



2025-26

BENEFITS GUIDE



Your Health & Wellness

Hospital Indemnity / Fixed Indemnity Policy Notice

This notice applies to the Hospital Indemnity benefit found in the Supplemental Benefits section of this document. Please read before enrolling.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. © 2025 Marsh & McLennan Agency, LLC. All rights reserved.

WELCOME TO YOUR 2025-26 BENEFITS!

Arrow Child & Family Ministries is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.





ELIGIBILITY

If you are scheduled to work full-time (at least 30 hours per week), you are eligible for the Arrow Child & Family Ministries benefits program. For newly hired individuals, most of your benefits are effective the first day of the month following your date of hire. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse;
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your life and disability benefits end on your date of termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your elections unless you experience a Qualifying Life Event, such as marriage or the birth of a child. If you experience a Qualifying Life Event (examples below), you should contact Human Resources within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualifying Life Event).

Qualifying Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

HOW TO ENROLL

If you are a new hire, you have 30 days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

Before You Enroll

- Carefully review the benefits listed in this guide and determine coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Be sure to consider a beneficiary for life insurance.

Contact Human Resources if you have questions.

Workday®

To make your benefit elections in Workday®, follow these steps:

- Click the unique link designed for Company:
<https://wd12.myworkday.com/arrowchildfamilyministries/login.html>
- Log in with your network username and password.
- Access your inbox located on the top right corner of the webpage.
- Click the "Complete Benefits Enrollment" task and then click "Let's Get Started"
- "Elect" or "Waive" each benefit option. You can also click on the plan for more information.
- Add or update dependents as needed.
- Then click on "Review and Sign".
- To complete your enrollment, check the "I Agree" checkbox to complete your electronic signature and click "Submit" to finalize your enrollment.



STAYING CONNECTED YEAR-ROUND

BlueCross BlueShield of Texas

The BCBSTX app provides you with greater access to your insurance information. Use the app to:

- View your personalized insurance dashboard
- Display your BCBS ID Card
- Locate physicians, hospitals, or other healthcare professionals nationwide
- Learn about benefit discount programs, like dental, vision and pharmacy



Search for the BCBSTX mobile app in the App Store or Google Play to get started!

Telemedicine - MDLIVE

Under the weather and need a doctor visit fast? Telemedicine gives you 24/7 access to U.S. board-certified doctors through the convenience of your phone. You and a practitioner can speak or video chat to answer questions, make a diagnosis and even prescribe some medications. This convenient and affordable option provides you on-demand access to treat many medical conditions. As always, call 911 for any emergency.

Telemedicine is provided through BlueCross BlueShield of Texas and can be accessed by downloading the MDLIVE app or calling 888-680-8646. For more information visit www.mdlive.com/bcbstx or text BCBSTX to 635-483.

Mail Order Rx Program

The mail order program through Express Scripts Pharmacy offers a convenient way to fill prescriptions for medications that you take on a regular basis (maintenance medications). At Express Scripts Pharmacy, licensed pharmacists process the orders and all medicines are shipped in tamper-evident containers and plain packaging. Home delivery can save you time — and possibly money.

24/7 Support

Visit www.express-scripts.com/rx or

Call **833-715-0942** to talk with a member of their pharmacy team.



MEDICAL

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescription programs** — For the two HDHP Plans, you are responsible for the applicable costs until the medical deductible has been met. For the PPO Plan, you are responsible for the applicable costs until the overall out-of-pocket maximum has been met.

Before You Enroll

Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically pays more, which results in lower deductibles, coinsurance, and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting www.bcbstx.com and selecting the Blue Choice network. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.
4. Evaluate how your out-of-pocket expenses may fluctuate and consider adding accident, critical illness and/or hospital indemnity insurance to help offset your out-of-pocket medical costs.



