



## EMPLOYER PROVIDED BENEFITS

## EMPLOYEE BENEFITS SUMMARY

	Managed By	Purpose	Eligibility	Monthly Premium Deduction	Benefit Provisions	Coverage Amounts	Other Notes															
Health Care	Adventist Risk Management (Aetna)	To provide Health Care benefits to employees and their spouses and/or children	Active full-time and part time employees regularly working 30+ hours per week, their spouse and/or dependents as defined in the HCAP Policy	<table><tr><td>Coverage Type</td><td>AXS</td><td>ACC</td></tr><tr><td>Employee Only</td><td>\$46</td><td>\$109</td></tr><tr><td>Employee + Child(ren)</td><td>\$85</td><td>\$169</td></tr><tr><td>Employee + Spouse</td><td>\$96</td><td>\$189</td></tr><tr><td>Family</td><td>\$132</td><td>\$250</td></tr></table>	Coverage Type	AXS	ACC	Employee Only	\$46	\$109	Employee + Child(ren)	\$85	\$169	Employee + Spouse	\$96	\$189	Family	\$132	\$250	See Health Care Schedule of Benefits		Benefit is employer subsidized, but is optional. Enrollment is required in order to elect this coverage.
Coverage Type	AXS	ACC																				
Employee Only	\$46	\$109																				
Employee + Child(ren)	\$85	\$169																				
Employee + Spouse	\$96	\$189																				
Family	\$132	\$250																				
Retirement	Adventist Retirement Plans	To provide retirement income for employees and their beneficiaries	<p>All employees age 20+ can make contributions even if the employee is not eligible for employer contributions.</p> <p>Some exclusions include: temporary employees, students, nonresident aliens, seminarians, day care employees, etc...</p>	<p><b>Employer Contribution Eligibility</b></p> <p><b>Full-Time Employees (38+ hours/wk):</b> Employer contributes 5% and matches employee contributions up to 3%.</p> <p><b>Part-Time Employees (&lt;38 hours/wk):</b> Employer matches employee contributions up to 3%.</p>	Summary Plan Description document can be accessed and downloaded by going to <a href="http://www.adventistretirement.org">www.adventistretirement.org</a> then clicking on the Current Employees link and accessing Employee Downloads	Employee contributions permitted up to the IRS limit of \$18,500 annually (\$24,500 annually for employees age 50 or above).	See enclosed <a href="#">ARP</a> , <a href="#">Automatic Enrollment / Automatic Escalation Notice</a> for enrollment information. Also refer to enclosed <a href="#">Empower Website Registration</a> document for instructions on how to access your account online.															
Basic Life Insurance	ReliaStar Life Insurance Company (Voya Financial)	To provide basic death benefit to the beneficiaries of the employee, spouse and dependents	Active full-time conference-funded employees, their spouse and/or dependents as defined in the Health Care Assistance policy	Employer Provided	Summary Plan Description document can be accessed and downloaded by going to <a href="http://www.adventistrisk.org">www.adventistrisk.org</a> , clicking on Employee Benefits then clicking on the Life & Disability Benefits link.	<table><tr><td>Employee *</td><td>\$100,000</td></tr><tr><td>Spouse</td><td>\$50,000</td></tr><tr><td>Child(ren)</td><td>\$10,000</td></tr><tr><td>Stillborn</td><td>\$750</td></tr></table>	Employee *	\$100,000	Spouse	\$50,000	Child(ren)	\$10,000	Stillborn	\$750	<p>* Waive option available. To opt - select "Waive" on the Employee Life Insurance portion of the form then fill out the Basic Life Insurance Enrollment form</p> <p>Basic Life, LTD and Supplemental Life (addressed on page 2 of this document) enrollment are combined on to one form. Please fill out the form even if you are electing standard coverage and do not want supplemental coverage. The enrollment form provides beneficiary information for the employer provided portion of this benefit.</p>							
Employee *	\$100,000																					
Spouse	\$50,000																					
Child(ren)	\$10,000																					
Stillborn	\$750																					
Long Term Disability	ReliaStar Life Insurance Company (Voya Financial)	To provide income replacement for the employee in the event of disability.	Active full-time conference-funded employees	Employer Provided	Summary Plan Description document can be accessed and downloaded by going to <a href="http://www.adventistrisk.org">www.adventistrisk.org</a> , clicking on Employee Benefits then clicking on the Life & Disability Benefits link.	After a 90 day* elimination period income is replaced at 66.67% to a maximum of \$6,000 per month. (* Refer to the Summary Plan Description for specific elimination period and income replacement percentage.)	Benefit payments may be reduced by other sources of income being received. Some disability may have limited or no coverage under the plan - refer to your specific policy booklet.															
Personal Accident Insurance (Formerly AD&D)	ReliaStar Life Insurance Company (Voya Financial)	To provide a benefit to the beneficiaries of the employee in the event that death or dismemberment occurs.	Active full-time conference-funded employees	Employer Provided	Summary Plan Description document can be accessed and downloaded by going to <a href="http://www.adventistrisk.org">www.adventistrisk.org</a> , clicking on Employee Benefits then clicking on the Life & Disability Benefits link.	<p>Full-Time Employee - \$20,000</p> <p>Executives, Directors and Associates working out of the PC Home Office - \$300,000</p>	Please fill out the form even if you are not electing additional coverage. The enrollment form provides beneficiary information for the employer provided portion of this benefit.															



## EMPLOYEE ELECTED BENEFITS (Optional)

## EMPLOYEE BENEFITS SUMMARY

	Managed By	Purpose	Eligibility	Monthly Premium Deduction	Benefit Provisions	Coverage Amounts	Other Notes				
Supplemental Life Insurance	ReliaStar Life Insurance Company (Voya Financial)	To provide optional supplemental death benefit to the beneficiaries of the employee, spouse and/or dependents.	Active conference-funded employees working at least 19 hours per week	Optional amounts are employee determined. Payroll deduction. See Voya Enrollment-at-a-Glance document for assistance with calculating monthly premium based on amount of coverage elected.	As requested by employee and approved by Voya.	<p><b>Employee</b> - Eligible for amounts from \$10,000 to \$750,000 in \$10,000 increments *</p> <p><b>Spouse</b> - Eligible for amounts from \$10,000 to \$250,000 in \$10,000 increments *</p> <p><b>Child(ren)</b> - Eligible for amounts from \$1,000 to \$25,000 in \$1,000 increments *</p>	<p>Spouse/Child(ren) coverage is limited to 100% of the employee's amount of elected coverage</p> <p>* See ING Enrollment-at-a-Glance document for information regarding Guaranteed Issue amounts and Evidence of Insurability.</p>				
Supplemental Personal Accident Insurance (AD&D)	ReliaStar Life Insurance Company (Voya Financial)	To provide optional supplemental benefit to the beneficiaries of the employee/spouse and dependents, in the event that death or dismemberment occurs.	Active conference-funded employees working at least 19 hours per week	Optional amounts are employee determined. Payroll deduction. See Voya Enrollment-at-a-Glance document for assistance with calculating monthly premium based on amount of coverage elected.	Additional amounts as requested by employee and approved by Voya.	<p><b>Employee</b> - Eligible for amounts from \$10,000 to \$500,000 in \$10,000 increments</p> <p><b>Spouse</b> - Eligible for amounts from \$10,000 to \$500,000 in \$10,000 increments.</p> <p><b>Child(ren)</b> - Eligible for amounts from \$5,000 to \$25,000 in \$5,000 increments.</p> <p><b>Pilot</b> - Eligible for amounts from \$25,000 to \$125,000 in \$25,000 increments.</p>	Spouse/Child(ren) coverage is limited to 100% of the employee's amount of elected coverage				
Flexible Spending Accounts	WageWorks	To reduce taxable income by allowing any employee to redirect a portion of their salary to provide reimbursement for	Active conference-funded employees working at least 19 hours per week.	<p>Employee determined. Payroll Deduction, before tax. Maximum pre-tax annual contributions are as follows:</p> <table><tr><td>Health Care</td><td>\$2,650</td></tr><tr><td>Day Care</td><td>\$5,000</td></tr></table>	Health Care	\$2,650	Day Care	\$5,000	<p>Enrollment for this benefit does <b>not</b> automatically carry over from one calendar year to the next. New enrollment is required during Open Enrollment if you wish to continue this benefit next year</p> <p>Annual balance carryover of up to \$500 permitted <b>if</b> the employee enrolls for the following benefit year.</p>		Once enrolled, register to access your account information at <a href="http://www.takecarewageworks.com">www.takecarewageworks.com</a> . The call center for support with this site can be reached at 1-888-342-3532.
Health Care	\$2,650										
Day Care	\$5,000										
Supplemental Insurance Policies	<p>Aflac</p> <p>For questions please contact our Aflac Representative, Lori Dean.</p> <p>She can be reached by phone at (202) 494-9880.</p>	To provide benefits through personal, voluntary insurance policies for Cancer, Hospital Intensive Care, Voluntary Indemnity, Short-Term Disability and Accident	Active full-time conference-funded employees can enroll after 90 days of continuous, active employment.	Employee determined. Payroll Deduction, before or after tax - depending on employee election.	As determined by employee with an AFLAC representative	Various policies and coverage amounts available. Contact our Aflac Representative for additional information.	This is a direct agreement between the employee and Aflac. While the Conference facilitates the payroll deduction and transfer of premium amounts to Aflac, any correspondence regarding claims, claim payment, etc. should occur directly with Aflac.				



# DEPENDENT CARE

## FLEXIBLE SPENDING ACCOUNT

THE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR DAY CARE EXPENSES PROVIDED FOR YOUR DEPENDENTS SO THAT YOU (AND YOUR SPOUSE, IF YOU ARE MARRIED) CAN WORK. CARE MUST BE FOR A DEPENDENT CHILD UNDER AGE 13 OR A DEPENDENT OF ANY AGE THAT LIVES IN YOUR HOUSEHOLD THAT IS INCAPABLE OF SELF-CARE.

