (844) 454-5201
www.mysmithrx.com

KISxCard is Valenz Health
Telephone: (877)-438-5479 Email: info@getKISx.com

CancerCARE • Telephone: (877) 640-9610
www.cancercareprogram.com

Evo Telemedicine • Telephone: (844) 484-7362
www.care.evohealth.com

GAP

Transamerica
Telephone: (800) 476-4491
www.webtpa.com

DENTAL

Guardian
Telephone: (800) 627-4200
www.guardianantytime.com

VISION

Guardian
Telephone: (800) 627-4200
www.guardianantytime.com

LIFE | AD&D | DISABILITY

Guardian
Telephone: (800) 627-4200
www.guardianantytime.com

EMPLOYEE ASSISTANCE PROGRAM

WorkLife Matters
Telephone: (800) 386-7055
https://worklife.uprisehealth.com/

SUPPLEMENTAL

SunLife
Telephone: (877) 820-5306
www.sunlife.com

OPEN ENROLLMENT

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

PLAN YEAR

January 1, 2027 - December 31, 2027

NEW HIRE ENROLLMENTS

Effective Date of Hire

ELIGIBILITY

Full time employees working 30 or more hours per week are eligible to enroll in the benefits outlined in this guide.

DEPENDENTS

You may be able to enroll eligible dependents in some of our plans. Eligible dependents include:

- Your spouse
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

QUALIFYING EVENTS

We are unable to accept changes to benefit elections outside of the annual open enrollment period unless you have a qualifying event. You must notify Human Resources within 30 days of a qualifying event.

Examples of qualifying events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

PLEASE NOTE: The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.

MEDICAL INSURANCE

MERITAIN® HEALTH
An Aetna Company

aetna™

(888) 306-9215 • www.meritain.com

Plan Name	HDHP HSA $5,500 Ded
Network Access	In Network Only
Provider Network	Aetna Choice® POS II (Open Access)
Opportunities For Care	
Preventative Care	Covered 100%
Physician	10% After Ded
Telemedicine	Primary Care, Urgent Care, Emergency Care, & Mental Health Care Covered 100% through Sam
Specialist	10% After Ded
Convenience Care Clinic	10% After Ded
Urgent Care	10% After Ded
Emergency Room	10% After Ded
Diagnostic Services	
Independent Clinical Lab / X-Ray	10% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	10% After Ded KISX Card: Covered 100%
Outpatient & Inpatient Services	
Outpatient Surgery Ambulatory Surgical Center/Hospital	10% After Ded KISX Card: Covered 100%
Inpatient Hospital	10% After Ded
Provider Services Inpatient Hospital	10% After Ded
Pharmacy Benefits	
Prescription	Ded then $10 / $35 / $70 Specialty: Ded then $150 (Tier 4) / Ded then $500 (Tier 5)
Deductible	
Deductible	$5,500 / $11,000 (Embedded)
Member Co-Insurance	10%
Maximum Benefits	
Member Out of Pocket Maximum	$6,450 / $12,900 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month Birth Date

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE

MERITAIN® HEALTH
An Aetna Company

aetna™

(888) 306-9215 • www.meritain.com

Plan Name	Copay Base $5,500 Ded
Network Access	In Network Only
Provider Network	Aetna Choice® POS II (Open Access)
Opportunities For Care	
Preventative Care	Covered 100%
Physician	$10 Copay
Telemedicine	Primary Care, Urgent Care, Emergency Care, & Mental Health Care Covered 100% through Sam
Specialist	$25 Copay
Convenience Care Clinic	$25 Copay
Urgent Care *	$75 Copay
Emergency Room *	$500 Copay
Diagnostic Services	
Independent Clinical Lab / X-Ray *	Lab: Covered 100% X-Ray: $60 Copay
Diagnostic Testing Facility MRI, MRA, CT & PET Scans *	10% After Ded KISX Card: Covered 100%
Outpatient & Inpatient Services	
Outpatient Surgery * Ambulatory Surgical Center/Hospital *	10% After Ded KISX Card: Covered 100%
Inpatient Hospital *	10% After Ded
Provider Services Inpatient Hospital *	10% After Ded
Pharmacy Benefits	
Prescription	$10 / $50 / $85 Specialty: $150 (Tier 4) / $500 (Tier 5)
Deductible	
Deductible	$5,500 / $11,000 (Embedded)
Member Co-Insurance	10%
Maximum Benefits	
Member Out of Pocket Maximum	$6,450 / $12,900 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month Birth Date

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

* GAP may help pay eligible out-of-pocket costs for marked services; limitations, exclusions and plan limits apply.

