HUB

Advocacy. Tailored Insurance Solutions. Peace of Mind

WELCOME

Benefits Open Enrollment
Moody Bible Institute

Agenda

- What is Open Enrollment?
- Cigna Medical Benefits
- Cigna Prescription Drugs
- Cigna Dental
- Cigna Programs, Services, Tools and Resources
- EyeMed Vision Benefits
- Discovery Benefits, a WEX Company, Flexible Spending Accounts
- Navigate Wellness
- Guardian Voluntary Benefits

MOODY BIBLE INSTITUTE™

What Is Open Enrollment?
Action Required

- If you **do not complete** an Enrollment/Waiver Form, you will automatically remain in the **same plan** you are currently enrolled (with the exception of FSA which you have to enroll in each year).
- Please make sure all forms are submitted to Human Resources by the Open Enrollment deadline: **November 19, 2021 (please note there is no call center this year).**
- Elections (including changes) will take effect on **January 1, 2022**

What Is Open Enrollment?
Overview

- Open enrollment is your opportunity to make changes to your current benefit elections and plans
- Benefits are effective for the entire plan year, unless you (or your dependents) experience a *qualifying life event* (QLE) during the upcoming plan year such as:
  - Marital status
  - Your number of dependents (e.g., birth, adoption)
  - Employment status
  - Benefits coverage or cost
  - Entitlement to government health care or premium assistance for it

- You have **30 days** to inform HR of your QLE to make any change

YOUR MEDICAL PLAN OPTIONS

A health plan that lets you choose which doctors to see and when

Open Access Plus (OAP)

- You have the option of choosing a primary care provider (PCP) to guide your care (it is recommended but not required)
- You can see a specialist without a referral
- Using doctors and health care facilities in the Cigna OAP network may keep your costs lower
- You can choose doctors or facilities not part of the Cigna OAP network, but your costs may be higher
- You have access to Cigna's national network of labs, x-ray and radiology centers – plus 70% potential savings through in-network national labs (LabCorp or Quest)*
- Nationwide in-network coverage for emergency care
- You will pay an annual amount – a deductible – before your health plan begins to pay for covered health care costs.** Only services covered by the health plan count toward the deductible
- Once you meet your deductible, you will pay a portion of covered health care costs and the plan pays the rest
- Once you meet an annual limit on your payments – out-of-pocket maximum – your plan pays 100% of covered costs

*Savings based on average in-network national lab costs compared with out-of-network labs using internal Cigna national claims data: DOS January–December 2018. Savings will vary.

**Plans may vary; see your employer's plan documents for details related to your specific medical plan.

The right care, at the right price

Cigna One Health℠ for Chicago

- You are required to choose a primary care provider (PCP) in the Cigna One Health network.
- For your care to be covered, you must receive all your care through your PCP, and you must stay in-network.
- If you need to see a specialist, your PCP will give you a referral (some exceptions apply).
- You have coverage for emergency and urgent care.
- There are the two types of plans offered.*
  - **Copay**
    - Copays apply to office visits and facilities, including inpatient and outpatient hospital facilities.
  - **Hospital-only coinsurance**
    - Coinsurance applies to inpatient and outpatient hospital facilities
    - All other benefits, including office visits and other facilities, are subject to a copay.

You'll choose from a local network of more than 6,000 quality physicians and 60 hospitals.**

- Advocate Health Care
- AMITA HEALTH
- Centegra (now part of Northwestern Medicine)
- Community Health System of Indiana
- Cook County Health Systems
- Edward-Elmhurst Health
- Loyola Medicine
- NorthShore University HealthSystem
- Northwest Community Hospital
- Northwestern Medicine
- Rush System for Health
- University of Chicago HealthSystem
- Vista Health System

*Plans may vary. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your employer's plan documents. Cigna One Health sold as a fully insured health plan is sold as an HMO product under license by Cigna HealthCare of Illinois, Inc. Cigna One Health sold as a self-funded health plan is administered by Cigna Health & Life Insurance Company with network management services provided by Cigna HealthCare of Illinois, Inc. **Cigna internal analysis of contracted providers as of 10/1/2018. Subject to change.

Your health plan plus a health savings account

Cigna Choice Fund® Health Savings Account (HSA)

- Combines a medical plan with a health savings account
- Provides coverage for current health care expenses with the option to save for future expenses
- In-network preventive care is covered by the plan at 100%*
- You own the account and you, your employer or both can contribute
- Contributions are generally not taxable**
- You have investment options

*Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). See your plan materials for a complete list of covered preventive care services. **HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Please consult your personal tax advisor or contact your plan administrator for information about your state.

Are you eligible to participate?

Because HSA plans have certain tax advantages, the IRS defines specific rules for participation.