The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	HDHP 5000 Plan	HDHP 3350 Plan	PPO Plan
	Blue Choice Network	Blue Choice Network	Blue Choice Network
	In-Network	In-Network	In-Network
Calendar Year Deductible			
Individual	\$5,000	\$3,350	\$2,500
Family	\$10,000	\$6,700	\$5,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)			
Individual	\$5,000	\$3,350	\$6,000
Family	\$10,000	\$6,700	\$12,000
	Plan pays	Plan pays	Plan pays
Coinsurance	100%*	100%*	80%*
Preventive Care	100%	100%	100%
Telemedicine (MDLIVE)	100% after \$48 copay**	100% after \$48 copay**	100% after \$35 copay
Primary Care Physician	100%*	100%*	100% after \$35 copay
Specialist	100%*	100%*	100% after \$40 copay
Urgent Care	100%*	100%*	100% after \$75 copay
Emergency Room	100%*	100%*	80% after \$150 copay
Lab & X-ray	100%*	100%*	100%
Hospitalization	100%*	100%*	80%*
Diagnostic Imaging (MRI/CT)	100%*	100%*	80%*
Pharmacy			
Rx Deductible	Included in medical	Included in medical	N/A
Rx Out-of-Pocket Max	Included in medical	Included in medical	Included in medical
Retail Rx (up to 30-day supply)			
Tier 1 - Generic	100%*	100%*	100% after \$20 copay
Tier 2 – Preferred Brand	100%*	100%*	100% after \$55 copay
Tier 3 – Non-preferred Brand	100%*	100%*	100% after \$75 copay
Tier 4 - Specialty	100%*	100%*	100% after up to \$300 copay per script
Mail Order Rx (91-day supply)	100%*	100%*	2.5x Retail copay
Medical Bi-Weekly Payroll Deductions			
Employee Only	\$0.00	\$61.74	\$100.84
Employee + Spouse***	\$59.68	\$128.63	\$289.66
Employee + Child(ren)	\$47.34	\$114.22	\$232.56
Employee + Family***	\$94.67	\$190.37	\$406.45
*After Deductible			
**behavioral health visits may be subject to a higher copay			
***\$1,000 Annual spousal surcharge if other medical is available (\$38.46 per pay period)			



If you enroll in one of the medical plans offered by Arrow Child & Family Ministries through BlueCross BlueShield of Texas, you automatically receive access to many additional resources:

Headway – Mental Health Provider Finder

Whether you know what you're looking for or aren't sure where to start, Headway makes it easy to find and schedule an appointment with the right mental health provider for you — covered by BlueCross and BlueShield of Texas (BCBSTX).

- Find the right fit in seconds by visiting [Headway.co](https://www.headway.co)
- Share your insurance details and preferences.
- Find your personalized match with the exact cost for your session
- Schedule your appointment immediately in one-click directly on Headway.

Ovia Health (Women's and Family Health, Pregnancy, Parenting and Menopause Support)

Wherever you are in your journey, BlueCross and BlueShield of Texas (BCBSTX) is here to support you at no extra cost. Ovia Health apps are for tracking your cycle, pregnancy, parenting, and menopause support with videos, tips, coaching and more.

- Ovia: Track your cycle, predict when you are more likely to get pregnant or receive menopause support when the time comes
- Ovia Pregnancy: Monitor your pregnancy and baby's growth week by week leading up to your baby's due date
- Ovia Parenting: Keep up with your child's growth and milestones
- Download any of the Ovia Health apps from the Apple App Store or Google Play.
- During sign-up, make sure to choose "I have Ovia Health as a benefit."
- Select BCBSTX as your health plan
- Enter your employer's name: Arrow Child & Family Ministries.



Wellness Program

Well onTarget is designed to give you the support you need to make healthy lifestyle choices — and reward you for your hard work. The Well onTarget Member Wellness Portal uses the latest technology to offer you an enhanced online experience. This engaging, user-friendly portal links you to a suite of innovative programs and tools:

1. Self-directed courses: Learn about nutrition, fitness, weight loss, tobacco cessation, and managing stress.
2. Health and wellness content: The health library teaches and empowers through evidence-based, reader-friendly articles.
3. Blue Points program: Instantly earn points for participating in wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.
4. Tools and trackers: These interactive resources help keep you on track while making wellness fun.
5. Health Assessment: Answer some questions to learn more about your health and receive a personal wellness report.
6. Fitness tracking: Get Blue Points for tracking physical activity with popular fitness devices and mobile apps.