### ELIGIBLE EXPENSES

- Preschools
- Before and after school care
- Day camps

### INELIGIBLE EXPENSES

- Overnight camps
- Tuition / kindergarten & educational expenses
- Regular fees not applied to care of child

## YOUR STEPS TO SAVINGS!

### 1 REALIZE THE TAX SAVINGS

You can set aside pre-tax money into an account to be reimbursed for eligible dependent childcare expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$5,000 you would save \$1,250 in taxes.

### 2 ESTIMATE YOUR EXPENSES

Plan for your upcoming expenses. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at [www.flores247.com](http://www.flores247.com).

### 3 ENROLL AND MANAGE YOUR ACCOUNT

Contact your Human Resource Department to find out how to enroll for this benefit. Flores will mail a custom Participant ID number to your home address to help you manage your account. Contact information can be found on the back of this flyer.

# DEPENDENT CARE FAQs

## FREQUENTLY ASKED QUESTIONS

### HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on our participant website, [www.flores247.com](http://www.flores247.com), or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

### HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website ([www.flores247.com](http://www.flores247.com)) or submit a completed Direct Deposit Information Form.

### WILL I HAVE A DEBIT CARD?

No, there is no debit card associated with the Dependent Care FSA. This is considered a "No-Wait" account and, therefore, as long as you have a pending claim on file with us, we will automatically reimburse you each time you make a contribution to your account.

### DO I NEED TO RE-ENROLL IN THE DEPENDENT CARE FSA?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

### WHAT EXPENSES ARE ELIGIBLE TO BE REIMBURSED FROM THE DEPENDENT CARE FSA?

Your Dependent Care FSA can reimburse you for day care expenses provided for your dependent that allow you (and your spouse, if applicable) to work. Care must be for a dependent child under the age of 13, or a dependent of any age that lives in your household and is incapable of self-care. See the Allowable Dependent Care Expenses Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

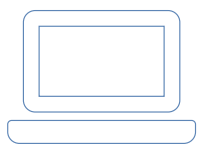
### CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

You may only change your annual election during the plan year if you have a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

### WHAT HAPPENS TO MY DEPENDENT CARE FSA IF I TERMINATE FROM THE COMPANY?

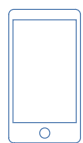
Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. Please contact your Human Resource Department for further information.

## HOW DO I OBTAIN MY ACCOUNT DETAILS?



### WEBSITE

Visit [www.flores247.com](http://www.flores247.com) and log in using Participant ID or User Name and password



### MOBILE APP

Download our mobile app from your app store



### PID & PASSWORD ASSISTANCE

Dial 800.840.7684

## HOW DO I SUBMIT DOCUMENTS TO FLORES?

### ONLINE

Visit [www.flores247.com](http://www.flores247.com) and upload documents securely

### MOBILE

Download Flores Mobile smartphone app  
Available for Apple or Android devices

### MAIL

Flores & Associates, LLC  
PO Box 31397  
Charlotte, NC 28231

### FAX

704.335.0818 or 800.726.9982

Revised 12/18

CUSTOMER SERVICE 1.800.532.3327



Ascend to Wholeness Healthcare Plans

# 2019 Plan Guide



ascend

T O W H O L E N E S S  
H E A L T H C A R E P L A N S

# Take Control of Your Health

The Ascend to Wholeness plans were designed to empower you to achieve your own goals of complete, whole-person health through the mind, body and spirit. This is accomplished through robust benefits provided by the plan and geared to assist and educate you on your current health as well as provide a strong foundation for life-long changes to achieve a “wholistic” lifestyle.

Improving your health can have positive side effects such as improved self-confidence, greater feelings of happiness and the potential to save you money.

## Plan Enhancements for 2019

1. **New Third-Party Administrator (TPA)**—We are moving from Healthscope to a new vendor called WebTPA. WebTPA will provide Member Services and process claims. You will still call the same toll-free number: 888-276-4732. WebTPA offers a number of enhancements to customer experience.
  - a. **Additional** dedicated team members for our group
  - b. **Additional** business hours. They will be open 7:00 am–9:00 pm CST
  - c. **Faster** processing time for claim reimbursements
2. **Labcorp** will be part of the Aetna Signature Administrators network. This is in addition to the Quest labs that are already in network.
3. **You can start earning Activity Points for 2020** as early as September 1, 2018 until July 31, 2019. The biometric screening and wellness assessment campaign will start January 1, 2019 until July 31, 2019.
4. **Cardiac Centers of Excellence**—The Plan has partnered with the Cleveland Clinic to provide services for non-emergency cardiac procedures. The Cleveland Clinic is a leader in providing best outcomes for cardiac procedures.
5. **Telehealth**—with **24/7/365** availability, you can now connect with in-network board-certified doctors without ever leaving your home. Through a partnership with Amwell, you can consult with a doctor via video or phone. Examples of available services are, behavioral health, urgent care, and lactation consulting.

This guide is only a summary and briefly describes some of the benefits and member responsibilities of the Access and Accelerate plans. This guide does not provide coverage of any kind, nor does it modify the terms of the plans. Please refer to the Plan document at [AscendToWholeness.org](http://AscendToWholeness.org) for a complete description of your benefits.

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## Services

### CARE COORDINATION AND HEALTH COACHING

A team of professionals dedicated to serving Ascend to Wholeness members:

- Medical Director
- Pharmacist/Pharmacy Tech
- Registered Nurses
- Registered Dietitian
- Health Coaches
- Behavioral health resources

As a health plan member, you have access to:

- Medication reconciliation
- Nutrition counseling
- Health coaching
- Assistance with care transitions
- Referrals to resources/specialists with pre-certification
- Prior-Authorization for out-of-network services

Refer to the Health Plan Service Provider information on page 15 of this guide for the best ways to contact an Adventist Health wellness or care coordination team member.



# Choose the Plan That's Right for You

**Effective January 1, 2019**, depending on your 2018 engagement level, you have two health plan choices that are highly competitive in the market. These plans give you full access to whole-person health and wellness programs to help you avoid preventable illnesses or injuries and manage any pre-existing medical conditions.



The Accelerate Plan offers the best benefits at the best value in exchange for your engagement and accountability with your health and wellness. **See "Enrollment" for eligibility requirements.** This plan encourages active participation in health coaching and care coordination, plus incorporates popular lifestyle programs such as **CHIP, Full Plate Living** and **Weight Watchers** with reimbursement opportunities.



The Access Plan provides market-competitive, quality benefits. Participation in the activity-based lifestyle and wellness program is not required and there is a higher out-of-pocket maximum limit.

## Eligibility

If you work full-time or part-time for an employer participating in the Ascend to Wholeness Healthcare Plans, you (and your spouse and dependents under the age of 26) may be eligible for health plan benefits. Talk to your employer to learn if you and your dependents qualify for coverage.

## Enrollment

Every fall during open enrollment, offered by your employer, explore the options available to you and your family based on your eligibility. Remember, that **both you and your covered spouse** (not your children) must complete the 200 points requirements in order to be eligible for the Accelerate Plan for the following year. If one of you does not complete the points, you both will be defaulted to the Access plan the following year. New qualifying employees must enroll within the first 30 days following their date of hire or wait until the next open enrollment period, unless a qualifying life event occurs. If you are hired after January 1 (or have a life changing event and the opportunity to move to the Accelerate Plan) there is a prorated points system to follow:

Date Employee Joins Plan	Biometric Screening/ Wellness Assessment Points	Activities Points	TOTAL POINTS REQUIRED
Jan 1–Jul 31, 2019	120	80	200
Apr 1–Jul 31, 2019	120	40	160
Jul 1–Dec 31, 2019	0	0	0

Qualifying individuals who choose the Accelerate Plan during open enrollment would be eligible and "on the plan" January 1. An employee hired April 2 and eligible for coverage is only required to earn a total of 160 points to qualify for the following year. An employee hired after July 1 will not be required to earn any points to qualify for the following year.



## Making Health Plan Changes/Adding or Deleting a Spouse or Dependent

You may make changes during the plan year only when you experience a life-changing event. Examples include marriage, divorce, birth or adoption of a child, or a spouse who loses or gains health coverage. For details, see the Summary Plan Document (SPD) at [AscendToWholeness.org](http://AscendToWholeness.org) available January 2019.

## Medical Prior-Authorization Required for Out-of-Network Care

Our preferred provider network for medical (Aetna Signature Administrators PPO) is not changing. However,

please note all non-emergency, out-of-network care in 2019 still requires prior-authorization. If specialized care is unavailable in-network, Adventist Health member services will help you complete an out-of-network service request. To get started, call 888-276-4732.

**NOTE:** It is your responsibility to confirm the facilities and providers you use are in-network. If you go out of network without prior-authorization from the Plan, charges **will not be covered**. To search for an in-network provider, visit [AscendToWholeness.org/providers](http://AscendToWholeness.org/providers).

## What is Ascend to Wholeness?

Ascend to Wholeness Healthcare Plans is focused on whole-person health and invests in you through valuable services. Ascend to Wholeness offers two health plan options: **Accelerate** and **Access**. Both plans provide integrated wellness and care-coordination benefits. The Accelerate Plan requires your engagement in specific wellness activities. Ascend to Wholeness provides biometric screenings, wellness assessments, free personalized health coaching, a wellness portal and many educational tools. Register for a login at [AscendtoWholeness.org](http://AscendtoWholeness.org) to receive 2019 health plan updates and access the Wellness Portal.

"Dear Friend, I pray that you may enjoy good health  
and that all may go well with you."

3 John 1:2, NIV



# Accelerate Plan: Eligibility Requirements

**Requirements for the Accelerate Plan** help identify and reduce health risks to help you feel your best. Biometric screenings, wellness assessments and health coaching are free and confidential. As an Accelerate Plan member, you (and your covered spouse if applicable), must each earn 200 points to qualify for the 2020 plan. If one of you does not reach the 200 points both of you will be defaulted to the Access plan in the next Open Enrollment.