To be eligible, you:

- Must be enrolled in an IRS-qualified high-deductible medical plan (high-deductible medical plans offered with Cigna Choice Fund® HSA meet IRS requirements) by the first of the month
  - If your health plan effective date is after the first of the month, your HSA will be established on the first of the following month
- Cannot have any other health coverage which is not also a qualified high-deductible plan
- Cannot be claimed as a dependent on another person's tax return
- Must not be enrolled in Medicare (A, B or D), TRICARE, or a Full Purpose FSA (including a spouse's Full Purpose FSA)

Your HSA maximum contribution

The IRS has set the following limits for 2022:

Under age 55 and not enrolled in Medicare (based on a 12-month period):

- Up to $3,650 individual coverage*
- Up to $7,300 family coverage*

Age 55 or older:

- Maximum contribution increases by $1,000 (considered a “catch-up” contribution)
- Up to $4,650 individual coverage*
- Up to $8,300 family coverage*

To make the maximum contribution in a calendar year, you must:

- Meet all requirements to be eligible for HSA contributions on January 1
- Remain qualified through December 1
- If these criteria are not met, maximum contribution is prorated – if 1/12 maximum contribution for each month then individual is qualified

Annual HSA contribution from Moody Bible Institute:

Employee: $600

Family: $1,200

*Contributions to your HSA that you receive from your employer and incentives count toward your maximum.

Planning for your medical costs

	OAP		HSA		Chicago One Health HMO	
	Individual (Employee Only)	**Family**	**Individual (Employee Only)**	**Family**	**Individual (Employee Only)**	**Family**
Deductible	$1,000 In-network $3,000 Out-of-network	$1,000 In-network $3,000 Out-of-network	$2,000 In-network $4,000 Out-of-network	$4,000 In-network $8,000 Out-of-network	None	None
Out-of-pocket maximum*	Medical $3,000 In-network $4,000 Out-of-network Prescription $4,850 In and Out-of-network	Medical $6,000 In-network $12,000 Out-of-network Prescription $7,700 In and Out-of-network	$4,000 In-network $6,000 Out-of-network	$8,000 In-network $12,000 Out-of-network	Medical $1,500 In-network Prescription $5,100 In-network	Medical $3,000 In-network Prescription $10,200 In-network
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

If you choose to receive care outside of your plan's network, only covered expenses will be applied to your deductible – subject to your plan's Maximum Reimbursable Charge provisions. All plans have exclusions and limitations. See your enrollment materials for more information about costs and details about covered and non-covered services, including plan exclusions and limitations. *This is the most a family (employees plus covered family members) will pay for in-network, out-of-pocket expenses. It's important to note that each individual family member's out-of-pocket costs are capped at $8,550 for 2021 health plans, and overall family in-network costs are capped by the IRS at $17,100. The out-of-pocket costs for people with individual coverage are capped at $7,000 for 2021. To see examples of how this works, please visit www.InformedOnReform.com > Federal Regulations > Cost Sharing Limits, or Cigna.com/health-care-reform/embedded-oop-customer-impacts.

YOUR PHARMACY PLAN

Get the most out of your pharmacy benefits plan

Use the myCigna® App or website. Plan info at your fingertips – 24/7.[1]	**Avoid surprises at the pharmacy** • Price a medication and search for lower-cost alternatives, if available[2] • See which medications your plan covers • Find a pharmacy in your plan's network • Ask a pharmacist a question 24/7 **Stay organized** • See your pharmacy claims • Update your personal profile • Set up your communication preferences **Home delivery** • Track your order • Request refills
Use home delivery.[3] Get medications delivered to your door, and more.	• **Fast, free, reliable shipping.** We provide free standard delivery to your home or work address. • **Easy refills.** Fill up to a 90-day supply at one time, so you fill less often. • **Free reminders.** We'll send you refill reminders to help make sure you don't miss a dose.
Use Accredo® to help manage a complex medical condition.[3]	• 24/7 access to hundreds of specialty-trained pharmacists and nurses experienced in complex conditions that require specialty medications. • Access to a wide-range of personalized care services. This includes counseling and training on how to administer your medication. • Refill your prescriptions by text.[4] • Get real-time updates once they ship your order.
Cigna's pharmacists will help you stay on track.	Our pharmacists offer confidential help with prescription medication interactions and side effects. They can also help you find ways to lower your medication costs.

1. Your carrier's standard mobile phone and data usage charges apply. 2. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information. 3. Not all plans include home delivery or Accredo® as covered pharmacy options. Please log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network. 4. The ability to refill prescriptions by text is only available for certain medications. To get text messages, you'll have to sign up for Accredo's® texting service. You can do this when you call Accredo® to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.

Making it easier to fill the medications you take on a regular basis

You can fill:

- 90-day prescriptions at more than 31,000 retail pharmacies* or through home delivery**
- 30-day prescriptions at more than 68,000 retail pharmacies*

90-day fills

Ask your doctor for a 90-day prescription with refills

Have the office send your prescription electronically to an in-network retail pharmacy approved to fill 90-day supplies or to our home delivery pharmacy.**

Get your medication. Filling your prescription just four times a year means fewer trips to the pharmacy for refills.