MEDICAL INSURANCE

MERITAIN® HEALTH
An Aetna Company

aetna™

(888) 306-9215 • www.meritain.com

Plan Name	Silver $3,000 Ded
Network Access	In Network Only
Provider Network	Aetna Choice® POS II (Open Access)
Opportunities For Care	
Preventative Care	Covered 100%
Physician	$10 Copay
Telemedicine	Primary Care, Urgent Care, Emergency Care, & Mental Health Care Covered 100% through Sam
Specialist	$25 Copay
Convenience Care Clinic	$25 Copay
Urgent Care *	$75 Copay
Emergency Room *	$500 Copay
Diagnostic Services	
Independent Clinical Lab / X-Ray *	Lab: Covered 100% X-Ray: $60 Copay
Diagnostic Testing Facility MRI, MRA, CT & PET Scans *	0% After Ded KISX Card: Covered 100%
Outpatient & Inpatient Services	
Outpatient Surgery * Ambulatory Surgical Center/Hospital *	0% After Ded KISX Card: Covered 100%
Inpatient Hospital *	0% After Ded
Provider Services Inpatient Hospital *	0% After Ded
Pharmacy Benefits	
Prescription	$10 / $50 / $85 Specialty: $150 (Tier 4) / $500 (Tier 5)
Deductible	
Deductible	$3,000 / $6,000 (Embedded)
Member Co-Insurance	0%
Maximum Benefits	
Member Out of Pocket Maximum	$6,000 / $12,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month Birth Date

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

* GAP may help pay eligible out-of-pocket costs for marked services; limitations, exclusions and plan limits apply.

MEDICAL INSURANCE

MERITAIN® HEALTH An Aetna Company

aetna™

(888) 306-9215 • www.meritain.com

Plan Name	Gold $2,000 Ded	
Network Access	In Network	Out of Network
Provider Network	Aetna Choice® POS II (Open Access)	
Opportunities For Care		
Preventative Care	Covered 100%	50% After Ded
Physician	$10 Copay	50% After Ded
Telemedicine	Primary Care, Urgent Care, Emergency Care, & Mental Health Care Covered 100% through Sam	
Specialist	$25 Copay	50% After Ded
Convenience Care Clinic	$25 Copay	50% After Ded
Urgent Care *	$75 Copay	50% After Ded
Emergency Room *	$300 Copay	
Diagnostic Services		
Independent Clinical Lab / X-Ray *	Lab: Covered 100% X-Ray: $40 Copay	50% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans *	0% After Ded KISX Card: Covered 100%	50% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery * Ambulatory Surgical Center/Hospital *	0% After Ded KISX Card: Covered 100%	50% After Ded
Inpatient Hospital *	0% After Ded	50% After Ded
Provider Services Inpatient Hospital *	0% After Ded	50% After Ded
Pharmacy Benefits		
Prescription	$10 / $35 / $70 Specialty: $150 (Tier 4) / $500 (Tier 5)	Not Covered
Deductible		
Deductible	$2,000 / $4,000 (Embedded)	$4,000 / $8,000 (Embedded)
Member Co-Insurance	0%	50%
Maximum Benefits		
Member Out of Pocket Maximum	$3,000 / $6,000 (Embedded)	$10,000 / $20,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

* GAP may help pay eligible out-of-pocket costs for marked services; limitations, exclusions and plan limits apply.

MERITAIN® HEALTH

An Aetna Company



Your DocFind® Online Directory

Aetna Choice® Point of Service (POS) II

It's easy to find doctors and hospitals in your network

When you and your family need care, you can look for doctors and hospitals in the Aetna Choice POS II network. It's easy when you use the online DocFind directory from Aetna.* With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more.

Find Aetna providers online in just a few quick steps

You can use the DocFind directory anywhere you have Internet access. Just:

1. Visit **http://www.aetna.com/docfind/custom/mymeritain/**.
2. Key in the ZIP code, city, county or state of the desired geographical area in the *Enter location here* field. Click *Search*.
3. Key in *Aetna Choice® POS II (Open Access)* under *Select a Plan*. OR you can select *Aetna Choice® POS II (Open Access)* from the list of plans. Click *Continue*.
4. There are two options available to search for providers. The guided flow search uses some of our most commonly searched terms and easily organizes them for our users to find. To use the guided search flow choose and click on one of the categories under *Find what you need by category*.

   Or
5. Use the search box, which includes type-ahead suggestions and will present provider, facility, specialty, and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. To use the search box, key in the type of provider, provider name, specialty or condition in the search field under *What do you want to search for near* (will display your chosen location).
6. Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.
7. Narrow your search results by using the *Filter & Sort* option. Choices include *Gender, Languages, Hospital Affiliations, Office Detail, Individual Practice Association Affiliations, Group Affiliations, and Provider Type*.

Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 8:00 a.m.–9:00 p.m. ET, Monday through Friday.

If you need more information, we're here to help. Just call Meritain Health at 1.800.925.2272.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates.*

Providers are independent contractors and are not agents of Aetna or Meritain Health. Provider participation may change without notice. Neither Aetna nor Meritain Health provides care or guarantees access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Additional questions?

Just call Meritain Health Customer Service at the number located on your ID Card.

Telephone: (844) 484-7362

Faster, Smarter Care for Happier, Healthier Teams

Evo by Fabric delivers all-in-one virtual care for today's workforce. Discover lightning-fast access and seamless user experiences your employees can count on.

How to Register

1. **Scan the QR code or visit the website.**
2. Select the option to register.
3. **Use the personal email address** listed in ADP - not your work email.
4. Follow the prompts to finish creating your account.

care.evohealth.com

Everyday & Urgent Care

Talk Therapy* | **Mental Health Medication Management**

✓ Care Coordination ✓ Virtual Care ✓ Follow-Up

Guidance & Care 24/7/365

Evo connects you with care typically available 24/7 for Everyday & Urgent care conditions. From virtual consultation to care coordination, it offers timely, accurate support tailored to individual needs.

Personalized Virtual Care

Offer convenient virtual access to care. With a robust nationwide network, members wait on average just 7 minutes to receive urgent care treatment plans and can see a provider in as little as 3 days for therapy.

Expert Care Team

Our nationwide network of clinicians and care coordinators are here to deliver professional guidance and support when your members need it most.

Connect *With a Provider*

Quick Care	Guided symptom gathering	Most popular
Phone	No camera required	Familiar phone call
Video	Face-to-face	Show a provider your concern

Member net promoter score

76

Median member wait time for Quick Care visits

5 mins

* Therapy is not 24/7/365. Scheduling is dependent on member location.

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Service Line
Everyday & Urgent Care

The easiest way for adults and children to get access to high quality, on-demand treatment of minor illnesses and injuries. This convenient solution costs much less than emergency care, urgent care, and most walk-in clinics.

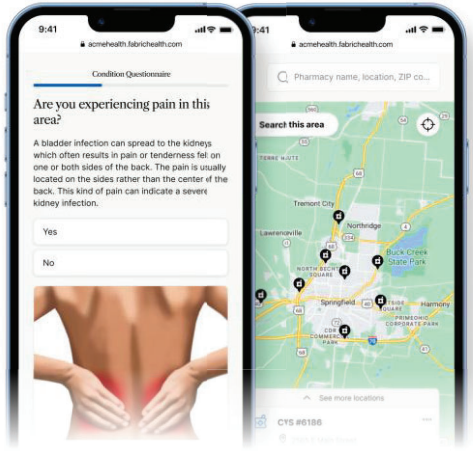
Prescriptions available same-day

When medically appropriate, patients can fill prescriptions at their local pharmacy the same day they get care.

Available in English and Spanish

Members can choose their language preference to ensure understandable, accessible care.

On-Demand | Quick Care | Phone | Video



- ✓ Allergies
- ✓ Bites & stings
- ✓ Bronchitis
- ✓ COVID-19 concern
- ✓ Diarrhea
- ✓ Fever
- ✓ Flu symptoms
- ✓ Medication refills
- ✓ Nausea
- ✓ Sinus symptoms
- ✓ Skin infections
- ✓ Urinary tract infections
- ✓ Travel medicine
- ✓ Hair and nail health
- ✓ And more

Access to care

24/7/365

Average wait time for Provider Response to Message

<7 minutes

Net Promoter Score

76

*Ability to enhance with Annual Labs Add On

Privileged & Confidential 2025

SmithRx

Find self-serve tools and resources in the SmithRx Member Portal

SCAN ME

*SMS text and emails apply if SmithRx has the updated member contact information. You can update your contact information in the member portal - simply click your profile to add your email and phone number.

Patient (Member) Support

Toll-free Phone Number
(844) 454 - 5201

Email
help@smithrx.com

Connect Patient Support

Toll-free Phone Number
(844) 385 - 7612

Toll-free Fax Number
(866) 642 - 5620

Connect Access Plus
(844) 385 - 4565

Connect Access Specialty & Traditional
(844) 385 - 7612

Email
connect@smithrx.com

Pharmacy/ Provider Line

Toll-free Phone Number
(844) 512 - 3030

Toll-free Fax Number
(866) 642 - 5620

Email
provider@smithrx.com

Mail Order Partners

Register at www.amazon.com/smithrx. Doctors can send prescriptions via electronic prescribing, fax or phone:

- **Name/E-scribe**: Amazon Pharmacy Home Delivery
- **Amazon Pharmacy fax:** 512-884-5981
- **Amazon prescriber and pharmacy line:** 855-206-3605

Doctors can send prescriptions via electronic prescribing, fax or phone:

- **Walmart Pharmacy fax:** 1 (800) 406-8976
- **Walmart prescriber and pharmacy line:** 1 (800) 273-3455
- **Website:** www.walmart.com/cp/1042239

See whether your medications are available: costplusdrugs.com/medications. Doctors can send prescriptions via electronic prescribing to:

- **Name/E-scribe:** Mark Cuban Cost Plus Drug Company (MCCPD)

We are here to help!

