

Employee Benefit Guide

2023



This guide is intended to be a brief, illustrative tool to help you navigate your benefit options. Please review complete benefit summary documents, and eligibility requirements located on the Decisely enrollment portal

ANGLICAN CHURCH
IN NORTH  AMERICA



Medical PPO Plans

Plan Name		\$3500 Ded HSA \$6900 OOP	\$5000 Ded HSA \$6500 OOP	\$0 Ded \$7900 OOP	\$0 Ded \$5000 OOP
		In Network	In Network	In Network	In Network
Deductible and Out of Pocket Maximum	Individual Deductible	\$3,500	\$5,000	\$0	\$0
	Family Deductible	\$7,000	\$10,000	\$0	\$0
	Individual OOPM	\$6,900	\$6,500	\$7,900	\$5,000
	Family OOPM	\$13,800	\$13,000	\$15,800	\$10,000
Office Visits	Primary Care	20% After Deductible	No Charge After Deductible	No Cost	No Cost
	Specialist	20% After Deductible	No Charge After Deductible	No Cost	No Cost
	Mental Health	20% After Deductible	No Charge After Deductible	No Cost	No Cost
	Urgent Care	20% After Deductible	No Charge After Deductible	No Cost	No Cost
	Preventive Care	No Cost	No Cost	No Cost	No Cost
Pharmacy	RX Tier 1 Generic	20% After Deductible	20% After Deductible	No Cost	No Cost
	RX Tier 2 Brand Preferred	20% After Deductible	20% After Deductible	\$75	\$75
	RX Tier 3 Brand Non Preferred	20% After Deductible	20% After Deductible	\$100	\$100
	RX Tier 4 Specialty RX	20% After Deductible	20% After Deductible	\$125	\$125
Major Medical	Lab	20% After Deductible	20% After Deductible	No Cost	No Cost
	X-Ray	20% After Deductible	20% After Deductible	No Cost	No Cost
	Complex Imaging	20% After Deductible	20% After Deductible	No Cost	No Cost
	Emergency Room	20% After Deductible	20% After Deductible	\$250 Copay	\$250 Copay
	Outpatient Surgery	20% After Deductible	20% After Deductible	No Cost after OOPM	No Cost after OOPM
	In Patient Hospital	20% After Deductible	20% After Deductible	No Cost after OOPM	No Cost after OOPM
Monthly Rate	Employee Only	\$794.29	\$762.97	\$914.14	\$962.24
	Employee & Spouse	\$1,668.03	\$1,602.27	\$1,919.73	\$2,020.76
	Employee & Child(ren)	\$1,508.85	\$1,449.36	\$1,736.53	\$1,827.91
	Employee & Family	\$2,382.33	\$2,288.39	\$2,741.80	\$2,886.08

The Monthly Rate shown above is not your ultimate cost. Please check with your HR Office for your cost to enroll for each of the plans offered.

Medicare Advantage Plan



Plan Name		Medicare Advantage PPO Plan OP
		In Network
Deductible and Out of Pocket Maximum	Individual Deductible	\$0
	Individual OOPM	\$3400 (Excludes RX)
Office Visits	Primary Care	No Cost
	Specialist	No Cost
	Mental Health	No Cost
	Urgent Care	No Cost
	Preventive Care	No Cost
Pharmacy	RX Tier 1 Generic	\$10
	RX Tier 2	\$25
	RX Tier 3	\$50
	RX Tier 4	\$150
Major Medical	Lab	No Cost
	X-Ray	No Cost
	Complex Imaging	No Cost
	Emergency Room	\$50 Copay
	Skilled Nursing	No Cost - Covers 1-100 Days per benefit period
	Outpatient Surgery	20% After Deductible
	In Patient Hospital	\$0 Per Admission
Hearing, Vision & Dental	Hearing Exam	Plan pays \$70 Max Per Year
	Hearing Aids	Plan pays \$500 Max Per Year
	Non Routine Dental	No Cost
	Routine Eye Exam	Plan pays \$70 Max Per Year
	Outpatient Surgery	Plan pays \$100 Max Every 2 Years
	In Patient Hospital	\$0 Per Admission
Monthly Rate	Medicare Enrollee	\$330.23

The Monthly Rate shown above is not your ultimate cost. Please check with your HR Office for your cost to enroll.

Steps to Electing the Medicare Advantage Plan

You must be entitled to Medicare Part A and be enrolled in Medicare Part B

You must continue to pay your Medicare Part B premium

Most Americans will pay \$164.90 in 2023. Review the chart here:

<https://www.cms.gov/newsroom/fact-sheets/2023-medicare-parts-b-premiums-and-deductibles-2023-medicare-part-d-income-related-monthly>

Do not purchase a separate Drug plan, the ACNA Medicare Advantage plan includes drug coverage

If you already have a Medicare supplement and drug plan, enrolling in the ACNA Medicare Advantage plan will automatically disenroll you from your current plan.

You cannot be enrolled in more than one Medicare Advantage plan.

If you do not currently have Medicare Part B and you are age 65+

Make an appointment with your local SSA office <https://www.ssa.gov/>

Enroll in Medicare Part B

You may be asked to present a Medicare Creditable Coverage Letter. Reach out to Nancy@Decisely.com or 559 906 5550 for this document

Once you have received your Medicare Part A and Part B ID card you are eligible to move to the Medicare Advantage plan.

Reach out to Nancy@Decisely.com or 559 906 5550 to make the election.

You will be moved from the standard ACNA plan to the Medicare Advantage Plan

You must continue to pay your Medicare Part B premium

If you will turn 65 during 2023 and you wish to elect the Medicare Advantage Plan at that time

You will be eligible for Medicare Part A and B and the Medicare Advantage plan the first of month of your 65th Birthday.