30-day fills

Ask your doctor for a 30-day prescription

Have the office send your prescription electronically to any retail pharmacy in your plan's network

Get your medication

*Participating Cigna 90 Now pharmacies as of July 2019. Subject to change.
**Not all plans offer home delivery as a covered pharmacy option. Please log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network.

Planning for prescription costs

	OAP			HSA			HMO		
In-network	**Retail (30-day supply)**	**Retail and Home Delivery (30-day supply)**	**Retail and Home delivery (90-day supply)**	**Retail (30-day supply)**	**Retail and Home Delivery (30-day supply)**	**Retail and Home delivery (90-day supply)**	**Retail (30-day supply)**	**Retail and Home Delivery (30-day supply)**	**Retail and Home delivery (90-day supply)**
Tier 1 (typically generics)	You pay $10	N/A	You pay $20	You pay 20%^	N/A	You pay 20%^	You pay $10	N/A	You pay $20
Tier 2 (typically preferred brands)	You pay $50	N/A	You pay $100	You pay 20%^	N/A	You pay 20%^	You pay $50	N/A	You pay $100
Tier 3 (typically non-preferred brands)	You pay $80	N/A	You pay $160	You pay 20%^	N/A	You pay 20%^	You pay $80	N/A	You pay $160
Tier 4 (Specialty)	N/A	You pay $125	N/A	N/A	You pay 20%^	N/A	N/A	You pay $125	N/A
Out-of-network	**Retail (30-day supply)**	**Retail and Home Delivery (30-day supply)**	**Retail and Home delivery (90-day supply)**	**Retail (30-day supply)**	**Retail and Home Delivery (30-day supply)**	**Retail and Home delivery (90-day supply)**	**Retail (30-day supply)**	**Retail and Home Delivery (30-day supply)**	**Retail and Home delivery (90-day supply)**
	It doesn't matter which plan you have. You'll pay 25% for all out-of-network prescription medications. ^ - after deductible						Out-of-Network not available		

This chart shows the amounts you'll pay for covered services after you meet your plan deductible. Not all health benefit plans are the same, but in general, to be eligible for coverage, a medication must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. All plans have exclusions and limitations. Please check your plan documents for costs and complete details of your plan's prescription medication coverage.

Employee Contribution Medical Rates

Coverage Tier	Employee Contribution (Monthly)					
	Cigna Open Access Plus (OAP)		Cigna One Health (HMO)		HDHP with HSA	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	$121.35	$136.35	$91.45	$106.45	$98.25	$113.25
Employee + Spouse (EE + 1 for HMO Plan)	$264.10	$289.10	$203.35	$228.35	$214.30	$239.30
Employee + Child(ren)	$258.95	$283.95	N/A	N/A	$209.60	$234.60
Family	$433.75	$468.75	$343.30	$378.30	$351.10	$386.10

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YOUR DENTAL PLAN OPTIONS

A health plan that gives you savings and predictability.

Cigna Dental Care® (DHMO)*

- You choose a primary care dentist in the Cigna Dental Care® network where you can receive all your care
- You can change your network dentist at any time
- You can use a pediatric dentist up to age 13
- By using dentists in the Cigna Dental Care® network you may pay less than you would with other types of dental plans
- You pay an office visit fee and the charge for each service listed on your Patient Charge Schedule
- No deductible or calendar year maximums, and predictable costs based on your patient charge schedule
- There is no out-of-network coverage (except in emergencies)**

* The term “DHMO” is used to refer to product designs that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care® (DHMO) product availability varies by state and is subject to change.

** There are no out-of-network benefits with a Cigna Dental Care® plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network. See Appendix A for details.

Cigna Dental Care®

Coverage with no deductibles or waiting periods*

Examples of covered services*



- ✓ **Preventive care, such as cleanings and exams, at no added or low cost**
- ✓ **Additional cleanings, fluoride and fluoride varnish available for a copay**
- ✓ **Temporomandibular joint (TMJ) diagnosis**
- ✓ **General anesthesia/IV sedation when medically necessary**
- ✓ **Coverage for brush biopsy, a noninvasive diagnostic procedure for detecting oral cancer**
- ✓ **Coverage for teeth whitening (take-home bleaching gel with trays) and athletic mouth guards**
- ✓ **No age limit on sealants**
- ✓ **Coverage for advanced procedures like crowns and bridges over implants**
- ✓ **Second opinions covered**
- ✓ **Emergency care**
- ✓ **Orthodontic coverage for children AND adults**

* Plan copay and coinsurance requirements apply. Not all services are covered. See Appendix B for a listing of related plan limitations and exclusions.