## The 1-2-3 of What You Need to Get Started

If you already have an account, you do not need to create a new one.				
<b>1</b> <b>Register</b>	<b>2</b> <b>Create Profile</b>	<b>3</b> <b>Earn Points</b>	<b>4</b> <b>Schedule</b>	<b>5</b> <b>Assess</b>
Available	Available	September 1, 2018 –July 31, 2019	January 1, 2019 –July 31, 2019	January 1, 2019 –July 31, 2019
<b>Register on AscendtoWholeness.org</b> Members and spouses each need their own account with different emails. <i>Dependents should not try to register.</i> Once registered, log in and click on Wellness Portal. You will need your member ID. See your HR if you don't have one yet.	<b>Inside the portal, create your own profile.</b> Just click on your name at the top right of the screen and fill in your information and email.	<b>Start earning your Activities points</b> by entering them on your Wellness Portal. You can begin earning them on September 1, 2018.	<b>Schedule your biometrics</b> during the biometric screenings campaign <b>April 1–July 31, 2019</b> . Otherwise, you can schedule an appointment with your physician or Labcorp for the biometric screening between January 1 to July 31.	<b>Take your Wellness Assessment</b> anytime between January 1 and July 31.

## Biometric Screenings: 60 Points

Screenings include total cholesterol, HDL cholesterol, glucose, blood pressure, height, weight, and BMI (body mass index) calculation, plus optional screenings for body composition/percentage body fat, LDL and triglycerides (requires fasting).

The way that most people use to complete the biometric screening is to attend an on-site event coordinated by the Plan at locations across the United States. The on-site biometric screening event is the most popular option and takes approximately 20 minutes. For your

convenience, you can schedule your appointment online. If you are unable to attend an on-site event, talk to your employer about other options such as using a LabCorp location, or a doctor's office.

At the on-site events, a simple finger stick produces enough blood for testing. At the end of the on-site screening, a health coach is usually available to review your results with you and ensure you understand what your numbers mean. If you are concerned about abnormal biometric results, you may also consult an Adventist Health coach.

### Wellness Assessment: 60 Points

The secure online wellness assessment helps identify risk for diabetes, heart disease, hypertension and other conditions often preventable with lifestyle changes. This personal health questionnaire helps you learn what you're doing right, track your progress and set health goals. The assessment is easy and takes approximately 15 minutes to complete. Upon completion, you will receive an actionable wellness plan based on your responses.

### Activity Points: 80 Points

You can easily accrue the 80 activity points by engaging in your choice of a wide range of activities including:

- Preventive care such as dental cleaning, an annual physical exam, Mammograms, Colonoscopy or vaccinations
- Healthy lifestyle habits including tracking your steps, exercise, water intake or food and weight logs
- Wellness webinars which span an array of important and informative health topics
- Choose activities you enjoy which meet your specific needs. There are options for everyone!

### Care Management and Health Coaching

Confidential health coaching and care management are available to all Accelerate and Access plan members. If you are at risk for serious or potentially serious health issues, the Accelerate Plan requires you to participate in confidential care management. This free, phone-based program provides education and support through one-on-one health coaching. You will learn how to reduce risk, identify resources, overcome barriers and set goals to make lifestyle changes and improve your health. If you or your family are enrolled in the Accelerate Plan and are contacted by care management but choose not to participate, you and your family will be moved to the Access Plan for the following year. You also may be contacted with an offer of confidential health coaching and care management services, available to all Accelerate and Access plan members.

### Earning Points for the Accelerate Plan

Choose the activities you enjoy and meet your physical needs. As always, seek advice from your physician. Reasonable alternatives and accommodations are available.

## Protecting Your Privacy

As your health plan administrator, Adventist Risk Management, Inc. and its partners adhere to all HIPAA privacy regulations. We take your privacy and confidentiality seriously. No personally identifiable health information will be shared with your employer, including the Human Resources department, managers, supervisors or other non-health plan employees. Your employer receives only aggregated statistics, stripped of identifying information.

"This program has helped me to monitor my blood pressure, weight, diet, etc. I am motivated to exercise daily and to keep a daily inventory of my calories. I have changed my diet and my BP is normal. This program reminds me that my physical and spiritual health are necessary to perform my Christian Service effectively."

PAULETTE BRAITHWAITE | ELEMENTARY SCHOOL TEACHER  
AND ASCEND TO WHOLENESS PLAN MEMBER

# Points are Easy to Earn!

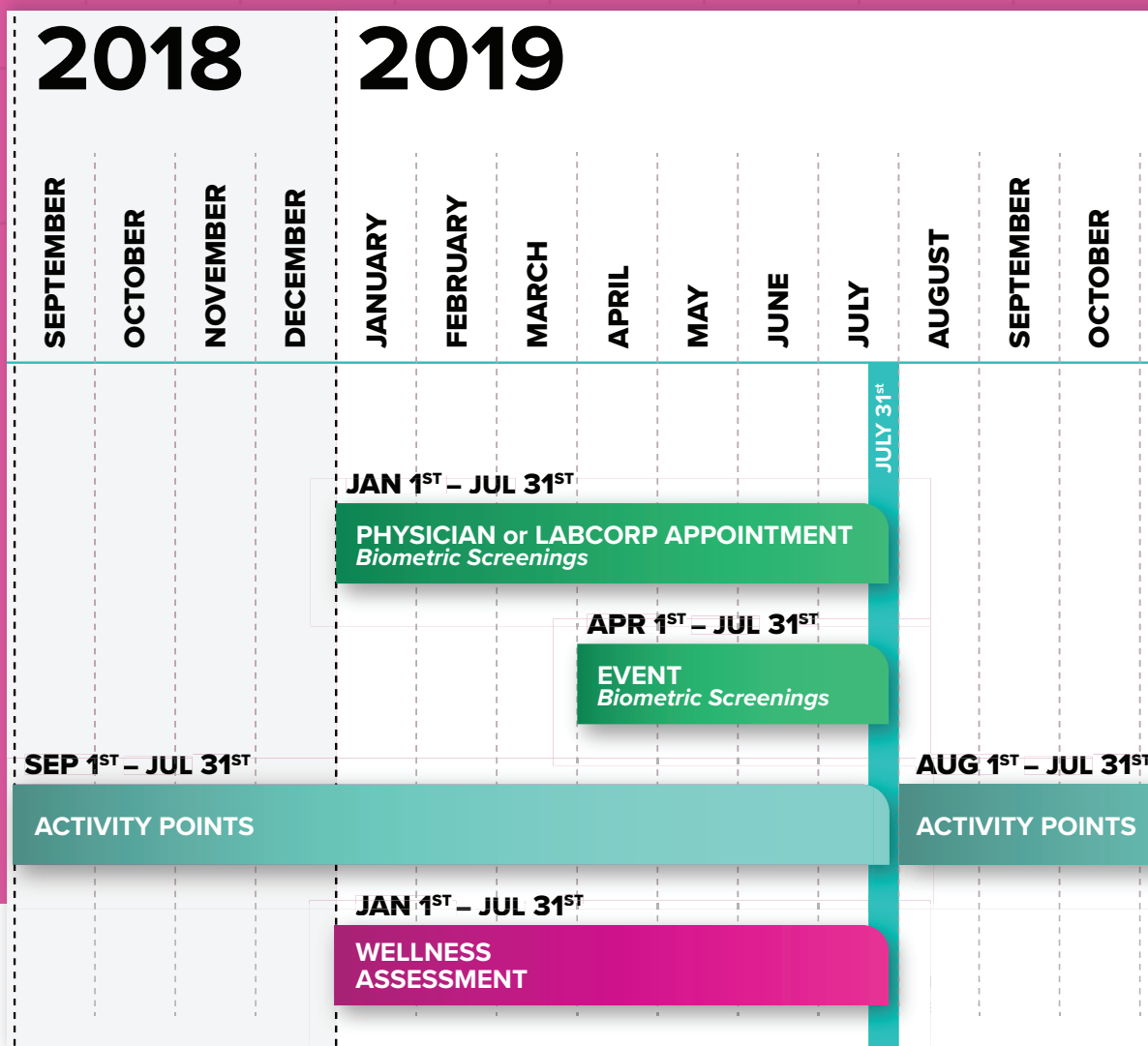


## Start by:

- Participating in the free **Biometric Screening** offered through your employer by **July 31 (60 points)**.
- Taking a **Wellness Assessment** online by **July 31 (60 points)**.
- Completing **Wellness Activities** by **July 31 (80 points)**. Points can easily be accrued through:
  - Preventive care such as dental cleaning, an annual physical exam, or vaccinations.
  - Healthy lifestyle habits, including tracking your steps, exercise, water intake or food and weight logs.
  - Wellness webinars that span an array of important and informative health topics.

Choose the activities you enjoy that meet your specific needs. There are options for everyone!

Visit [AscendToWholeness.org](http://AscendToWholeness.org) to learn fun and simple ways to earn your points.