Have questions or need assistance? Contact our Member Services Team. Live support is available **Monday through Friday, 8 am - 9 pm ET** and **Saturdays 11 am - 4 pm ET**.

Chat

Chat live with a member service representative on our website or in the member portal

Portal

Find plan info, ID cards and documents at smithrx.com/portal

Email

Email our team at help@smithrx.com

Phone

Call us at 844-454-5201

KISx Card is Vālenz® Health



If you believe you need any procedure, Call the KISx Card first!

(877) 438-5479

Talk to a KISx Card Nurse About a Procedure:
Call - (877) 438-5479
Email - info@getkisx.com

Providers To Verify Benefits:
Patient is *NOT* to Provide Insurance Information for procedure.

Send Claims to info@getkisx.com

Imaging & Surgery Simplified

By choosing a KISx Card provider you will always pay $0 out of pocket*

(877) 438-5479

SCHEDULE

SAVE

Our program is the first to ever exist that directly rewards YOU for taking action!

KISx Card covers over 400 different procedures

- Orthopedic Surgery
- General Surgery
- Colonoscopies
- MRI, CT Scans

Just call, text, or email your personal nurse concierge who is waiting to schedule your procedure today!

getkisx.com

Please make sure to sign-up for push notifications and download the Spruce Health App: https://spruce.care/KISXCARD so we can stay in touch!

**HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.*

Progeny HEALTH®

Our purpose at ProgenyHealth is to improve the health and well-being of the next generation, one infant and one family at a time.

Ellen Stang, MD - Founder & CEO



ProgenyHealth is addressing the challenges facing the NICU population where 14% of births drive 60+% of health plan spend[1]

$64,815
is the average cost of a preterm birth, an increase by 25 percent[2]

1 in 10
infants in the US are born premature: trending up 4 years in a row[3]

1 in 9
families experience food insecurity[4]

15 minutes
one infant is born with Neonatal Abstinence Syndrome every 15 minutes, on average, in the United States[5]

ProgenyHealth is the only company **exclusively dedicated to NICU** Care Management. Our integrated services start when an infant is admitted to the NICU and continue through a baby's first birthday, and beyond, delivering on average a **2-to-1 or greater ROI** to health plans and employers. ProgenyHealth actively solves for Social Determinants of Health impacting the NICU population.

Delivering better outcomes by optimizing savings levers

Length of stay
ProgenyHealth standard of 10% or greater reduction in length of stay

ER visits
Case Management support to prevent unnecessary ER visits

Leveling of care
Direct savings across all payment methodologies

Readmissions
Reduction in hospital readmissions through focused Case Management

DRG assignments
Correct diagnosis codes to ensure appropriate assignment and weights

Social Determinants of Health
Solving for shelter, food insecurity, health literacy, transportation, and other SDoH concerns

ProgenyHealth by the numbers

125+	NICU-centric clinical team	1,400+	hospitals served throughout the U.S.
70K+	NICU cases to date	55%+	reduction in hospital readmission rates
90%	member satisfaction	10-15%	reduction in NICU spend

To learn more about how ProgenyHealth can improve health outcomes and deliver substantial NICU case cost savings, visit *progenyhealth.com* or call us at 610-832-2001 ext. 227

ParetoHealth
CancerCARE+
Right Care. Right Place. Right Time.

What is CancerCARE?

The CancerCARE Program is a free, fully integrated cancer solution included in YOUR health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Centers of Excellence location.



Day One Help

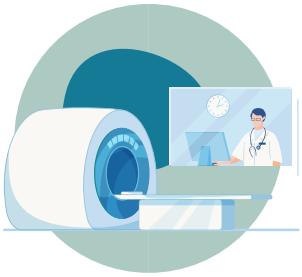
The day you receive a cancer diagnosis is overwhelming. Our CancerCARE professionals will answer questions about your diagnosis and help you evaluate your treatment options. They will also help maximize your health benefits and minimize your out-of-pocket expenses.

Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact.