A dental plan that gives you choice

Dental Preferred Provider Organization (DPPO)

- You can choose to use any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network
- You can see a specialist without a referral
- You'll pay an annual amount – deductible – before your plan begins to pay for covered costs
- Once you meet your deductible and satisfy any waiting period, you'll pay a portion of your covered dental care costs – coinsurance – and the plan pays the rest
- Cigna DPPO network dentists will submit claims for you. Your plan will then pay the dentist or you (based on the claim form)
- The amount your plan pays depends on:
  - The coinsurance level for the service you received
  - Which dentist you visit
  - If you've paid your deductible and/or reached your calendar year maximum
- Once you reach the plan's calendar year maximum, your plan will no longer pay a portion of your costs during that plan year

Your coverage – *Implants now covered under DPPO Advantage and increased calendar year maximum to $1,500!*

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	PERCENTAGE YOUR PLAN PAYS	
	Cigna DPPO Advantage	**Non-Network**
Class I – Preventive care	100%	100%
Class II – Basic restorative**	You pay 10%	You pay 20%
Class III – Major restorative**	You pay 40%	You pay 50%
Class IV – Orthodontia**	You pay 50%	You pay 50%
	Individual	**Family**
Annual deductible	$0	$0
Calendar-year maximum	$1,500	$1,500
Lifetime maximum: Orthodontia	$1,250	$1,250

* The amount your plan will pay for covered services received [through the Cigna DPPO network and] out-of-network will be subject to your plan's [Maximum Reimbursable Charge or Maximum Allowable Charge] provisions. When [visiting a dentist in the Cigna DPPO network or] going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.

**Waiting periods may apply. Not all services are covered. See Appendix for a listing of related plan limitations and exclusions.

Thousands of dentists, one directory

- Cigna DPPO Advantage provides access to a large number of dentists and offers discounts on covered services.
- All participating dentists are combined into one directory, which you can easily search online at Cigna.com® and via the myCigna® website or app.
- This means convenience and savings for you.

Employee Contribution Dental Rates

Coverage Tier	Employee Contribution (Monthly)	
	DPPO	DHMO
Employee Only	$13.50	$9.65
Employee + 1	$27.85	$19.55
Family	$42.60	$28.60

HELP WITH YOUR HEALTH

Programs and services

We want to help you stay healthy

Learn more about your health and how to improve it

- Cigna Healthy Rewards® to save money on health and wellness products and services*
- Tips for healthy pain management available on **Cigna.com/helpwithpain** or by sending a text to 25792**
- Free Veteran Support Line available 24/7/365 to all veterans by calling **855.244.6211**
- Coverage for preventive care, including immunizations and screenings***
- Simple, online health assessment designed to help you live a healthier life
- Online coaching programs help you maintain a healthy lifestyle
- Programs to help you better manage stress, quit tobacco or lose weight

*Healthy Rewards is a discount program and is separate from your medical benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. A discount program is NOT insurance, and you must pay the entire discounted charge.
**Message and data rates may apply. To view our privacy policy, please visit Cigna.com/privacy. This service is for educational purposes only.
Medical advice is not provided. ***Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). All plans have exclusions and limitations. See your Benefit Summary and enrollment materials for details about the services covered under your plan.

Use virtual care 24/7

Virtual care lets you get the care you need – including most prescriptions (when appropriate) – for a wide range of minor conditions.

Who: Board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.

When: Medical conditions: 24/7/365 day or night, including weekends and holidays.

Behavioral health: schedule an appointment.

How: Phone or video.

Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A Primary Care Provider referral is not required for this service.
In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

Cigna One Guide

Cigna One Guide® service helps you make smarter, informed choices and get health-related recommendations based on what matters most to you. It's our highest level of support that combines the ease of a powerful app, the web and live service via phone or chat.

One Guide personal support, tools and reminders can help you stay healthy and save money.

During enrollment you can use a personal guide and the Cigna Easy Choice Tool – together or individually – to help you understand your plan options and provide personalized recommendations based on what matters most to you.

Once enrolled, you can access the Cigna One Guide features by downloading the enhanced myCigna® app, by phone or live chat by registering on myCigna.com.*

*The downloading and use of the myCigna App is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage chargesapply.

WE’RE HERE FOR YOU

Tools and resources

Find a provider on Cigna.com before enrollment

1. Go to Cigna.com and click on “Find a Doctor” at the top of the screen. Then, under “*How are you Covered*?” select “*Employer or School*.”
2. Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty, or other term. Click on one of our suggestion or the magnifying glass icon to see your results.
3. Answer any clarifying questions and then verify where you live (as that will decide the networks available).
4. Select “**Cigna One Health**” or “**Open Access Plan**” if searching for medical providers OR if searching for dental providers, select “**Total Cigna DPPO** (Cigna DPPO Advantage and Cigna DPPO)” or “**Cigna Dental Care Access**” (formerly Cigna Dental Care HMO).