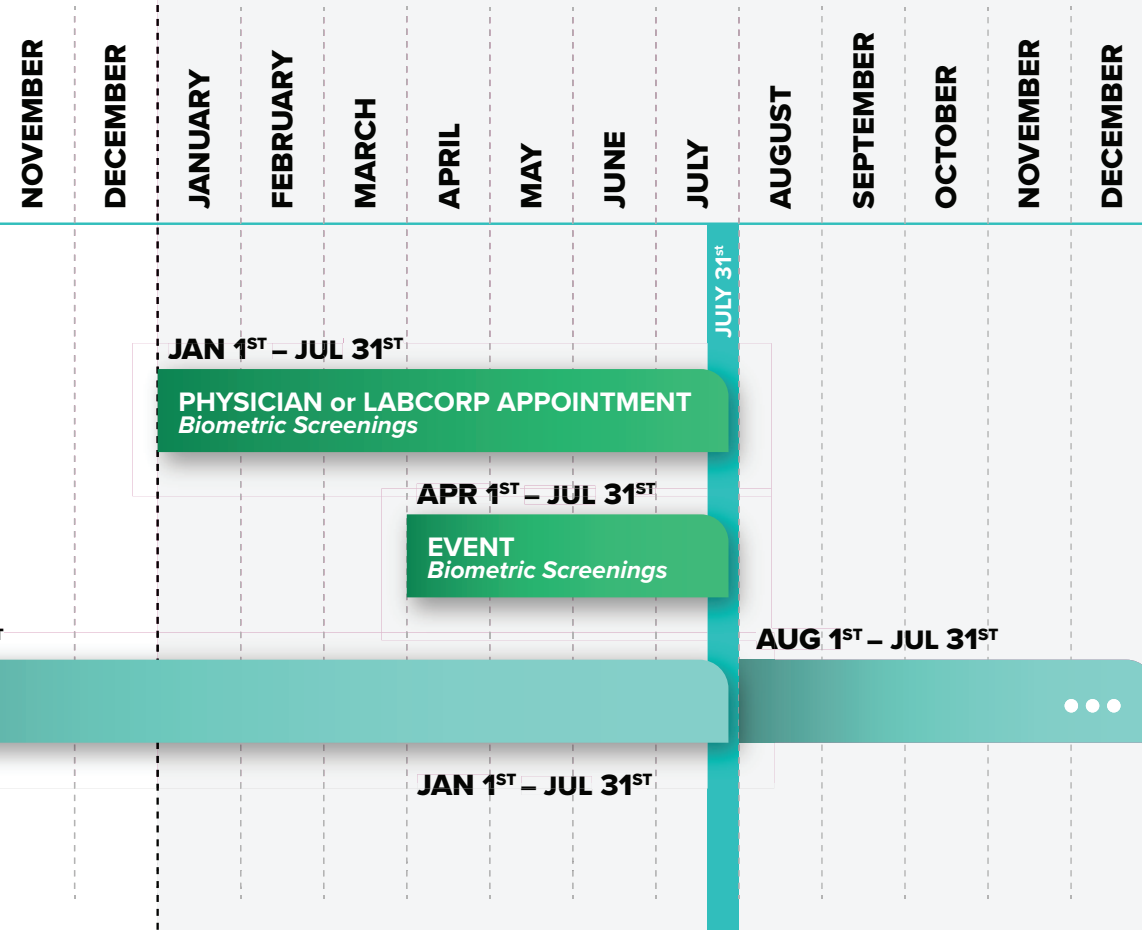
## Applications

Sync your mobile phone with these qualifying applications and devices to begin automatically logging your activity points within the Ascend to Wholeness wellness portal:

- Fitbit
- Garmin Connect
- iHealth
- Jawbone UP
- Misfit Wearables
- Nokia
- Runkeeper
- Strava
- Under Armour Record



# 2020



# Would You Like to **Save Time & Money?**

## **Primary, Urgent Care or Emergency?**

When you're sick, it's difficult to function, much less try and decide where to see the doctor. From your primary care physician to Urgent Care clinics to the Emergency Room, there are a few options—but where should you go?

**Let us help you make sense of all of this.** It's important to note the main difference amongst your options is the level of care; each has their benefits, depending on your medical need.



### **When Should You Go to the Emergency Room?**

- Broken Bones and dislocated joints
- Deep cuts that require stitches—especially on the face
- Head or eye injuries
- Severe flu or cold symptoms
- Sudden change in mental state
- High fevers
- Fevers with rash
- Fevers in infants
- Fainting or loss of consciousness
- Severe pain, particularly in the abdomen or starting halfway down the back
- Bleeding that won't stop or large open wound
- Vaginal bleeding with pregnancy
- Repeated vomiting
- Serious burns
- Seizures without a previous diagnosis of epilepsy

### **When Should You Go to Urgent Care?**

- Symptom onset is gradual
- You already know the diagnosis but are unable to get to a same-day appointment with your primary care physician
- Conditions that are not life—or limb—threatening, but require immediate care
- Sprains
- Sore throat
- Urinary tract infections
- Mild asthma
- Rash without fever
- Broken bones of the wrist, hand, ankle or foot that have no obvious need to reset and have not broken the skin



# IF IN DOUBT GET EMERGENCY CARE



## PRIMARY CARE

Let's start with your primary care physician (PCP). The benefit of visiting your primary doctor is the physician will know your medical history, and because of this will understand what new medications will work best with your current medications, and many times are best able to accommodate you when you are sick. They will pick up on slight variations in your health before another provider because they already established a baseline from your annual checkups.

Primary care appointments are also the most cost effective. It is ideal to establish a relationship with a primary care physician, so they can get to know you and create your medical record. Not only does a primary care provider care for acute and chronic illnesses, such as diabetes, but they also provide health education, routine checkups, and overall health management.

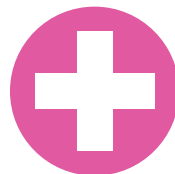


## EMERGENCY ROOM

The Emergency Room (ER) should, in fact, be utilized for life-threatening emergencies or acute complications that need advanced imaging. It's the best place to go when you are exhibiting signs or symptoms of a heart attack, stroke, or traumatic injury.

Other situations may include the risk of a loss of limb, broken bones, major head injuries, seizures, severe abdominal pain, severe asthma attack, uncontrollable bleeding or car accident. The ER will be able to provide the advanced care you need.

The downside to of going to the ER is that when ER's are flooded with non-emergent issues, wait times are often longer. Therefore, it's crucial that you know where to go before you go.



## URGENT CARE

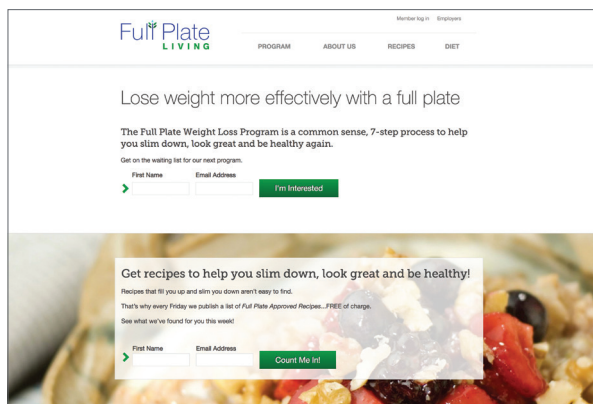
Lastly, we have Urgent care centers, which are useful options when you don't have a Primary Care Physician, or your doctor is unavailable because it's after hours or the weekend. They're also right when you are unable to make a timely appointment, or when you require medical attention for an acute but non life-threatening emergency like a sprained ankle.

Urgent care visits can be utilized for a vast array of ailments, such as common cold symptoms, minor cuts/lacerations, minor sprains and strains, minor burns, insect bites, or dehydration. If you display signs more serious, it would be recommended to go to the ER.

While urgent care facilities are an excellent resource for medical issues that arise outside of regular business hours, you should still follow up with your doctor after your urgent care visit to ensure your health and wellbeing is restored.

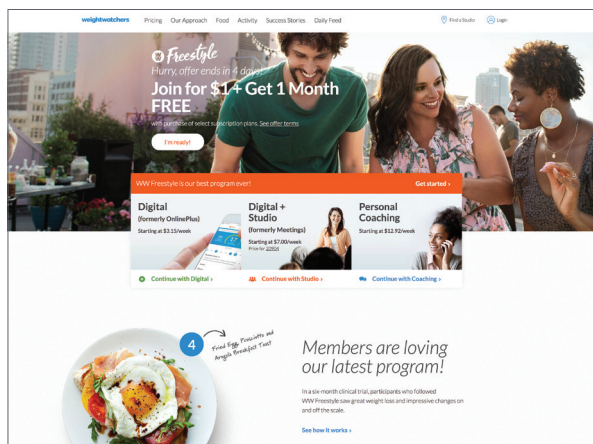
# Lifestyle Programs

There are three options available to Accelerate Plan members looking to participate in a health and wellness program:



## Full Plate Living

Full Plate Living is an affordable, eight-week **fully online** nutrition and weight management program. The Plan reimburses 100 percent of the fee upon program completion.



## Weight Watchers

Weight Watchers is available at local meeting sites with a physician's referral for a lifetime maximum of 12 months. Physician's prescription is required with the submission of the first month's claim. Participants pay monthly program costs to Weight Watchers. Upon 80 percent completion of the sessions, the Plan will reimburse 100 percent of program fees with proof of attendance attached to each claim submitted monthly. (This benefit excludes Weight Watchers online only and Weight Watchers for diabetes programs.)



## Complete Health Improvement Program (CHIP)

CHIP is a lifestyle enrichment program designed to reduce disease risk factors through the adoption of better health habits and appropriate lifestyle modifications. CHIP takes participants through an intensive educational program in 18 sessions spanning three months. This program is available with a physician's referral and may be completed online. The Plan reimburses 100 percent of fees upon completion of 80 percent of the sessions with proof of attendance attached to the medical claim form. The program is run as an all-inclusive package and is billed to the Plan and participants as such.

# Q & A

## What is included in the medical out-of-pocket?

Your deductible, coinsurance and copays are included in the medical out-of-pocket (OOP) maximum. Both plans will accrue your co-pays, coinsurance, and deductible toward your OOP maximum, and you will reach your OOP quicker.

## What if I am physically unable to participate in activities?

There are many ways to earn points including wellness webinars, vaccinations, workshops and volunteering. We encourage you to choose the activities that work best for you. If you need accommodations for points, contact your employer.

## What does self-funded mean and why is that important to me?

The Ascend to Wholeness Healthcare Plans are self-funded meaning your employer pays the actual cost of your healthcare expenses. Stewardship is a key element of the health plan redesign. Controlling costs for coverage while continuing to provide valuable healthcare benefits requires accountability and participation from each of us. The redesign gives you choices and invests in your long-term health while simultaneously saving you money.