Personalized Care

Today's cancer treatments vary by cancer type, stage of spread, and the patient's genetic makeup. The most effective care occurs when it is genetically personalized for you. Genetic testing is often not a covered benefit; however, it is fully covered when used for treatment planning with CancerCARE's recommendation.



National Resources

New treatments are developed and tested at leading cancer centers called Centers of Excellence. Treatment received from your local oncologist is often the best possible, but in some instances, we may suggest new treatments that are only offered at a Center of Excellence when those treatments could be more beneficial to you. Two examples would be Clinical Trials or proven new treatments that have not yet been written and given to community oncologists.



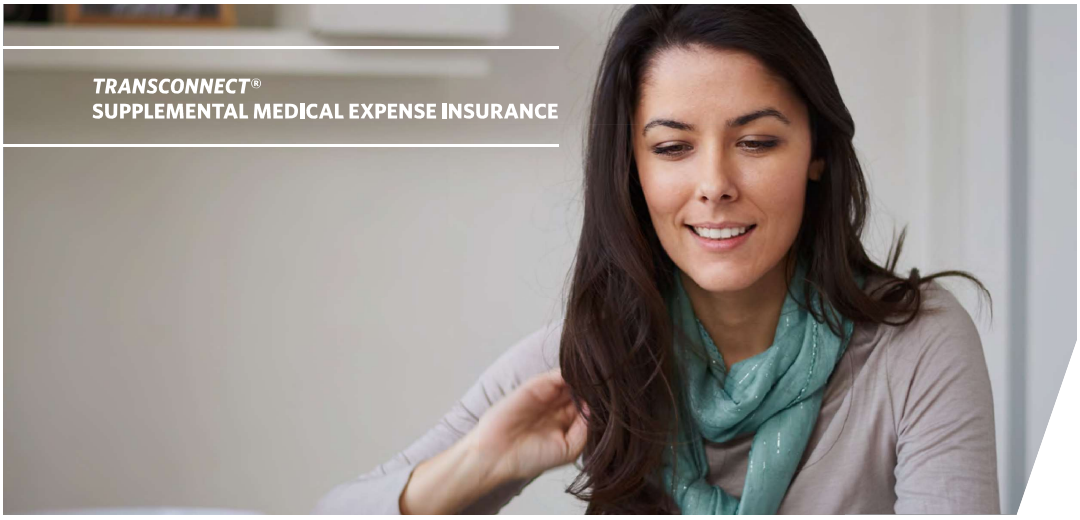
Expert Medical Team

During your Initial registration call, our highly trained Intake Coordinators will quickly gather your medical and health plan information. When a diagnosis permits, you will be assigned your own personal Oncology Nurse Expert who will answer any questions you have regarding your diagnosis as well as your care options. CancerCARE's entire team of Doctors, Nurses, and Medical Experts is dedicated to being with you throughout your treatment journey.

GAP INSURANCE

TRANSAMERICA®

(800) 476-4491 • www.webtpa.com



MORE SOLUTIONS TO MEET EMPLOYEE NEEDS

CERTIFICATE DEDUCTIBLE $0 (this plan has no deductible)

INPATIENT HOSPITAL BENEFITS $500 per Covered Person, 3 times per Family

TransConnect pays benefits for:

- Inpatient hospital stays
- Inpatient procedures
- Inpatient physician charges
- Inpatient mental health and substance abuse treatment
- Routine nursery care for dependent children

You determine the plan year maximum benefit for your employee (multiplied by three for an insured family).

OUTPATIENT HOSPITAL BENEFITS $500 per Covered Person, 3 times per Family

The policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- X-rays, MRIs, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident (accident and sickness for FL residents) in a hospital emergency room (ER) or urgent care center
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center