Compare and choose doctors by reviewing quality information on myCigna.com®

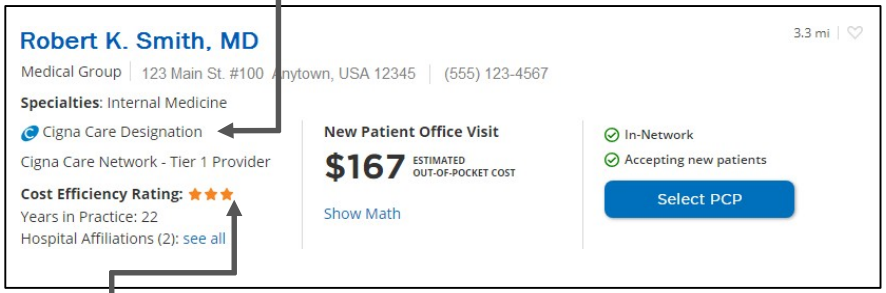
Cigna Care Designation helps take some of the guesswork out of choosing a health care provider

- Using industry-standard measures and information, Cigna regularly evaluates in-network providers in 21 of the most common specialties.
- Our results show providers who have a proven history of achieving good quality outcomes, while also being cost-effective

Hospitals that demonstrate better health outcomes at lower costs for one of the reviewed conditions earn our top designation – **Cigna Centers of Excellence**.

- We review how successful a hospital is in treating 18 common conditions.
- Our ratings are based on actual patient outcomes, average length of stay and average costs we gathered from outside sources.
- Our results show providers who have a proven history of achieving good quality outcomes, while also being cost-effective.

Indicates doctor with Cigna Care Designation



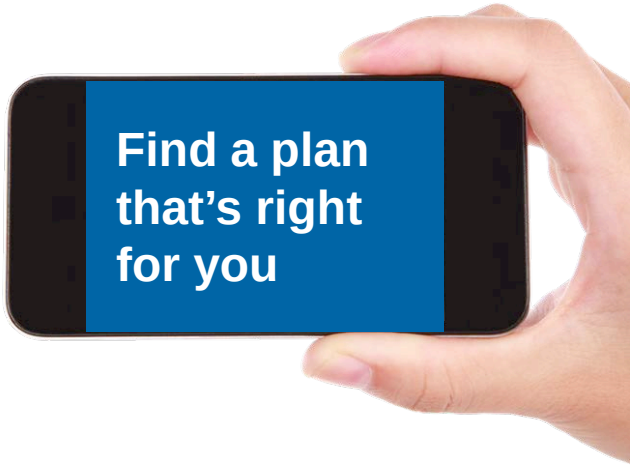
Example for illustrative purposes only. Actual costs will vary.

Shows cost-efficiency rating and other recognitions

Quality designations, cost-efficiency and other information found in Cigna's online provider directories reflect a partial assessment of quality and should not be the sole basis for decision making (as such measures have a risk of error). They are not a guarantee of the quality of care that will be provided to individual patients. You are encouraged to consider all relevant factors and consult with your doctor when selecting a health care provider. Health care providers who participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. Providers are not agents of Cigna.

Utilize the Cigna Easy Choice Tool

Easy-to-use online plan-decision support
Takes the work and worry out of choosing a plan



In about 10 minutes, you can:

- Find "Best Fit" plan options
- Review plans side by side to compare costs, provider networks and plan types
- See which doctors and hospitals are in-network
- Get a handy checklist to use when you enroll

Visit decisionsupport.cigna.com and enter the following codes:

- Chicago (with HMO/OAP/Choice Fund HSA) - Wellness: RGHY4LZH
- Chicago (with HMO/OAP/Choice Fund HSA) - Non-Wellness: NKKU9G3U
- Choice Fund HSA/OAP - Wellness: RAYFM7N9
- Choice Fund HSA/OAP - Non-Wellness: Q9K2AK49

We're here 24/7/365

By phone – 888.806.5042

- Call anytime day or night for live customer service
- Get answers in regards to your new benefit plan options
- Ask for a Spanish-speaking representative or speak with us in your preferred language – interpreter service is available in more than 200 languages

myCigna – online or app

- Directory of doctors, hospitals, facilities with cost and quality information
- Useful tools to help you:
  - Review your coverage
  - Manage and track claims
  - Track account balances and deductibles, and sign up for email notifications
  - Find quality of care information for common procedures and treatments
  - Get Claims and Balances statements on demand to view claim history and account transactions
  - Price and compare medications

Now compatible with iPhone® X devices
The Apple® Face ID® feature for iPhone X devices is a new way to unlock and authenticate your myCigna® App. It's even more convenient than the Touch ID® tool, and makes authenticating fast and easy. Other iPhone users can still use Touch ID to log in to the app.***

*These nurse advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.
**Available for Cigna Choice Fund® health reimbursement account (HRA) and flexible spending account (FSA) plans only. ***Please refer to your phone's manufacturer for your phone's specific capabilities. The downloading and use of the myCigna App is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Apple, iPhone, Face ID and Touch ID are registered service marks or trademarks of Apple Inc.

Enrollment checklist and choice deadline

Please send in your enrollment choice by November 19th, 2021

This is one of the most important decisions you'll make this year.
This checklist will help you choose wisely.