## How are my points tracked?

Sixty points are automatically loaded to your account within 2-3 weeks of completion of the biometric screening, and 60 additional points are added when you complete the online wellness assessment. Earn the remaining 80 points through recording exercise, nutrition, exams/vaccinations, classes and other activities, in the wellness portal. Tracking your points is easy when you sync select wearable devices such as Fitbit and Garmin. Check your accrued points and learn more information at [AscendToWholeness.org](http://AscendToWholeness.org).

## Can my spouse be on a different plan? May I choose the Accelerate Plan and my spouse the Access Plan?

No. All family members must be on the same plan unless you and your spouse are both employees enrolled individually under your own coverage.

## Do my children need to meet the wellness requirements for the Accelerate Plan?

No. Only you and your covered spouse are required to complete the Accelerate Plan requirements. However, many of the activities are enjoyable for the entire family and can establish healthy habits for your children.

## Can I go to any hospital or doctor I want?

Our health plans only cover providers in our preferred provider organization network, Aetna Signature Administrators PPO. Exceptions are emergency/urgent care and unavailable care. If specialized care is unavailable at an in-network facility, Adventist Health member services will help you complete an out-of-network service request which, upon approval, allows coverage at an out-of-network facility.

**PLEASE NOTE:** It is your responsibility to confirm the facilities and providers you see are in-network. If you go out of network without prior-authorization from the Plan, charges will not be covered. Find a PPO provider in your area at [AscendToWholeness.org/providers](http://AscendToWholeness.org/providers).

## What do I do after I have met my requirements to be eligible for the Accelerate plan in the following Open Enrollment?

You have fulfilled the requirements. Keep up your good habits.

# Additional Benefits



## Pharmacy

Both health plans include pharmacy coverage administered by Express Scripts, our pharmacy benefit manager. The Plans pay 100 percent of certain medications as preventive care. The Plan covers the majority of the cost for prescription drugs, while you are required to pay a smaller portion. Please refer to the Schedule of Benefits at [AscendToWholeness.org](https://AscendToWholeness.org) that details the amount the Plan pays and the amount you pay. As an alternative to a flat-dollar co-payment, your employer may utilize a co-payment percentage for prescription drugs. The pharmacy OOP (out-of-pocket maximum) for a family is \$3,100 for the Access Plan and \$2,500 for the Accelerate Plan. The pharmacy OOP for an individual is \$1,550 for the Access Plan and \$1,250 for the Accelerate Plan.



## Dental Plan

The Dental Plan encourages regular dentist visits for preventive care covered at 100 percent under the Dental Plan. Aetna Dental is the preferred provider organization (PPO) for all dental benefit services. By utilizing providers participating in the dental PPO network, dental costs will be lower. The Plan will pay at a reduced rate for out-of-network dental services. For restorative care and orthodontia, please see the Dental Plan information at [AscendToWholeness.org](https://AscendToWholeness.org).



## Vision Care Plan

The Vision Plan pays 80% of the cost of exams, lenses, frames and contact lenses up to a maximum of \$450 for the Accelerate Plan and \$225 for the Access Plan. Your portion does not apply to Plan Year deductible, nor to the Plan Year coinsurance. For more information about your vision care, please see the Vision Plan information at [AscendToWholeness.org](https://AscendToWholeness.org).

## Other Benefits

No PPO network required for: hearing aids, refractive eye surgery, infertility treatment, and chiropractic. Acupuncture and massage are only available on the Accelerate plan.

Services will be covered according to your plan policy.





# Health Plan Service Providers

## Member Services and Claims Processing



WebTPA provides claims processing for all member health services including medical, dental, and vision. In the WebTPA member services portal, you can:

- Check your claims status
- Review your benefits
- Order an ID card
- Get free health information

**Member Login:** WebTPA: [AscendToWholeness.org/member-login](https://AscendToWholeness.org/member-login)

**Member Services:** 888-276-4732

**Submit Claims to:** P.O. Box 99906, Grapevine, TX 76099-9706

**Payor ID:** #75261

## Preferred Provider Network—Medical And Dental

### Aetna Signature Administrators® PPO

By aetna

The AETNA Signature Administrators® Preferred Provider Organization (PPO) network allows you to access the care you need whether at home or when traveling in the United States. When you receive services from a provider participating in the Aetna Signature Administrators® Preferred Provider Organization network, your services will be processed as in-network and apply to your in-network deductible and out-of-pocket maximum responsibility. You are responsible for copays at the time of service. Typically, you will pay your deductible and/or coinsurance portion after the plan has paid its portion.

**Find a Provider:** [AscendToWholeness.org/providers](https://AscendToWholeness.org/providers)

## Pharmacy Services



Express Scripts is your prescription benefit plan provider. Order your prescriptions online, find a local pharmacy, see the status of your order, search medication information and more.

**Member Login:** [AscendToWholeness.org/prescriptions](https://AscendToWholeness.org/prescriptions)

**Member Services:** 800-841-5396

## Care Coordination and Health Coaching



Adventist Health provides personalized health coaching and care coordination to help you navigate the complexity of getting healthy and staying healthy. Adventist Health member services will help you with prior authorizations for out-of-network requests, and pre-certifications for medically necessary procedures and services.

**Member Services:** 888-276-4732

P.O. Box 92010

Portland, OR 97292





**Administered by Adventist Risk Management,® Inc.**  
12501 Old Columbia Pike  
Silver Spring, MD 20904

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## Employee Instructions

### Create Your Login

The preferred method of enrolling in the Ascend To Wholeness Healthcare Plans is online via a secure login. To use the online method, please go to [ascendtowholeness.org](https://ascendtowholeness.org), create your login and follow the enrollment instructions.

### Complete the Application

Please complete the entire application except the employer section. Return your completed application to your employer within the open enrollment period. If you don't select a Plan and return this application to your employer within the Open Enrollment period, you will NOT have coverage for the upcoming year. Only add people you want added to the plan.

PLAN COVERAGE SELECTION						
Employee Only		Employee + Spouse Only		Employee + Children		Family
PLEASE USE YOUR FULL LEGAL NAME IN FILLING OUT THIS FORM.						
EMPLOYEE INFORMATION						
FIRST (GIVEN) NAME:		MIDDLE INITIAL:	LAST (SURNAME) NAME:			
EMAIL ADDRESS:			WORK PHONE:		HOME PHONE:	
MARITAL STATUS:		SSN:			SEX:	BIRTHDATE:
ADDRESS 1:						
ADDRESS 2:			CITY:		STATE:	ZIP:
SPOUSE INFORMATION						
FIRST (GIVEN) NAME:		MIDDLE INITIAL:	LAST (SURNAME) NAME:			BIRTHDATE:
EMAIL ADDRESS:			SSN:		SEX:	EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER INSURANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO		DEPENDENTS COVERED: <input type="checkbox"/> YES <input type="checkbox"/> NO		POLICY HOLDER ID#:		EFFECTIVE DATE:
DEPENDENT INFORMATION						
RELATIONSHIP	FIRST NAME	M.I.	LAST NAME	BIRTHDATE	OTHER INSURANCE	SSN
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	

Make Your Selection for Your Medical Plan Option Below  
(REQUIRED)

#### Accelerate Plan

The Accelerate Plan is designed to encourage and support the health and wellness of participating Plan employees and their family members. **Please confirm with your employer if you are eligible for the Accelerate Plan in 2019.** If you select the Accelerate Plan and are not eligible, your employer will move you and any dependents to the Access Plan for 2019.

In 2018, to qualify for the Accelerate Plan for 2019, you and your enrolled spouse were required to complete established wellness point requirements as well as participate in health coaching and care coordination if qualified.

To continue in the Accelerate Plan in 2020, you and your covered spouse must complete certain requirements in 2019. By enrolling in the Accelerate Plan Program, you and your spouse are agreeing that you will:

- Participate in **Care Management** and/or **Health Coaching** services if you are identified by the plan as someone who would benefit from these services.
- Complete the 200 Ascend To Wholeness points in 2019, which include **Activity, Wellness Assessment and Biometric Screenings**, per the schedule in the 2019 Summary Plan Document,

If you do not satisfy the above requirements for Ascend to Wholeness points in 2019, you and your spouse will be removed from the Accelerate Plan for 2020.

#### Access Plan

There are no wellness requirements to participate in the Access Plan. The Access Plan has higher deductibles, co-payments and co-insurance than the Accelerate plan.

#### Decline Coverage

I understand that I am an employee eligible to participate in the Ascend to Wholeness Healthcare Plans for Employees of the Seventh-day Adventist Church organizations working in the United States ("Plan"). By selecting this option, I hereby (1) decline coverage under the Plan; and (2) certify to my employer that I have health plan or health insurance coverage from another source, such as a health plan sponsored by the employer of my spouse or parent, or a federal plan, such as Medicare or Medicaid. I have attached proof of such other coverage to this application.

By declining coverage for myself as an employee, I understand that my spouse and dependent children ("Dependents") are not eligible for coverage under the Plan. I understand that my ability to enroll myself and my Dependents in the Plan at a later date may be restricted to certain time periods, such as (1) an open enrollment period of my employer; and/or (2) the special enrollment periods described in the Plan.

I also acknowledge, represent and agree that:

- Since I am eligible for Plan coverage, my tax dependents and I will not qualify for any federal subsidy (premium tax credit) available for health insurance purchased at a Health Insurance Marketplace (for more information about the Health Insurance Marketplaces, visit [www.healthcare.gov](http://www.healthcare.gov));
- I am signing this form voluntarily and I am not required by my employer or the Plan to sign this application; and
- I have not been given and will not be given any incentive, reward or consideration by my employer or the Plan for signing this application.