Blue Points – Rewards for Healthy Living

Well onTarget® understands how hard it can be to maintain a healthy lifestyle. Sometimes, you may need a little motivation. That's why we offer the Blue Points¹ program. This program may help you get on track — and stay on track — to reach your wellness goals. With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall, which provides a wide variety of merchandise.

- | | |
|-----------------------------|---|
| ▪ Earn Points Instantly | ▪ Choose from a Large Selection of Rewards |
| ▪ Get Extra Points | ▪ Participate in Activities that Match your goals |
| ▪ Easily Manage Your Points | |

To Get Started

- Visit www.bcbstx.com and log in to Blue Access for Members.
- Select the Wellness Tab on the top of the Navigation Page.
- Click Visit Well on Target link.
- Complete Health Assessment.
- Start earning points by participating in different activities.



Fitness Program

BlueCross BlueShield's Fitness Program gives you flexible options to help you live a healthy lifestyle. Available exclusively to members and their covered dependents (age 16 and older), the Fitness Program gives you access to a nationwide network of fitness locations.

The program includes:

- Flexible gym network: A choice of gym networks to fit your budget and preferences.
- Studio class network: Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- Family friendly: Expands gym network access to your covered dependents at a bundled price discount.
- Convenient payment: Monthly fees are paid via automatic credit card or bank account withdrawals.
- Mobile app: Access location search, studio class registration, location check-in, and activity history.
- Complementary and Alternative Medicine (CAM) discounts: Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists, and personal trainers. To take advantage of these discounts, register at www.whlchoices.com.
- Digital fitness: Stay active from the comfort of your own home by accessing thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through the online platform.

To Get Started

- Visit www.bcbstx.com and log in to Blue Access for Members.
- Select the Wellness tab on the top navigation bar of the Dashboard page.
- Scroll down to the Fitness Program and click on Learn More.
- Complete the registration form.
- Verify your personal information and method of payment.
- Print or download your Fitness Program membership ID card or request to receive the ID card in the mail.



For more information, call 888-762-2583, Monday through Friday, between 7am and 7pm Central.



HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses. Your contributions to the HSA are taken out of your paycheck and are tax-free. Once you enroll in the HSA, you'll receive a debit card to pay for qualified out-of-pocket medical expenses. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High Deductible Health Plan (HDHP).

How a Health Savings Account (HSA) Works



Eligibility

Anyone who is:

- Covered by a High Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not a High Deductible Health Plan (HDHP);
- Not entitled to Medicare benefits;
- Not eligible to be claimed on another person's tax return;
- Not in receipt of VA benefits within the last three months; or
- Not covered under your or your spouse's Flexible Spending Accounts (FSAs), except for a Limited Purpose FSA



Your Contributions

You choose how much to contribute from each paycheck on a pretax basis.

You can contribute up to the IRS maximum of \$4,300/individual or \$8,550/family for 2025 less any employer contribution outlined below.

You can make an additional "catch-up" contribution of up to \$1,000 per year if you are age 55 or older.



Arrow Child & Family Ministries' Matching Contribution

- \$200 at the beginning of the plan year or upon new enrollment into either of the two HDHP plans, in addition to the \$27.69/Bi-Weekly match up to the maximum of \$720/year (combined total of \$920)



Eligible Expenses

You can use your HSA to pay for medical, dental, vision, and prescription drug expenses incurred by you and your eligible family members. *Please note: Funds available for reimbursement are limited to the balance in your HSA.*



Using Your Account

Use the debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health care expenses.



Your HSA is always yours – no matter what

One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. And if you leave Arrow Child & Family Ministries or retire, your HSA goes with you.

The Triple Tax Advantage

HSAs offer three significant tax advantages:

1. You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses — tax-free.
2. Unused funds grow and can earn interest over time — tax-free.
3. You can save your HSA dollars to use for your health care when you leave Arrow Child & Family Ministries or retire — tax-free.