- **Call** the toll-free hotline 24/7/365 at 888.806.5042.
- **Think** about your health history and health care needs. How much do you spend, on average, for health care? How might that change in the upcoming year?
- **Check** the online provider directory on **Cigna.com** to see if your doctor participates in our network for the plan you are reviewing.
- **Review** your Summary of Benefits for specific plan details.
- **Utilize** the Cigna Easy Choice Tool to compare plan benefits and find one that's best for you.
- **Enroll** in your HSA and decide how much you would like to add to your account. Check www.IRS.gov for contribution limits.
- **Go** to **Cigna.com** to see if your plan covers your medication.
- **Make elections** by November 19th

YOUR NEW VISION PLAN OPTIONS

We've got you covered: Your vision benefits at-a-glance

Eye exam every 12 months, covered with $10 copay – PLUS…

$130 frame allowance every 24 months

$25 lens copay plus fixed pricing on options, every 12 months

$130 contact lens allowance, with coverage for fit and follow-up every 12 months

A few more benefit basics

Your frequency is based on: Plan Year

So, if you receive an exam on 1/6/22, you are eligible again 1/1/23.

Contacts are in lieu of lenses only

That means you are entitled to a full pair of glasses (frame & lenses) OR contacts and frames (you would then receive a 20% discount on your lenses).

How to find an eye doctor

Use the Provider Locator
at eyemed.com

Download and use the EyeMed Members App
(available in the App Store or Google Play)

Check the listing of the closest
eye doctors from your Welcome Kit (you'll
get this after you enroll)

Enjoy more extras:
Member-only savings & discounts

40% off
additional pair of glasses

15% off
standard LASIK prices or
5% off the promotional price

20% off
any remaining balance
over the frame allowance

15% off
any balance over the conventional
contact lens allowance

20% off
any non-covered items,
including non-prescription
sunglasses

up to 40% off
hearing exams and discounted,
set pricing on hearing aids

At participating in-network providers. Some exclusions may apply. Log into Member Web for details.

Freedom never looked so good

Get the frame you want for $0 out-of-pocket*

AT THESE RETAILERS

LensCrafters® Target Optical®

EyeMed members get a special offer from LensCrafters® and Target Optical ®. Enjoy $0 out-of-pocket cost on nearly any frame — no matter the original price point — even on top brands like Ray-Ban ® and Oakley ®. Once enrolled, you'll receive instructions on how to redeem this offer.

* Valid for frames only and must be used in conjunction with your EyeMed frame benefit of $130 or more. Valid for select EyeMed plans and may be used once per frame benefit year. Valid in-store at LensCrafters or Target Optical. Complete pair purchase required — member is still responsible for lenses, which are covered based on your vision benefits and may include an additional copay. Discounts are not insured benefits. Offer excludes Chanel, Cartier, Giorgio Armani, Gucci, Prada, Tiffany, Tom Ford and Maui Jim frames.

Experience more with member tools

You'll receive an in-home Welcome Kit detailing your new vision benefits and the closest eye doctors. And using your benefits couldn't be easier with access to convenient digital tools.

EyeMed Members App

- Benefits, eligibility and claims at-a-glance
- Find an eye doctor and get door-to-door directions
- Grab special offers
- Load and save prescriptions
- Set exam and contact lens reminders
- Pull up ID card and add to your wallet (for iOS only)

Member Web

- See benefits and eligibility status*
- View Savings Dashboard
- Estimate out-of-pocket costs before your visit to the eye doctor
- Download ID cards and EOBs
- Find an eye doctor
- Check claim status
- Get special offers

*Due to HIPAA regulations, members will not be able to view dependents over the age of 18

Employee Contribution Vision Rates

Coverage Tier	Employee Contribution (Monthly)
Employee Only	$5.04
Employee + Spouse	$9.58
Employee + Child(ren)	$10.08
Family	$14.82

MOODY BIBLE INSTITUTE™

Spending Accounts

FSA with WEX

Flexible Spending Accounts (FSA)

How Does it Work?

New FSA vendor: Discovery Benefits, a WEX Company

FSAs offer Health and Dependent Care benefits through **pre-tax deductions**; contributions are deducted pre-tax via payroll deductions

Money goes into FSA **before** taxes are calculated – so your taxable income is reduced

You can reimburse yourself **tax free** for qualified expenses

Remaining funds, at the end of the plan year, are forfeited

Employees electing the Cigna OAP and Cigna One Health (HMO) plan will have access to the Healthcare FSA

*If you are Enrolled in FSA for 2021 you must exhaust FSA funds by 12/31/2021 to enroll in Cigna HSA;

Dependent Care is not affected by HSA accounts

IRS Maximum Contributions are listed below:

FSA	Maximum Contributions
Healthcare FSA	$2,750
Dependent Care	$5,000 ($2,500 if filing joint)

***Anyone enrolled in the 2021 standard health care FSA plan and enrolls in the HSA for 1/1/22 must have a $0 balance to contribute or use the health savings account as of January 1. Recommending FSA participants strive to have a $0 balance by December 15th. If someone goes into the grace period, the earliest date the health savings account can be established is April 1, 2022. This means the health savings account can only be used for expenses incurred on or after April 1, 2022.**