## Employee Authorization and Certification

I have received a copy of the Health Plan Guide, Plan Comparison and have access to other documents concerning open enrollment at [ascendtowholeness.org](https://ascendtowholeness.org). I have read and understand the open enrollment materials and my rights to choose the Plan I believe is best for me. I understand there is a medical Preferred Provider Organization (PPO) that must be used for non-emergency/non-urgent care services in order for the Plan to respond. I recognize there are certain requirements for me and my covered spouse, if applicable, in the areas of enrollment, health coaching, prior authorization and others. I recognize I have full access to the plan document by no later than January at the [ascendtowholeness.org](https://ascendtowholeness.org), and that it is my responsibility to be in compliance with the Plan.

I agree that my employer may withhold from my paycheck the employee contributions that are required for the Plan coverages that I have elected above. I understand that there may be employee contributions, for all plan coverages, including coverage for full time employees, and that I have been given access to employee contribution rates. I further understand and agree that my paycheck withholding authorization will continue into future years if I remain covered under my employer's group health plan.

I understand that if the information I have provided is not complete and correct, this coverage could be retroactively terminated.

I authorize all providers of healthcare to furnish all records pertaining to medical history, services, and rendered treatment given as pertains to evaluation of enrollment application and/or claims. This authorization will become effective immediately and will remain in effect as long as necessary to enable Adventist Risk Management, Inc. to process the application and/or claims.

I agree to notify my employer of any changes in family status or eligibility of family members. Failure to notify my employer of any status changes will authorize my employer to ask Adventist Risk Management, Inc. to deny payments of future claims and ask for collection of past paid claims for ineligible spouse or dependents.

I certify that the above information is complete and correct.

### We take your privacy and confidentiality seriously.

As your health plan administrator, Adventist Risk Management and its partners adhere to all HIPAA privacy regulations. No personally identifiable health information will be shared with your employer, including the Human Resources department, managers, supervisors or other non-health plan employees. Your employer receives only aggregated statistics, stripped of identifying information.

EMPLOYEE SIGNATURE

DATE (MM/DD/YYYY)

#### EMPLOYER SECTION—FOR OFFICE USE ONLY

NAME		EFFECTIVE DATE (MM/DD/YYYY)	USE (P) FOR PRIMARY AND (S) FOR SECONDARY			
			MEDICAL	DENTAL	VISION	Rx
EMPLOYEE:						
SPOUSE:						
DEPENDENT CHILD #1:						
DEPENDENT CHILD #2:						
DEPENDENT CHILD #3:						
DEPENDENT CHILD #4:						
RECEIVED (MM/DD/YYYY):		DEPARTMENT NAME:				
COVERAGE CODE:		DEPARTMENT #:				
COMMENTS:						
EMPLOYER SIGNATURE:						DATE (MM/DD/YYYY):
SIGNATORY NAME:						
SIGNATORY TITLE:						

## Your Healthcare Plans: Accelerate and Access Side by Side

**The Ascend to Wholeness Healthcare Plans** are designed to empower you to achieve your goals of complete whole person health through the mind, body and spirit. This is accomplished through robust benefits provided by the plans, geared to assist and educate you on your current health as well as provide a strong foundation for life-long changes to achieve a “wholistic” lifestyle.

Effective January 1, 2019, depending on your 2018 engagement level, you have two health plan choices which are highly competitive in the market. These plans give you full access to whole-person health and wellness programs to help you avoid preventable illnesses and manage pre-existing medical conditions.

Learn more in the 2019 Plan Guide and on [www.AscendToWholeness.org](http://www.AscendToWholeness.org).

The Plan Comparison Summary was created with the intent to help you compare both plans and see which one best fits your lifestyle, health concerns and pocket.

### Improving Member Experience in 2019

1. **New Third-Party Administrator (TPA).** We are moving from Healthscope to WebTPA. WebTPA will provide Members Services and process claims. You will still call the same toll-free number 888-276-4732. WebTPA offers a number of enhancements to customer experience, including:
  - a. Additional dedicated team members
  - b. Additional business hours: open 7:00 am–9:00 pm CST
  - c. Faster processing time for claim reimbursements
2. **Labcorp will be part of the Aetna Signature Administrators network.** This is in addition to the Quest labs that are already in network.
3. **Points for 2020 Accelerate Plan eligibility can be accrued starting September 2018:**

#### Activity Points

Start earning Activity Points in the wellness portal September 1, 2018 and continue through July 31, 2019.

#### Biometric Screenings

- Physician and LabCorp options will begin January 1, 2019 through July 31, 2019.
- On-site events will be held April 1, 2019 through July 31, 2019.
- Wellness assessment can be done beginning January 1, 2019 through July 31, 2019.



4. **Cardiac Centers of Excellence**—The Plan has partnered with the Cleveland Clinic to provide services for non-emergency cardiac procedures. The Cleveland Clinic is a leader in providing best outcomes for cardiac procedures.
5. **Telehealth**—with **24/7/365** availability, you can now connect with in-network board-certified doctors without ever leaving your home. Through a partnership with Amwell, you can consult with a doctor via video or phone. Examples of available services are, behavioral health, urgent care, and lactation consulting.

Please note these important items are remaining the same:

- Medical benefit services are only covered in the Aetna Signature Administrators network. Out-of-network care—other than emergencies and urgent care—will require prior-authorization by the Plan. If specialized care is unavailable at an in-network facility, please contact member services for additional assistance. It is your responsibility to verify that your chosen medical provider is in the Aetna Signature Administrators Preferred Provider Organization. As outlined in the summary of benefits below, alternative therapies (massage, acupuncture, chiropractic), refractive eye surgery, hearing aids and infertility treatments do not require in-network providers.
- Your Medical and Prescription benefits Maximum-Out-of-Pocket (OOP) accruals continue to include coinsurance, deductibles and co-payments. Once you reach this maximum the Plan pays 100%.
- Your Medical and Prescription benefits Maximum-Out-of-Pocket responsibilities are noted below. No combination of your medical and prescription benefits OOP will exceed the max allowable by the Affordable Care Act (ACA).
- The Accelerate Plan will reimburse members for participation in CHIP, Weight Watchers, and Full Plate Living. See details below in the Schedule of Benefits section and in the full Plan document.

## Out-of-Pocket Maximum

accelerate		INDIVIDUAL			FAMILY		
Year	Plan	Medical	Pharmacy	TOTAL	Medical	Pharmacy	TOTAL
2019	Accelerate	\$2,750	\$1,250	<b>\$4,000</b>	\$5,500	\$2,500	<b>\$8,000</b>

access		INDIVIDUAL			FAMILY		
Year	Plan	Medical	Pharmacy	TOTAL	Medical	Pharmacy	TOTAL
2019	Access	\$5,600	\$1,550	<b>\$7,150</b>	\$11,200	\$3,100	<b>\$14,300</b>

## Schedule of Benefits

The **Schedule of Benefits** is only a summary. You should read the *full* Plan document for additional information about your benefits. The full Plan document will be available at [www.AscendToWholeness.org](http://www.AscendToWholeness.org) no later than January 2019.

### Medical Benefits

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Preventive Services</b> Paid at 100% of allowable charges in-network	\$0	\$0
<b>Deductible</b> Individual/Family	\$300/\$600	\$600/\$1,200
<b>Co-Insurance</b> (after deductible)	20%	20%
<b>Out-of-Pocket Maximums</b> Individual/Family	\$2,750/\$5,500	\$5,600/\$11,200
<b>Office Visit Copays</b> <ul style="list-style-type: none"> <li>Copay applies only to office visit charge, based on contracted rate in-network; all other charges are paid at 80% of in-network allowable</li> <li>Other charges apply to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	\$25	\$50
<b>Urgent Care Centers</b> <ul style="list-style-type: none"> <li>May be paid as an office visit or as an emergency room visit according to provider contract</li> <li>Payment based on contracted in-network rate</li> <li>Charges with no applicable copay apply to Plan Year deductible and out-of-pocket maximum</li> <li>Facility fees for office visits are not paid</li> </ul>	\$25 or \$100	\$50 or \$100
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>Paid at 80% of allowable charges in-network</li> <li>Applies to correlating Plan Year deductible and out-of-pocket maximum.</li> </ul>	20%	20%
<b>Telehealth</b> <ul style="list-style-type: none"> <li>Urgent Care</li> <li>Behavioral Health</li> <li>Lactation Consulting</li> </ul>	\$15	\$30

Continued on page 4...

Medical Benefits *continued from page 3...*

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Inpatient/Outpatient Hospital Stays:</b> <b>Office/Ambulatory Surgical Procedures</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• Pre-certification required to receive full Plan benefits</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Emergency Room (Copays and Co-Insurance)</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges after copay per occurrence</li> <li>• Copay waived if admitted</li> </ul>	\$100 + 20%	\$100 + 20%
<b>Durable Medical Equipment</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• \$8,000 maximum payment per Plan Year</li> <li>• Charges above \$1,500 require pre-certification</li> <li>• All rentals require pre-certification</li> <li>• Applies to Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Mental Health Outpatient Services/Partial Hospitalization</b> <ul style="list-style-type: none"> <li>• Copay applies only to counseling session charge, based on contracted in-network rate</li> <li>• All other charges are paid at 80% of in-network allowable</li> <li>• Other charges apply to correlating Plan Year deductible and out-of-pocket maximum</li> <li>• Some services may require pre-certification to receive full Plan benefits</li> </ul>	\$25	\$50
<b>Mental Health Inpatient Services</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• Pre-certification required to receive full Plan benefits</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Substance Abuse/Chemical Dependency</b> <b>Outpatient/Partial Facility Visits</b> <ul style="list-style-type: none"> <li>• Copay applies only to counseling session charge, based on contracted in-network rate</li> <li>• All other charges are paid at 80% of in-network allowable</li> <li>• Other charges apply to correlating Plan Year deductible and out-of-pocket maximum</li> <li>• Some services may require pre-certification to receive full Plan benefits</li> </ul>	\$25	\$50