If you want to pay less per paycheck for health care coverage and save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

How a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

Year 1 Example: You enroll in the HDHP with HSA during enrollment		Year 2 Example: You enroll in the HDHP plan again next year
You contribute \$3,650 for a total of \$3,650		\$2,900 rolls over from last year and you contribute \$3,650 for a total of \$6,550
You use the HSA to pay \$750 of eligible expenses		You use the HSA to pay \$1,250 of eligible expenses
You have \$2,900 in the HSA to roll over to next year!		You have \$5,300 in the HSA to roll over to next year!



DENTAL

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Arrow Child & Family Ministries offers dental coverage through Guardian. For information on finding a dental provider using the DentalGuard Preferred network, visit www.guardiananytime.com and click on Find a Provider.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.
3. The Buy-Up dental plan offers additional coverage for orthodontia for children up to age 19.

What Is Maximum Rollover?

Each year, a portion of your unused annual maximum rolls over automatically into a personal Maximum Rollover Account (MRA). If during the calendar year, a covered person has one or more paid claims (not just a visit) and does not exceed the Threshold Amount, then the Rollover Amount will be rolled over for use in future years. The Maximum Rollover Account Limit is the most money that can be kept in the Maximum Rollover account. The covered person's personal Maximum Rollover account is used for additional coverage when his or her annual maximum is exhausted.

NOTE: For each Guardian Dental enrollee (i.e., you and your dependents) your dentist must submit at least one claim for covered charges during the calendar year for each covered member to be eligible for the rollover benefit.



The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Base Plan		Buy-Up Plan	
	DentalGuard Preferred Network		DentalGuard Preferred Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$50		\$50	
Family	\$150		\$150	
Calendar Year Benefit Maximum				
Per Individual	\$1,000 plus Maximum Rollover		\$2,000 plus Maximum Rollover	
Maximum Rollover	Threshold \$500 Rollover Amount \$250 Account Limit \$1,000		Threshold \$800 Rollover Amount \$400 Account Limit \$1,500	
	Plan pays		Plan pays	
Preventive Care				
Exams, Cleanings, X-rays, Fluoride Treatments, Space Maintainers, Sealants	100%		100%	
Basic Services				
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics, General Anesthesia	80%*		80%*	
Major Services				
Inlays/Onlays, Dentures, Crown(s), Bridges, Repairs, TMJ	50%*		50%* (includes implants)	
Orthodontia				
Children (up to 19th birthday)	50% up to a lifetime maximum benefit of \$1,000 per individual; deductible waived		50% up to a lifetime maximum benefit of \$2,000 per individual; deductible waived	
Adults	Not covered			
Dental Bi-Weekly Payroll Deductions				
Employee Only	\$5.79		\$8.80	
Employee + Spouse	\$11.13		\$16.91	
Employee + Child(ren)	\$14.00		\$21.28	
Employee + Family	\$21.32		\$32.40	
*After deductible				



VISION

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Arrow Child & Family Ministries offers vision coverage through EyeMed using the Insight network. For information on finding a vision provider, visit www.eyemed.com and click on Find an eye doctor.

	Vision Plan	
	In-Network	Out-of-Network
	You pay	Reimbursement
Cost		
Exam	\$20	Up to \$40
Materials	\$20	See Below
Covered Services – Lenses		
Single Lenses	\$20	Up to \$30
Bifocals	\$20	Up to \$50
Trifocals	\$20	Up to \$70
Frames	\$130 allowance, 20% discount	Up to \$91
Covered Services – Contacts in lieu of Frames/Lenses		
Contacts – Medically Necessary	\$0	Up to \$210
Contacts – Elective	\$130 allowance, 15% discount	Up to \$130
Benefit Frequency		
Exams	Once every 12 Months	
Lenses	Once every 12 Months	
Frames	Once every 24 Months	
Contacts (in lieu of lenses)	Once every 12 Months	
Vision Bi-Weekly Payroll Deductions		
Employee Only	\$2.82	
Employee + Spouse	\$5.36	
Employee + Child(ren)	\$5.64	
Employee + Family	\$8.30	