Benefits debit card

- Free Benefits Debit Card
- Minimize the amount of out-of-pocket spending
- Valid for three+ years
- Instant access to FSA funds
- May need to substantiate some charges

Claim filing

The best form of documentation when submitting a claim is either an explanation of benefits (EOB) from your carrier, or an itemized receipt from your provider

- Any documentation provided must contain the following information:
- When the service was received
- Where the service was received
- What service was received
- The amount/cost of the service received

Claim filing options

Mobile app, online account or manual claims

Processed within two business days

Choose direct deposit or paper check

Direct Deposit – FREE
$25 minimum reimbursement for paper checks

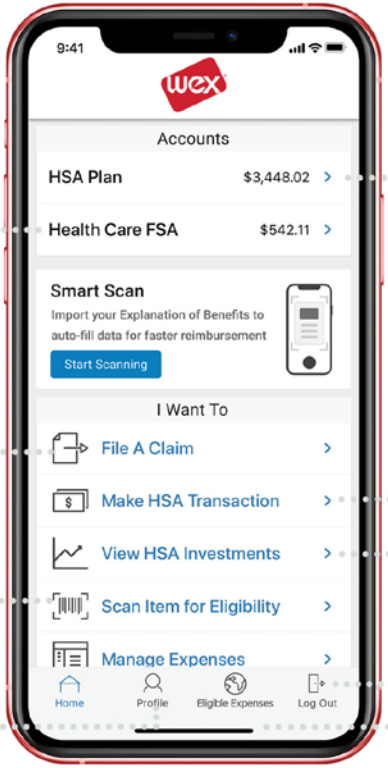
With our mobile app you can:

Get instant notifications on the status of your claims.

File a claim and upload documentation in seconds using your phone's camera.

Scan an item's bar code with your phone's camera to determine if it's an IRS code Section 213(D) eligible expense.

Report a card as lost or stolen.



Check your balance and view account activity.

Easily move funds from your HSA into your bank account to cover eligible expenses.

View current HSA investments balance, recent activity and rate of return.

Reset login credentials.

Log in with your Face ID.

Security on the go

Our mobile app uses secure encryption and won't store pictures on your phone, keeping your documentation safe and secure. Login is protected by a four-digit passcode of your choosing. You can also log in with you thumbprint on Apple devices.

Download the app for free on Apple and Android smartphones and tablets.

Download on the App Store

GET IT ON Google Play

Contact participant services

Our Participant Services team is available Monday through Friday, from 6 a.m. to 9 p.m. CT, except holidays.

Live chat

Email

customerservice@discoverybenefits.com

Phone

866-451-3399

Flexible Spending Accounts (FSA)

FSA Example

	Using the FSA	Not Using the FSA
Annual Pay	$50,000	$50,000
Pre-Tax FSA Contributions	($1,000)	N/A
Federal, State and Social Security Taxes*	($14,700)	($15,000)
Health Care Expenses	Covered using FSA funds	($1,000)
Net take-Home Pay	$34,300	$34,000
TAX SAVINGS:	**$300**	**$0**

*Assuming typical taxes of approximately 30 percent

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Navigate Wellness

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navigate Wellbeing Solutions

Completing certain elements of this program will give you the opportunity to receive a discount on your health insurance premiums in 2022

Program Requirements:

If you were hired on or before June 30, 2021, you are to complete the Wellbeing Survey and Biometric Screening for 30 points and earn an additional 45 points for a total of 75 points by **December 15, 2021** to qualify for a premium discount in 2022. *Please note there are 145 points available but you only need to earn 75 points to qualify for the discount in 2022.*

If you were hired July 1 – September 30, 2021, you are to complete the Wellbeing Survey and Biometric Screening for 30 points and earn an additional 20 points for a total of 50 points by **December 15, 2021** to qualify for a premium discount in 2021. *Please note there are 145 points available but you only need to earn 50 points to qualify for the discount in 2022.*

If you are hired October 1 - November 30, 2021, you are to complete the Wellbeing Survey for 15 points by **December 15, 2021** to qualify for a premium discount in 2022. *Please note there are 145 points available but you only need to earn 15 points by completing the Wellbeing Survey to qualify for the discount in 2022.*

If you are hired December 1 - 31, 2021, you will automatically qualify for a premium discount in 2022.

Wellness Discounts Reminder

- Complete program requirements and earn your incentive

- The monthly health insurance premiums will be reduced by the following amounts for qualified employees:

Employee Only:	$15
Employee + 1:	$25
Family:	$35

navigate®
Wellbeing Solutions

Guardian Voluntary Benefits

Voluntary Benefits

You will have the option to enroll in three plan offerings during Open Enrollment this year. You may select one, two or three voluntary benefits based on your personal needs and preferred protection.

- Accident
- Critical Illness
- Hospital Indemnity

Accident Insurance

Provide benefits in the event of an accident or injury for an employee or covered family member. The benefit amount will depend on type of injury and services received.