AMBULANCE BENEFIT $2000 per Covered Person, 3 times per Family

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

ADDITIONAL BENEFIT OPTIONS

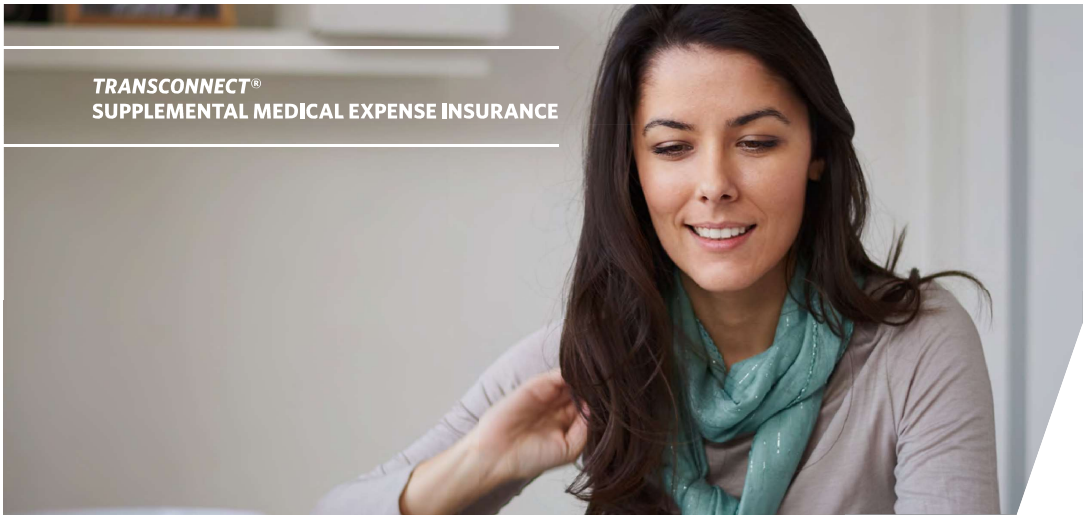
Enhanced Outpatient Benefit Rider includes options for:

Infusion therapy
Laboratory testing (includes tests performed in an independent laboratory)

GAP INSURANCE

TRANSAMERICA®

(800) 476-4491 • www.webtpa.com



MORE SOLUTIONS TO MEET EMPLOYEE NEEDS

CERTIFICATE DEDUCTIBLE $0 (this plan has no deductible)

INPATIENT HOSPITAL BENEFITS $2000 per Covered Person, 3 times per Family

TransConnect pays benefits for:

- Inpatient hospital stays
- Inpatient procedures
- Inpatient physician charges
- Inpatient mental health and substance abuse treatment
- Routine nursery care for dependent children

You determine the plan year maximum benefit for your employee (multiplied by three for an insured family).

OUTPATIENT HOSPITAL BENEFITS $2000 per Covered Person, 3 times per Family

The policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- X-rays, MRIs, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident (accident and sickness for FL residents) in a hospital emergency room (ER) or urgent care center
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center

AMBULANCE BENEFIT $2000 per Covered Person, 3 times per Family

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

ADDITIONAL BENEFIT OPTIONS

Enhanced Outpatient Benefit Rider includes options for:

Infusion therapy

Laboratory testing (includes tests performed in an independent laboratory)

DENTAL INSURANCE

Guardian®

(800) 627-4200 • www.guardiananytime.com

Plan Name	DMO U20G National	PPO W7	
Network Access	In Network Only	In Network	Out of Network
Provider Network	Managed Dental Care (DHMO/Prepaid)	PPO: DentalGuard Preferred	
Out of Network Reimbursement	In Network Only	Fee	UCR
Coverage Types			
Preventative	Some Procedures Covered 100%	100%	80%
Deductible	None / $0 Office Visit	$50 / $150	$50 / $150
Basic	Copay Applies	80%	70%
Major	Copay Applies	50%	40%
Periodontics/ Endondontics	Copay Applies	Major Simple Extractions: Basic	
Annual Maximum Benefit	**None**	**$1,500**	
Orthodontics	Copay Applies	Not Covered	
Orthodontic Eligibility	Child & Adult	Not Covered	
Orthodontic Maximum	Child(ren) $2,500 Adult $2,800	**Not Covered**	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of month of Birth Date		

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

VISION INSURANCE

Guardian®

(800) 627-4200 • www.guardiananytime.com

Plan Name	Vision Plan	
Network Access	In Network Allowance	Out of Network Reimbursement
Provider Network	Davis Vision	Reimbursement Only
Examinations		
Eye Exam	$10 Copay	Up to $50
Frequency	12 Months	
Materials Co-Pay		
Single Lenses	$25 Copay	Up to $48
Bifocal Lenses	$25 Copay	Up to $67
Trifocal Lenses	$25 Copay	Up to $86
Lenticular Lenses	$25 Copay	Up to $126
Frequency	12 Months	
Allowances		
Frames	Up to $130	Up to $48
Frequency	24 Months	
Contact Lens Benefit	In lieu of any other eyewear benefits	
Fitting & Evaluation	15% off Professional Fee	Included in Elective Contact Lens Allowance
Elective	Up to $130	Up to $105
Medically Necessary	Covered in full with prior approval Copay does not apply	Up to $210
Frequency	12 Months	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

LIFE INSURANCE

Guardian

(800) 627-4200 • www.guardianananytime.com

EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

Knox Theological provides Employer Paid Life Insurance and AD&D to all Full-Time Employee eligible for benefits in the amount of:

All Full Time Eligible Employees: $10,000

VOLUNTARY LIFE & AD&D

Employee Benefits

Benefit Amount:
- Choice of $10,000 Increments
- Maximum Amount $100,000

Guarantee Issue:

- Up to $25,000 at Initial Enrollment

Other Benefits Included:

- Living Care/Accelerated Death Benefit
- Waiver of Premium
- Portability
- Conversion

Your Benefits Will Reduce:

- 35% at Age 65
- 60% at Age 70
- 75% at Age 75
- 85% at Age 80

Child Benefits

- $1,000 Ages 14 Days to 6 months
- $10,000 Child: Ages 6 months to 26 years
- Employee must elect coverage in order to enroll children

Spousal Benefits

Benefit Amount:
- Choice of $5,000 Increments
- Employee must elect coverage in order to enroll spouse

Guarantee Issue:

- Up to $30,000 at Initial Enrollment

DISCLOSURES

Accidental Death and Dismemberment (AD&D) pays the Principal Sum Amount for the loss of life due to an accident or the loss of 2 or more members such as hand, foot, or eye.

Half the Principal Sum is payable for the loss of one member.

Please refer to the certificate of insurance for full policy details, benefits, and restrictions.

Rate information can be found in your enrollment kit or platform.

Exclusions may apply.

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DISABILITY INSURANCE

Guardian

(800) 627-4200 • www.guardianananytime.com

EMPLOYER PAID LONG TERM DISABILITY

Elimination Period	90 Days
Maximum Monthly	60% Of Your Monthly Salary Up To $6,000
Benefit Benefits Duration	Later of Age 65 or SSNRA
Own Occupation	24 Months
Pre-Existing Period	3 months / 12 months

DEFINITIONS AND REQUIREMENTS

Elimination Period: The number of days you must be disabled before benefit payments begin.

Maximum Benefit: The benefit amount you will receive when you are disabled.

Benefit Duration: The maximum period of time that benefits will be paid during a period of disability.

Definition of Disability: Disability means you are unable to perform the main duties of your occupation on a full-time basis due to non-work related injury or sickness. Please see the summary of benefits for more detail.

Eligibility Requirements: You must be a permanent employee regularly scheduled to work at least 30 hours per week, be actively at work on the coverage effective date.

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

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EMPLOYEE ASSISTANCE PROGRAM (EAP)

Guardian

(800) 386-7055 • https://worklife.uprisehealth.com/

WorkLifeMatters
An Employee Assistance Program

Your confidential Employee Assistance Program - Helping find balance between work and home life.

WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- Unlimited free telephonic consultation with an EAP counselor available 24/7 at (800) 386-7055
- Referrals to local counselors - up to three sessions free of charge
- State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center.

WorkLifeMatters can offer help with

EDUCATION
- Admission testing & procedures
- Adult re-entry
- College Planning
- Financial aid resources
- Finding a pre-school

DEPENDENT CARE & CARE GIVING
- Adoption assistance
- Before/after school programs
- Day care/ Elder care
- In-house services

LEGAL AND FINANCIAL
- Admissions testing & procedures
- Adult re-entry program
- College planning
- Financial aid resources
- Finding a pre-school

LIFESTYLE & FITNESS MANAGEMENT
- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

WORKING SMARTER
- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Email a Counselor

Get answers to general benefits questions and assistance with solutions for the challenges in daily life.

eapcounselor@iabhcorp.com



Chat With a Counselor

Chat with a WorkLife consultant in real time and get immediate, interactive assistance

8:00 AM - 4:00 PM PST



Phone

1-800-386-7055

6:00 AM - 5:00 PM PST

Monday - Friday

(after hours answering service available)



For more information about WorkLife Matters

Go to: www.ibhworklife.com • Username: Matters • Password: wlm70101

SUPPLEMENTAL INSURANCE

Sun Life

(877) 820-5306 • www.sunlife.com

GROUP ACCIDENT

Group Voluntary Accident Insurance pays benefits for on- and off-the-job accidents, plus some benefits that correspond with medical care. And, because accident insurance is supplemental, it pays in addition to other coverage you may already have in place. This coverage pays a benefit up to a specific amount for accidental death, dismemberment, dislocation or fracture, initial hosptial confinement, hospital confinement, intensive care, ambulance service, medical expenses and Outpatient Physician treatment.

Coverage Type	Standard	Enhanced
Hospital/ICU Admission	$1,000/$1,500	$1,500/$2,000
Daily Hospital/ICU Confinement	$200/$200	$300/$300
Ambulance - Air/Ground	$1,000/$300	$1,500/$400

GROUP HOSPITAL INDEMNITY

When admitted or confined to the hospital not only can it be stressful, but expenses can add up quick and can catch you off guard. With a Hospital Indemnity plan, you can be better able to handle the accompanying medical expenses and daily living expenses.