If your birthday is on the 1st of the month you will be eligible the first of the month prior to your 65th birthday month

90 days prior to your 65th birthday Elect Medicare Part A & B with the SSI either in person or on line

<https://www.ssa.gov/>

Once you have received your Medicare Part A and Part B ID card you are eligible to move to the Medicare Advantage plan.

Reach out to Nancy@Decisely.com 559 906 5550 to make the election.

You will be moved from the standard ACNA plan to the Medicare Advantage Plan

You must continue to pay your Medicare Part B premium

Who is eligible for the new Anthem Medicare Advantage plan

Employees age 65+ who have Medicare Part & B

If you the employee insure a spouse as your dependent and your spouse is not yet 65, your spouse can remain on the ACNA standard plans.

Spouses of employees age 65+ who have Medicare Part & B

If the spouse is 65 but the employee is not yet 65, the employee can remain on the ACNA standard plans while the spouse



		PDP Dental	
		UCR Out of Network Claims	
Deductible		\$50, \$150 Family	
		Waived for Diagnostic and Preventive Care	
Calendar Year Maximum		\$1,500	\$1,000
		In Network	Out Of Network
Diagnostic & Preventive	Cleanings, Exams, Routine Xrays, Fluoride and Sealants	100%	100%
Basic	Cavity Fillings, Diagnostic Xrays, Consultations	80%	60%
Endodontics	Root Canals and treatment of the root	80%	60%
Periodontics	Planing and Scaling, Periodontal Maintenance	80%	60%
Oral Surgery	Extractions	80%	60%
Major	Crowns, Onlays, Dentures, Bridges	50%	50%
Orthodontia	Child to Age 19	\$1500 Lifetime Maximum	
Monthly Cost	Employee Only	\$33.02	
	Emp. & Spouse	\$75.25	
	Emp. & Ch(ren)	\$86.04	
	Family	\$129.27	

The Monthly Rate shown above may not be your ultimate cost. Please check with your HR Office for your cost to enroll.

Your Dental ID Card



PDP Plus Network

Employee Name	00XXXXXXXXXX
Employee ID	5393453
Group Name	Anglican Church in NA
Group Number	

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



metlife.com/mybenefits

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

1-800-942-0854

- Virtually 24 hours a day, 7 days a week to confirm eligibility, order claim forms or request dentist directories
- Monday-Friday, 8 a.m. to 11 p.m., Eastern Time, to speak with a live customer service representative
- MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282
- For International Dental Travel Assistance call 1-312-358-5970 (collect)

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Note, replace the "X" with the subscriber's social.



In Network Benefit

Exam	Copay	\$10
	Frequency	Every 12 Months

Materials	Copay	\$25
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Frames	Allowance	\$130
	Frequency	Every 24 Months

Eyeglass Lenses	Frequency	Every 12 Months
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Contact Lenses	Allowance	\$130
	Frequency	Every 12 Months (instead of glasses)

Monthly Cost	Employee Only	\$6.18
	Emp. & Spouse	\$11.80
	Emp. & Ch(ren)	\$12.39
	Family	\$18.19

The Monthly Rate shown above may not be your ultimate cost. Please check with your HR Office for your cost to enroll.

Your Vision ID Card

Front	Back
<p>Vision Identification Card</p> <p>Employee Name: Anglican Church in North America</p> <p>Employee ID: 5393453</p> <p>Group Name: _____</p> <p>Group Number: _____</p> <p><small>This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.</small></p> <p>SuperiorVision By MetLife</p>	<p>metlife.com/mybenefits</p> <ul style="list-style-type: none"> • Locate a participating eye doctor or print your ID card. • Review benefits information and past services. • Obtain claims forms and educational information. <p>1-833-EYE-LIFE (1-833-393-5433) Hearing impaired AT&T relay service: Dial 711.</p> <ul style="list-style-type: none"> • Call Monday through Friday from 8:00 a.m. to 9:00 p.m. ET, and Saturday from 9:00 a.m. to 4:00 p.m. ET, to speak with a customer service representative. • Superior Vision by MetLife, PO Box 967, Rancho Cordova, CA 95741

General Eligibility Requirements for Enrollment into the ACNA Group Health Plans

The Anglican Church in North America (ACNA) Group Benefits is an employer sponsored group. Members acknowledge that they are participating in a large employer group. The ACNA Benefits Program is NOT an association group. The ACNA is the parent company and represents the employer. Therefore, all participating churches or dioceses must adhere to all points of the eligibility requirements as outlined below. Failure to comply with the stated eligibility requirements will render all church/diocese employees ineligible for coverage.

Persons must meet the following eligibility requirements in order to be enrolled into the ACNA group health plans:

Clergy or lay staff person must be working full time (a minimum of 30 hours a week) in an affiliated ACNA church or diocese

Church or diocese must enroll a minimum of 75% of their eligible full time employees (clergy and lay) in order for any one staff member to be enrolled.

Exempt from this figure would be any full time employee who is already covered on their spouse's employer group plan, Medicare eligible, or covered as Military personnel or federal employee program.

Church or diocese will provide a copy of payroll report and latest federal 941 form to verify eligibility

Each applicant will fill out and return a member information form in order to verify ACNA affiliation.

Plan requirements state that the church or diocese must contribute at least 50% of the individual premium amount of the lowest priced plan for each enrolled member in the group health policy.

Employees and or Dependent Spouses aged 65+ are eligible for the Medicare Advantage Plan

Age 65+ person must be enrolled in Medicare Part A & B prior to electing or moving to the Medicare Advantage plan

If the employee is 65+ and the spouse is not, the spouse is eligible to remain on the ACNA PPO plan as a subscriber