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are three types of FSAs — the Health Care FSA, the Limited Purpose Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** – Used to pay for out-of-pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
- **Limited Purpose Health Care FSA** – Used if you are enrolled in the HDHP medical plan. It works the same way as the standard Health Care FSA; however, you may only use it to pay for eligible vision and dental expenses.
- **Dependent Care FSA** – Used to pay for day care expenses associated with caring for elder or child dependents (age 13 or under) that are necessary for you or your spouse to work or attend school full-time.

You cannot use your Health Care FSA to pay for dependent care expenses, and you cannot use your dependent care FSA to pay for health care expenses.

Important: The IRS has a “use it or lose it” rule. If you do not spend all of the money in your FSA by the annual deadline, any unused dollars in your account(s) will be forfeited.

How the Health Care / Limited Purpose Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to \$3,300 per year, pretax	You may contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns
You receive a debit card to pay for eligible medical expenses (funds must be available in your account)	You submit claims for reimbursement; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor	Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to June 30 of the following year for expenses from May 1 to April 30	Submit claims up to June 30 of the following year for expenses from May 1 to April 30
At the end of the plan year, participants can roll over up to \$660 of unused health care funds. Any remaining funds exceeding \$660 will be forfeited per IRS regulations.	If you do not spend all the money in this FSA by April 30, unused dollars will be forfeited per IRS regulations
*You must be enrolled in an Arrow Child & Family Ministries Medical plan to be eligible to enroll in a Healthcare or Limited Purpose FSA.	



How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs, through WEX, to pay for your predictable health care and dependent care expenses.

	Health Care FSA		Dependent Care FSA	
	Without FSA	With FSA	Without FSA	With FSA
Your taxable annual income	\$50,000	\$50,000	\$50,000	\$50,000
Account deposit (before taxes)	N/A	\$2,850	N/A	\$5,000
Taxable wages	\$50,000	\$47,150	\$50,000	\$45,000
Federal and Social Security taxes	\$14,325	\$13,609	\$14,325	\$12,894
Expense (after taxes)	\$2,850	N/A	\$5,000	N/A
Take home (net)	\$32,825	\$33,541	\$30,675	\$32,106
Annual tax savings with the FSAs	\$0	\$716	\$0	\$1,431

It's important to note that if you contribute to a Health Savings Account (HSA), you may not participate in the Health Care FSA reimbursement account.





BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic life insurance is provided by your employer at no cost to you. This policy is administered by Guardian and pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

Beneficiary Information

Life circumstances can change, making it important to review and update your beneficiary information regularly. It is recommended that you review your designated beneficiaries annually, or before retirement, to ensure your benefits are allocated according to your wishes. You can log into Workday at any time to review and update this information.

Basic Life / AD&D Insurance - For You	
	Basic Life and AD&D
Coverage Amount	\$50,000
Evidence of Insurability (EOI) / Proof of Good Health	Not required
Age Reduction Schedule	Benefits reduce by: 35% at age 65, 50% at age 70.



VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Voluntary life and AD&D insurance allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. Voluntary life and AD&D insurance are available individually for you and your dependents, and are administered by Guardian to help protect your family during difficult times.

Voluntary Life / AD&D Insurance - For You and Your Dependents

	Employee	Spouse	Child(ren) up to age 26
Coverage Amount	Increments of \$10,000 up to \$500,000	Increments of \$5,000 up to \$500,000 – not to exceed 100% of Employee coverage	Increments of \$2,000 to a maximum of \$10,000; \$500 for the first 14 days.
Guaranteed Issue (GI)	Less than age 65: \$150,000 65-69: \$50,000 70+: \$ 10,000	Less than age 65: \$25,000 65-69: \$10,000	\$10,000
Evidence of Insurability (EOI) / Proof of Good Health	Newly Eligible: Enroll up to GI without EOI Currently Enrolled Under Age 65: Increase up to \$50,000 up to GI without EOI	Newly Eligible: Enroll up to GI without EOI Currently Enrolled: EOI required for any increase	Newly Eligible: Enroll up to GI without EOI Currently Enrolled: EOI required for any increase