Coverage Type	Low	High
Hospital Admission	$1,000	$2,000
ICU Admission	$1,000	$2,000
Hospital/ICU Confinement	$100/$100	$200/$200

GROUP CRITICAL ILLNESS

You can't predict the future, but you can plan for it.

Group Voluntary Critical Illness Insurance can help give you the power to take control of your health when faced with a covered illness. This insurance pays benefits that can be used for non-medical expenses that health insurance might not cover. The cash benefit is in the form of a lump-sum payment, which is paid to the employee after a covered diagnosis.

COVERAGE GUIDELINES	COVERAGE AMOUNT
For You & Spouse Spouse 100% of the employee's benefit amount	Employee & Spouse $10,000 | $20,000 | $30,000 | $40,000
Child(ren) Benefit for each Child Benefit begins at Birth and Terminates at Age 26	50% of employee's CI Principal Sum, up to $20,000

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

DISCLOSURES

Medicare Part D

This notice officially confirms the fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is November 15th to December 31. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about $32-$37/Month. If you do decide to enroll, coordination of benefits will be required.

Section 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, election changes will be effective on the date of the qualifying event or the first of the following month, depending on event type.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

Medicaid CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

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, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

aab

WHERE TO GO FOR CARE

Getting care at the best place for your condition could save you money on your out-of-pocket costs. See your primary care physician (PCP) or family doctor first. If seeing your PCP isn't possible, it's important to know your quick care options, especially before heading to an ER.

Compare quick care options to help keep costs down.







	PCP	Virtual Visits	Convenience Care	Urgent Care	Emergency Room
	Care from the doctor who knows you best	See a doctor whenever, wherever.	Basic Conditions that aren't life threatening	Serious Conditions that aren't life-threatening	Life and Limb-threatening emergencies
Average Cost	Varies by plan type	less than $50	$90	$170	$2,000
✔ Indicates the recommended place for care for the following conditions:					
Broken Bones				✔	✔
Chest Pain					✔
Cough	✔	✔	✔		
Fever	✔	✔	✔		
Muscle Strain	✔		✔		
Pinkeye	✔	✔	✔		
Shortness of Breath					✔
Sinus Problems	✔	✔	✔		
Sore Throat	✔	✔	✔		
Sprain	✔		✔	✔	
Urinary Tract Infection	✔	✔	✔		

Call 911 or go to an emergency room (ER) if you have a life-threatening condition

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PREVENTATIVE CARE

Preventative care refers to measures taken in order to prevent individuals from contracting diseases. Rather than waiting to become sick, preventative care aims to keep people healthy, or at least catch illnesses at their earliest and most treatable stages. Things that are considered preventative care include medical tests, immunizations, screening tests, preventative medications and any other services that prevent disease

Examples of covered preventative care services.

Adults	Women	Children	Medicare
• Physical Examination • Immunizations • Screening for obesity and counseling, including dietary counseling • Blood pressure and test for high cholesterol and diabetes • Counseling on the daily use of aspirin to reduce the risk of stroke • Counseling from your healthcare provider on topcis such as, quitting smoking, treating depression, and reducing alcohol use. • HIV and STD screenings	• Well-women visits • Anemia screenings • Breast cancer genetic test counseling (BRCA) for women at higher risk of breast cancer • Mammograms every one to two years for women over 40 • Cervical cancer screening • Osteoporosis screening for women over age 60 depending on risk factors • Domestic violence screening and counseling • Contraceptive and counseling • Multiple test for pregnant women	• Physical examination and height, weight and body mass index measurements • Vision and hearing screening • Oral health risk assesments • Supplements for children without fluoride in their water source • Dyslipidemia screening for children at a higher risk for lipid disorders • Iron supplements for children ages 6 to 12 months at a risk for anemia • Phenylketonuria (PKU) screening for newborns • Alcohol and drug use assessments for adolescents • *Immunizations:* Vaccines for children from birth to age 18	• Mammograms every 12 month • Cardiovascular disease screenings • Colorectal cancer screenings • Cholesterol screenings • Diabetes screenings • Medical nutrition therapy to manage diabetes or kidney disease • Prostate cancer screenings • Annual Flu shot and Hep B Vaccine • Bone mass measurement • HIV screening tests

Under the ACA, many private health plans must provide coverage for a range of preventative services. These plans may not change any copayments, deductibles or co-insurance to patients receiving preventative care. The preventative care requirements do not apply to grandfathered plans.

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NOTES

HERE FOR YOU.

All Atlantic Benefits

4000 Hollywood Blvd.
Suite 270-N
Hollywood, FL 33021