*Continued on page 5...*

Medical Benefits *continued from page 4...*

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Substance Abuse/Chemical Dependency</b> <b>Inpatient Treatment</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• Pre-certification required to receive full Plan benefits</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Hearing Care</b> <b>Professional Testing/Screening</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Home Health Care</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges in-network</li> <li>• Maximum of 120 visits per Plan Year</li> <li>• Pre-certification required to receive full Plan benefits</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Hospice Care</b> <ul style="list-style-type: none"> <li>• Paid at 100% of allowable charges</li> <li>• Pre-certification required to receive full Plan benefits</li> </ul>	\$0	\$0
<b>Organ/Tissue Transplants</b> <ul style="list-style-type: none"> <li>• Pre-certification required to receive full Plan benefits</li> <li>• Applies to correlating Plan Year deductible and out-of-pocket maximum</li> </ul>	20%	20%
<b>Therapeutic Services</b> <ul style="list-style-type: none"> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> <li>• Speech Therapy</li> <li>• Vision Therapy</li> </ul> <b>May require pre-certification. Please refer to full Plan document for specifics.</b>	20%	20%

## Medical Benefits—No PPO Network Utilization Required

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Alternative Therapies</b> <ul style="list-style-type: none"><li>Have a collective limit of 45 alternative therapy visits per Plan Year; no single therapy category to exceed 30 visits per Plan Year</li><li>Does not apply to Plan Year deductible or out-of-pocket maximum</li></ul>		
<b>Alternative Therapies   Chiropractic Services</b> <ul style="list-style-type: none"><li>Limited to spinal manipulation after annual office visit and X-ray</li><li>Must be age 10 or older</li></ul>	20%	50%
<b>Alternative Therapies   Acupuncture Therapy</b> <ul style="list-style-type: none"><li>Must be age 18 or older</li></ul>	50%	100% <i>Not Covered</i>
<b>Alternative Therapies   Massage Therapy</b> <ul style="list-style-type: none"><li>Maximum allowable charge is \$90 per visit</li><li>Minimum of a 30-minute visit</li><li>Must be age 18 or older</li></ul>	50%	100% <i>Not Covered</i>
<b>Refractive Eye Surgery</b> <ul style="list-style-type: none"><li>Lifetime maximum payable benefit of \$2,400</li><li>Does not apply to Plan Year deductible or out-of-pocket maximum</li></ul>	20%	50%
<b>Hearing Aids</b> <ul style="list-style-type: none"><li>Paid at 80% of allowable charges</li><li>Plan Year maximum payable benefit of \$3,200</li><li>Does not apply to Plan year deductible or out-of-pocket maximum</li></ul>	20%	20%
<b>Infertility Treatment</b> <ul style="list-style-type: none"><li>Lifetime maximum benefit \$16,000</li><li>Does not apply to Plan Year deductible or out-of-pocket maximum</li></ul>	20%	50%
<b>Lifestyle Program   Weight Watchers</b> <i>Group Meetings Only</i> <ul style="list-style-type: none"><li>Lifetime maximum 12 months</li><li>Physician’s prescription is required with the submission of the first month’s claim.</li><li>Member Reimbursement</li></ul>	0% with proof of 80% completion	100% <i>Not Covered</i>

Continued on page 7...



Medical Benefits—No PPO Network Utilization Required *continued from page 6...*

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Lifestyle Program   CHIP</b> <ul style="list-style-type: none"> <li>Lifetime maximum 2 CHIP programs</li> <li>Physician's prescription is required with the submission of the first month's claim.</li> <li>Member Reimbursement</li> </ul>	0% with proof of 80% completion	100% <i>Not Covered</i>
<b>Lifestyle Program   Full Plate</b> <ul style="list-style-type: none"> <li>Plan Year Maximum 1 Full Plate program</li> <li>Member Reimbursement</li> </ul>	0% with proof of 80% completion	100% <i>Not Covered</i>

### Prescription Benefits

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Prescription Drug</b> Out-of-Pocket Maximums: Individual/Family	\$1,250/\$2,500	\$1,550/\$3,100
<b>Prescription Drug</b> Prescription co-payment responsibility* RETAIL—30-DAY SUPPLY <ul style="list-style-type: none"> <li>Generic</li> <li>Brand</li> <li>Non-Formulary</li> </ul>	\$10 \$20 \$40	\$10 \$50 \$100
<b>Prescription Drug</b> Prescription co-payment responsibility* MAIL ORDER—90-DAY SUPPLY/Walgreen's Smart 90 Retail <ul style="list-style-type: none"> <li>Generic</li> <li>Brand</li> <li>Non-Formulary</li> </ul>	\$20 \$40 \$80	\$20 \$100 \$200
<b>Notes:</b> <ul style="list-style-type: none"> <li>Co-payments apply to the prescription benefit out-of-pocket maximum.</li> <li>Penalties for non-compliance do not apply toward Plan Year out-of-pocket maximum.</li> <li>The Plan pays 100% (and Members pay \$0) for preventive prescription drugs as described in the section of this document entitled PREVENTIVE CARE SERVICES—PRESCRIPTION.</li> <li>Out-of-pocket for prescription benefits will be tracked by the Prescription Benefit Manager. Your pharmacy will be notified if you reach the Plan Year out-of-pocket maximum.</li> <li>Any adjudication, pre-certification, Plan provision or requirement of the Plan's designated Pre-certification office will take precedence over those documented in the Plan.</li> </ul>		

\*Your employer may apply a 20% copayment rather than a flat-dollar copayment.

### Dental Benefits

Benefits	Accelerate		Access	
	MEMBER RESPONSIBILITY			
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Plan Year Deductible</b> Individual/Family	\$100/\$300	\$150/\$450	\$250/\$750	\$500/\$1,500
<b>Co-Insurance</b> After Deductible	20%	25%	20%	50%
<b>Maximum Payable Benefit Per Plan Year</b> Individual/Family	\$2,500/ \$7,500	\$2,500/ \$7,500	\$2,500/ \$7,500	\$2,500/ \$7,500
<b>Dental Care   Preventive Care</b> <ul style="list-style-type: none"><li>• Paid at 100%</li><li>• Does not apply to Plan Year deductible</li><li>• Does apply to Plan Year maximum payable benefit</li></ul>	0%	0%	0%	0%
<b>Dental Care   Restorative Care</b> <ul style="list-style-type: none"><li>• Paid at 80% of allowable charges in-network; 75% of U&amp;C out-of-network</li><li>• Applies to correlating Plan Year deductible</li><li>• Predetermination may be required</li></ul>	20%	25%	20%	50%
<b>Orthodontic Care</b> <ul style="list-style-type: none"><li>• Paid at 50% of allowable charges</li><li>• \$2,300 maximum lifetime payable</li><li>• Eligible up to age 24 (through age 23)</li></ul>	50%	50%	50%	50%

### Vision Benefits

Benefits	Accelerate	Access
	MEMBER RESPONSIBILITY	
<b>Vision Care</b> <ul style="list-style-type: none"> <li>• Paid at 80% of allowable charges</li> <li>• Plan Year maximum payable benefit \$450 per member (Accelerate Plan) and \$225 per member (Access Plan)</li> <li>• Does not apply to Plan Year deductibles</li> <li>• Does not apply to Plan Year out-of-pocket maximums</li> </ul>	20%	20%

This Plan Comparison Guide is a summary and briefly describes some of the benefits and member responsibilities of the Access and Accelerate plans. This summary does not provide coverage of any kind, nor does it modify the terms of the plans. Please refer to the Plan document at [www.AscendToWholeness.org](http://www.AscendToWholeness.org) for a complete description of your benefits.



# HEALTH CARE

## FLEXIBLE SPENDING ACCOUNT

THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS INCUR THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

### YOUR STEPS TO SAVINGS!

- 1 REALIZE THE TAX SAVINGS**

You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$2,700 you would **save \$675 in taxes**.
- 2 ESTIMATE YOUR EXPENSES**

Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at [www.flores247.com](http://www.flores247.com).
- 3 ENROLL AND MANAGE YOUR ACCOUNT**

Contact your Human Resource Department to find out how to enroll for this benefit. Flores will mail a custom Participant ID number to your home address to help you manage your account. Contact information can be found on the back of this flyer.

### ELIGIBLE EXPENSES

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Prescribed over-the-counter items

# HEALTH CARE FAQs

## FREQUENTLY ASKED QUESTIONS

### HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on our participant Flores247 Web Portal, [www.flores247.com](http://www.flores247.com), or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

### WHAT MUST BE INCLUDED ON RECEIPTS?

All receipts for reimbursement must include the following information: Date of service, Description of Service, Out-of-Pocket Cost, Provider Name, and Patient Name.

### WILL I HAVE A DEBIT CARD?

Possibly. If your plan offers the debit card, you can use your Flores Benefits Card at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

### DO I NEED TO RE-ENROLL IN THE HEALTH CARE FSA EACH YEAR?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

### WHEN WILL I HAVE ACCESS TO THE FUNDS IN MY HEALTH CARE FSA?

After your first Health Care FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

### HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website ([www.flores247.com](http://www.flores247.com)) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollars.

### CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

You may only change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

### CAN I SUBMIT MY SPOUSE'S / DEPENDENT'S MEDICAL EXPENSES TO MY HEALTH CARE FSA?

Regardless of who is covered on your medical insurance, the Health Care FSA may reimburse expenses for your spouse or any qualifying tax or adult dependent.

### WHAT HAPPENS TO MY HEALTH CARE FSA IF I TERMINATE FROM THE COMPANY?

Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. In certain situations you may be eligible to continue your participation in the Health Care FSA through the election of COBRA. Please contact your Human Resource Department for further information.