Before You Enroll Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you may need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Voluntary Life / AD&D Bi-Weekly Rate per \$10,000 by Age

	Employee	Spouse		Employee	Spouse
<25	\$0.34	\$0.31	50-54	\$2.45	\$2.29
25-29	\$0.38	\$0.36	55-59	\$3.77	\$3.52
30-34	\$0.48	\$0.45	60-64	\$5.88	\$6.02
35-39	\$0.67	\$0.66	65-69	\$10.20	\$10.28
40-44	\$0.97	\$0.94	70-74	\$18.20	\$18.31
45-49	\$1.54	\$1.47	75+	\$35.68	\$36.68
Employee and Spouse AD&D Rate per \$10,000	\$0.14		Child Life and AD&D rate per \$10,000	Life + AD&D: \$2.09	



VOLUNTARY SHORT-TERM DISABILITY

Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury.

Arrow Child & Family Ministries offers the opportunity to purchase Short-Term Disability (STD) through Guardian.

Short-Term Disability Benefits at a Glance

Weekly Benefit	60% of weekly earnings
Weekly Maximum	\$1,000 per week
Benefit Duration	11 weeks or until deemed no longer disabled; whichever comes first
Elimination Period	14 days
Pre-Existing Limitation	3/12*

**Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.*

Voluntary STD Rate per \$10 of weekly benefit by Age

<25	\$0.813	50-54	\$0.533
25-29	\$0.823	55-59	\$0.622
30-34	\$0.659	60-64	\$0.727
35-39	\$0.554	65-69	\$0.818
40-44	\$0.442	70+	\$0.904
45-49	\$0.484		

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within three months of the effective date of your insurance plan.

Evidence of Insurability

If you decline coverage when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (EOI) — proof of good health — may be required before coverage is approved.

A qualifying disability is a sickness or injury certified by a physician that causes you to be unable to perform your normal duties.



LONG-TERM DISABILITY

Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work. Arrow Child & Family Ministries offers these benefits at no cost to the employee through Guardian. While the disability benefit is tax free, the premiums are taxable. You are automatically covered as a full-time employee – no enrollment is needed.

Long-Term Disability Benefits at a Glance

Monthly Benefit	60% of monthly earnings
Monthly Maximum	\$5,000 per month
Benefit Duration	Disability occurs before age 62: SSNRA Disability occurs at or after age 62: Benefits paid according to benefit duration schedule.
Elimination Period	90 days
Pre-Existing Limitation	3/12*

**Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.*

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within three months of the effective date of your insurance plan.

A qualifying disability is a sickness or injury certified by a physician that causes you to be unable to perform your normal duties.



HOSPITAL INDEMNITY INSURANCE

Hospital indemnity coverage, through Aflac, is designed to provide a cash benefit to the policyholder in the event of a hospitalization and can help pay for expenses not covered by your medical plan. The plan will pay regardless of any other insurance.

Receiving a hospital indemnity benefit is easy – even if you are not admitted to the hospital. Your plan includes a health screening benefit for routine check-up exams and other screening tests. Once you've obtained a qualifying service, simply file a claim and receive a check.

Please refer to the benefit summary for a full list of covered expenses. Rates will be calculated in the enrollment system based on your age and level of coverage requested.

Plan Benefits

Initial Admission Benefit (Including pregnancy)	HDHP: \$1,000; PPO: \$300;
Daily Confinement Benefit (Including pregnancy)	HDHP: \$150 per day to max of 31 days PPO: \$200 per day to max of 180 days
Intensive Care Unit Confinement	HDHP: \$150 per day to max of 10 days PPO: \$200 per day to max of 30 days

Please refer to the benefit summary for more details.