- 24 Hour protection
- Indemnity benefits for initial and on-going treatment of injuries
- Benefits paid for ER treatment, X-rays, diagnostic testing, follow up treatment, physical therapy
- Daily hospitalization benefits for hospital stays and surgical benefits
- Transportation and lodging benefits payable for travel to receive treatment
- $50 Wellness Benefit paid once per year, per covered person

Example Covered Injury/Services	Benefit Amount
Shoulder Dislocation	$1,250
Ambulance – Ground	$200
Emergency Room	$200
MRI	$200
Physical Therapy	$35 (x5)
Sports Package Included: Pays 25% higher benefit for injuries resulting from organized sport	

Example: An unexpected shoulder dislocation which occurs while playing soccer on an organized team. Benefit would pay fixed amounts for a ground ambulance ride, emergency room visit, MRI, shoulder dislocation and 5 physical therapy visits. *Total employee benefit received: $2,530*

Critical Illness

Plan pays a lump-sum benefit if you are diagnosed with a covered disease or condition. Benefit can be used to pay medical expenses, personal expenses, and lost wages.

- Guarantee Issue Benefit Levels
  - $30,000 for Employee
  - $15,000 for Spouse (Up to 50% of Employee benefit)
  - Child(ren) can receive 25% of Employee benefit
- No pre-existing condition limitation
- Annual $50 Wellness Benefit for employee, spouse and child(ren)
- Additional and reoccurrence benefits available
- Childhood conditions covered (i.e. First Occurrence of Cerebral Palsy, Type 1 Diabetes, Cystic Fibrosis, Down's Syndrome, Cleft lip, palate, etc.)
- Includes $250/day Hospital Admission Benefit if hospitalized for a condition other than list of covered illnesses

Benefit Payment will vary from 30%-100% based on condition:
Invasive Cancer (100%)
Carcinoma in Situ (30%)
Benign Brain Tumor (75%)
Skin Cancer ($250)
Heart Attack (100%)
Stroke (100%)
Heart Failure (100%)
Coronary Arteriosclerosis (30%)
Organ/Kidney Failure (100%)
First Occurrence of ALS, Coma, Loss of Sight/Hearing/Speech, Severe Burns – (100%) Alzheimer's Disease (50%) Addison's, Huntington's or MS (30%)

Hospital Indemnity

Provide admission and confinement benefits for a covered stay in a hospital or intensive care unit. Benefits can be paid for injuries, illnesses and hospital stays for labor and delivery.

- 24 Hour protection
- Initial lump sum for hospital admission
- Daily hospitalization benefit for each day confined to the hospital
- Normal pregnancy is included with no 9 month limitation
- No pre-existing condition limitation
- $50 Wellness Benefit paid once per year, per covered person
- Will pay benefits for insureds confined to the hospital due to COVID-19

Covered Service	Benefit Amount
Hospital Admission (3 admissions, per year, per covered family)	$1,000
Hospital Confinement (To a max of 15 days per year, per insured)	$200/day

Example: An employee is admitted to the hospital for the labor and delivery of their newborn and stays for 2 days before returning home.

Total employee benefit received: $1,400

Guardian's College Tuition Benefit

- Guardian is helping families save for college by providing this benefit that can be used at over 400 colleges and universities through the SAGE College Tuition Benefit Program.

- Employees enrolled in Accident, Critical Illness and/or Hospital Indemnity will earn 2,000 Tuition Rewards (per plan) every year enrolled. Each Tuition Reward point equals a $1 reduction in full tuition.

- Rewards can be given to children, stepchildren, grandchildren, nieces, nephews and Godchildren. Rewards never expire.

- **See how rewards add up when you enroll in multiple Guardian insurance products.**

Guardian Insurance Product	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
Accident	2,000	2,000	2,000	2,000	2,000	2,000	2,000	**14,000**
Critical Illness	2,000	2,000	2,000	2,000	2,000	2,000	2,000	**14,000**
Hospital Indemnity	2,000	2,000	2,000	2,000	2,000	2,000	2,000	**14,000**
Total	**6,000**	**6,000**	**6,000**	**6,000**	**6,000**	**6,000**	**6,000**	**42,000**

You cannot open an HSA if, in addition to coverage under an HSA-qualified High Deductible Health Plan ("HDHP"), you are also covered under a Health Flexible Spending Account (FSA) or an HRA or any other health coverage that is not a HDHP. The HSA provider and/or trustee/custodian will be solely responsible for all HSA services, transactions and activities related thereto. Neither your employer nor Cigna is responsible for any aspects of the HSA services, administration and operation.

Rates will vary by plan design. Coverage is subject to any applicable plan deductibles, copay and/or coinsurance requirements. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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Thank you.

All projections prepared by HUB International are considered estimates, are based upon current information and are subject to change based on future developments. Therefore, any projection may change depending on multiple factors. Further, Health Care Reform estimates have been prepared based on current guidance and regulations and are subject to change as additional guidance is released. Lastly, our recommendations should not be regarded as tax or legal advice.

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