## HOW DO I SUBMIT DOCUMENTS TO FLORES?

### ONLINE

Visit [www.flores247.com](http://www.flores247.com) and upload documents securely

### MOBILE

Download Flores Mobile app Available for Apple or Android devices

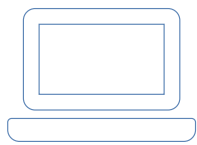
### MAIL

Flores & Associates, LLC  
PO Box 31397  
Charlotte, NC 28231

### FAX

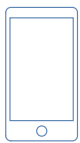
800.726.9982 or 704.335.0818

## HOW DO I OBTAIN MY ACCOUNT DETAILS?



### WEBSITE

Visit [www.flores247.com](http://www.flores247.com) and log in using Participant ID or User Name and password



### MOBILE APP

Download our mobile app from your app store



### PID & PASSWORD ASSISTANCE

Dial 800.840.7684

Revised 1/19

CUSTOMER SERVICE 1.800.532.3327



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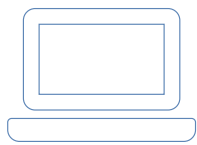
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Revised 1/19

CUSTOMER SERVICE 1.800.532.3327

## ADVENTIST RETIREMENT PLAN

### Automatic Enrollment/Automatic Escalation Notice

The Adventist Retirement Plan ("Plan") makes saving for retirement even easier by offering an automatic enrollment feature for all newly-hired employees. As a new hire, you are automatically enrolled in the Plan starting with your first paycheck, at which time Empower Retirement, the Plan's record keeper, will create an account for you. This means that 3% will be taken from your eligible compensation each pay period and contributed to the Plan as a salary reduction contribution. You can choose to contribute more, less, or even nothing at any time by signing into your Plan account on the Empower Retirement website and electing a different contribution percentage (including a 0% contribution). Generally, your employer will make dollar-for-dollar matching contributions on amounts you contribute, up to 3% of your eligible compensation.

Beginning in 2018, the Plan will also implement an automatic escalation feature. **All Plan participants who are not making salary reduction contributions of at least 7% on July 1, 2018 will automatically have their salary reduction contribution increased by 1% at that time.** Thereafter, each July 1 your salary reduction percentage will increase by an additional 1% until your contribution percentage reaches 7%. This automatic escalation feature will not change your salary reduction contribution level if you already participate at a 7% (or greater percentage) level. You can change your contribution level at any time on Empower Retirement's website. Any employer matching contributions will be based on your new contribution level.

#### **1. Does the Plan's automatic enrollment feature apply to me?**

The Plan's automatic enrollment feature applies to all newly hired employees. This means 3% of your eligible compensation for each pay period will be contributed to the Plan as a salary reduction contribution, starting with your first paycheck and continuing through the end of June. Every July 1, your contribution level will increase by 1% (see question 2 below for more information on the automatic escalation feature), until your salary reduction contribution reaches 7% of your eligible compensation. To learn more about the Plan's definition of eligible compensation, you can review the Plan's summary plan description. Your salary reduction contributions to the Plan are taken out of your compensation on a pre-tax basis and are not subject to federal income tax at that time. Instead, they are contributed to your Plan account and will change over time based on any market gains or losses. Your account will be subject to federal income tax only when withdrawn. This helpful tax rule is a reason to save for retirement through Plan contributions. You are in charge of the amount that you contribute. You may decide to do nothing and contribute 3%, or you may choose to contribute an amount that better meets your needs. You must notify Empower Retirement if you want to opt out of the Plan's automatic enrollment feature and receive a refund of any salary reduction contributions made within the first 90 days of your employment (see question 6 for more information on opting out and receiving a refund). You can change your contribution level at any time on the Empower Retirement website. Be aware that there are limits on the maximum amount you may contribute to your account. You may want to contact Empower Retirement or your tax advisor to find out how these limits affect you. The limits are described in the Plan's summary plan description.

#### **2. Does the Plan's automatic escalation feature apply to me?**

If you are not contributing at a 7% level on July 1, 2018, your salary reduction contributions will automatically increase by 1% at that time. Every July 1 thereafter, your contribution level will increase another 1% (unless you choose a different level or notify Empower Retirement each year that you want to opt out of the Plan's automatic escalation feature), until your salary reduction contributions reach 7% of your eligible compensation. You can elect to make a different percentage contribution to the Plan or to not contribute on Empower Retirement's website. Each year, Empower Retirement will send a communication reminding you of the upcoming automatic escalation. If you do not want your salary reduction contributions increased for the year, you must follow the instructions from Empower Retirement on how to opt out of the automatic escalation feature.

#### **3. In addition to the contributions taken out of my compensation, what amounts will my employer contribute to my Plan account?**

Your employer may make contributions to your Plan account. Your employer generally will match, on a dollar-for-dollar basis, the first 3% of eligible compensation you contribute each pay period. Your employer generally will also make an additional basic contribution of 5% of your compensation. Your employer determines which employees are eligible for matching or basic contributions – if you have questions about whether you are eligible for employer contributions, please contact your employer.

#### 4. How will my Plan account be invested?

The Plan lets you invest your account in a number of different investment funds. Unless you choose a different investment fund or funds, your Plan account will be invested in the target date default fund based on your assumed retirement age. You can change how your Plan account is invested among the Plan's offered investment funds on the Empower Retirement website.

Information about the Plan's investment funds and procedures for changing how your Plan account is invested can be found on the Empower Retirement website.

#### 5. When will my Plan account be vested and available to me?

You are always fully vested in all contributions to the Plan (both employer and employee contributions). Even though you are vested in your entire Plan account, there are limits on when you may withdraw your funds. These limits may be important to you in deciding how much, if any, to contribute to the Plan. Generally, you may only withdraw money after you leave your job, reach age 59½, or become disabled. Also, there is generally an extra 10% tax on distributions before age 59½. Any amount remaining in your Plan account upon your death will be paid to your designated beneficiary. You also can borrow certain amounts from your Plan account, and may be able to withdraw your salary reduction contributions if you have a hardship. Hardship distributions are limited to the dollar amount of your salary reduction contributions and may not be taken from earnings, matching or basic contributions. Hardship distributions must be for a specified reason – for qualifying medical expenses, costs of purchasing your principal residence (or preventing eviction from or foreclosure on your principal residence, or repairing qualifying damages to your principal residence), qualifying post-secondary education expenses, or qualifying burial or funeral expenses. Before you can take a hardship distribution, you must have taken other permitted withdrawals and loans from qualifying employer plans, unless doing so would be counterproductive. If you take a hardship distribution, you may not contribute to the Plan or other qualifying employer plans for 6 months. You can learn more about the Plan's hardship withdrawal and loan rules in the Plan's summary plan description. You can also learn more about the extra 10% early distribution tax in IRS Publication 575, Pension and Annuity Income.

#### 6. Can I change the amount of my contributions?

Yes. You can always change the amount you contribute to the Plan at any time on the Empower Retirement website. If you know that you do not want to contribute to the Plan, you must notify Empower Retirement that you wish to opt out of the Plan's automatic enrollment and escalation features. You must notify Empower Retirement each year that you want to opt out of the Plan's automatic escalation feature.

If you are a new hire and do not wish to have automatic enrollment contributions taken from your compensation, you must decrease your contributions to zero on the Empower Retirement website. During the 90 days after automatic contributions are first taken from your pay, you can also withdraw the prior automatic contributions by contacting Empower Retirement. (Note: this withdrawal right is not available for the annual 1% automatic escalation amounts.) If you withdraw your automatic contributions, you lose any employer matching contributions associated with the automatic contributions. Also, your withdrawal will be subject to federal income tax (but not the extra 10% tax that normally applies to early distributions) and reported on a Form 1099-R at the end of the year. If you decrease salary reduction contributions to zero, no further contributions will be taken from your compensation until the next annual automatic escalation period occurs. You can always choose to continue or restart your contributions on the Empower Retirement website.

If you would like a copy of the Plan's summary plan description or other Plan documents, please visit the Adventist Retirement website at [www.adventistretirement.org](http://www.adventistretirement.org).

If you wish to start, stop or change your contributions to the Plan, or want information on the Plan's investment fund options, please sign into your Plan account on Empower Retirement's website: [www.empower-retirement.com](http://www.empower-retirement.com).

If you have questions about how the Plan works or your rights and obligations under the Plan, please contact Adventist Retirement:

**Adventist Retirement**  
**North American Division**  
**9705 Patuxent Woods Drive**  
**Columbia, MD 21046**

Email: [NADRetirement@nadadventist.org](mailto:NADRetirement@nadadventist.org)  
Telephone: 443-391-7301



# ONLINE ACCOUNT REGISTRATION

Your Plan website makes it easy to manage your account and learn about saving and investing. To access your account online for the first time, follow these steps.

**STEP 1:** Visit [www.empower-retirement.com/participant](http://www.empower-retirement.com/participant) and select REGISTER from the Login box.<sup>1</sup>

**STEP 2:**

If you know your PIN<sup>2</sup>

- » Choose I have a PIN.
- » Enter your Social Security number and PIN and click CONTINUE.
- » Provide your contact information and create a username and password. Click REGISTER.

If you don't know your PIN

- » Choose I do not have a PIN.
- » Complete the requested personal information and click CONTINUE.
- » Provide your contact information and create a username and password. Click REGISTER.

## Future logins

For future visits to the website, enter your username and password and select SIGN IN. You will be asked to confirm your identity by requesting that a verification code be sent to you via email, text or phone call. Choose your preferred delivery method and click CONTINUE.

Once you receive the verification code, enter it on the website. You may skip the verification code process in the future by checking the Remember this device box. Otherwise, you will go through the verification code process anytime you log in from a device or browser that is not recognized. Click SIGN IN.

If you experience any problems while registering your account, please select the Contact Us link at the bottom of the page.

CREATE, GROW & DISCOVER ALL YOUR TOMORROWS

<sup>1</sup> Access to the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades/maintenance or other reasons.

<sup>2</sup> The account owner is responsible for keeping their PIN/Password confidential. Please contact Client Services immediately if you suspect any unauthorized use.

**Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.**

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

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