Sample of Eligible Expenses

 Hospital Admission	 Hospital Confinement
 Intensive Care	 Surgical Care

How Hospital Indemnity Insurance Works

1. Receive Care
2. Submit a Claim
3. Receive a Check

Hospital Indemnity Bi-Weekly Payroll Deductions

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
HDHP	\$10.22	\$18.65	\$15.21	\$23.64
PPO	\$19.33	\$38.43	\$29.34	\$48.44

For questions or to file a claim, visit www.aflacgroupinsurance.com or call 800-433-3036.



CRITICAL ILLNESS INSURANCE

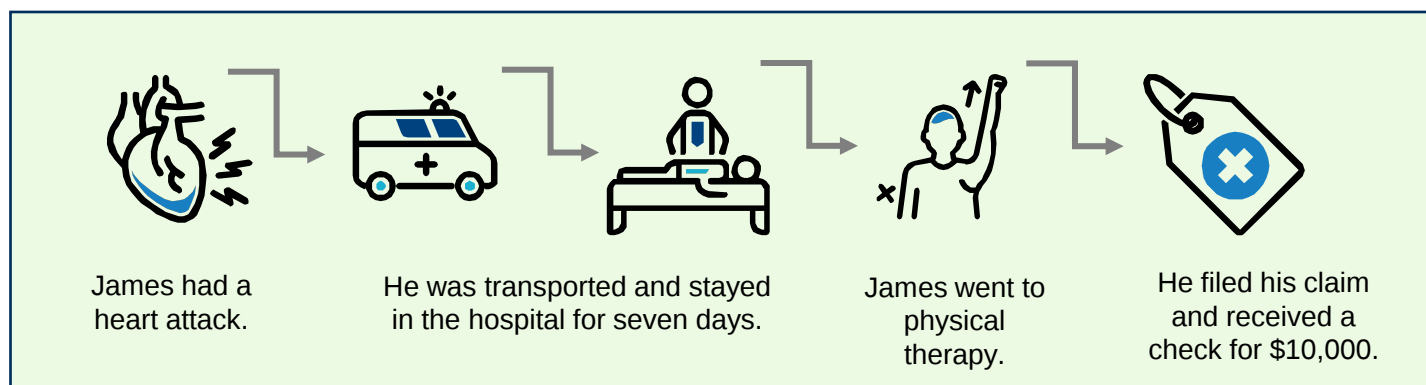
Critical illness coverage, through Aflac, provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness. The benefits help offset the unexpected costs associated with the diagnosis of a severe illness and the plan will pay regardless of any other insurance.

Rates will be calculated in the enrollment system based on your age, tobacco usage, and level of coverage requested. An Employee must purchase coverage for themselves in order to cover dependents.

Critical illness insurance is not medical insurance.

Benefit Amount (Principal Sum)	
Employee	\$5,000 – \$30,000 in \$5,000 increments
Spouse	Up to 100% of the face amount elected by the employee
Children	Up to 50% of the face amount elected by the employee
Health Screening Benefit	\$50 per year per individual for covered Employee and Spouse
<i>Please refer to the benefit summary for more details.</i>	

How Critical Illness Insurance Works



For questions or to file a claim, visit www.aflacgroupinsurance.com or call 800-433-3036.



ACCIDENT INSURANCE

Accident coverage, through Aflac, is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of your medical insurance.

This policy also includes an annual wellness screening benefit in the amount of \$60 per covered member after 12 months of premiums paid (as well as an organized sports rider that increases the benefit payout for some injuries).

Accident insurance is not medical insurance.

Sample of Eligible Expenses

 Emergency Room Visits	 Hospital Stays
 Medical Exams & X-Rays Includes major diagnostic exams	 Physical Therapy
 Fractures and Dislocations	 Transportation and Lodging If away from home when the accident happens

Contact Human Resources or Carrier Representative for a full list of covered accidents.

Plan Benefits Include

Ambulance	\$100	Exploratory Surgery	\$250
Air Ambulance	\$500	Prosthesis	\$500
Blood/Plasma	\$100	Physical Therapy	\$25
Appliances	\$100	Transportation	\$300 (train/plane) \$150 (bus)
Internal Injuries	\$1,000	Family Lodging Benefit (per night)	\$100
Accident Follow-up Treatment	\$25	Wellness Benefit (per 12-month period)	\$60

Please refer to the benefit summary for more details.

Accident Bi-Weekly Payroll Deductions

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$7.48	\$10.69	\$14.26	\$17.47

For questions or to file a claim, visit www.aflacgroupinsurance.com or call 800-433-3036.



PLANNING FOR RETIREMENT

What does retirement look like for you? Whatever your vision for retirement is, it's important to plan ahead so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 403(b) savings plan, through Empower Retirement, allows you to save for retirement on a pre-tax or post-tax basis. You can begin contributing to the plan through payroll deductions as soon as you become eligible.

Increase Your Retirement Savings with a 403(b)

- You are automatically enrolled at 1% Roth (post-tax) contribution, unless you elect otherwise. Visit www.empowermyretirement.com for more information.
- Arrow Child & Family Ministries currently offers a discretionary match of 50% up to 6% of employee contribution.
- Contribute using convenient payroll deductions up to the IRS limit of \$23,500 for 2025.
- You can change the amount of your contributions or stop your payroll contributions at any time.
- Decide how to invest your 403(b) or allow the plan to choose for you.
- Are you age 50 or older? You can make an additional "catch-up" contribution of up to \$7,500 for 2025 to save even more.
- Contact Human Resources for more information, including eligibility requirements.





ADDITIONAL BENEFITS

Employee Assistance Program

Arrow Child & Family Ministries also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through SupportLinc (if enrolled in a BCBS medical plan) and WorkLifeMatters (for all Full-Time Employees), provides professional, confidential telephonic or face-to-face counseling services to you and your loved ones. You are eligible to receive five sessions (SupportLinc) or three sessions (WorkLifeMatters) per person, per plan year.

The EAP is available 24 hours a day, 365 days a year to help you resolve personal issues and problems before they affect your health, relationships and work performance. Get help with:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Childcare issues including identifying schools, daycare, tutors, and more
- Aging parents

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

For more information about SupportLinc EAP, visit www.supportlinc.com using code Arrow or call 888-881-5462.

For more information about WorkLifeMatters EAP, visit <https://worklife.uprisehealth.com> using code **worklife** or call 800-386-7055.





Employee Perks and Discount Program

BenefitHub is an all-in-one portal for employer-sponsored perk programs and discount marketplace. You can find thousands of amazing deals from over 300,000 vendors on all the brands you love for all kinds of items, including but not limited to:

- Health and wellbeing
- Discounts at restaurants, travel, entertainment, auto, local deals, and pet insurance plans.
- Cash back on purchases

Visit <https://acfm.benefithub.com> and use referral code EKNQ3J to access your portal and reconnect to the world around you!



SigBee

What's the BUZZ? Are you using our Sigbee check-in app? SigBee is a mobile app that allows us to check in with each other to see how we are doing. It gives us insight into wellbeing, connection, resilience, and job confidence. Every day, as users, you have the opportunity to answer a few questions that check in on how you are doing. The responses are shared with direct supervisors **ONLY** and foster an opportunity to connect and focus on the wellbeing as an Arrow team member. Download the app via the App Store/Google Play, or join online via the iNet TODAY!



LegalShield/IDShield Insurance

LegalShield/IDShield plans and rates are changing effective 5/1/2025. These new plans/rates will go into effect for ALL employees, including those who newly elect the benefits as well as for those who are currently enrolled. For more information about this benefit, provided by LegalShield, contact membersupport@legalshieldcorp.com.

Three options to choose from:

LegalShield and IDShield Bi-Weekly Payroll Deductions	
Legal Plan (Individual or Family Coverage)	\$10.13
IDShield (Family Coverage)	\$10.59
LegalShield + IDShield (Family Coverage)	\$19.34

All rates will automatically update through LS Corporate and will have a two-year rate guarantee.

LegalShield Features:

- Covered family members will now include dependent children up to the age of 26, if living at home or full-time college students living in the US.
- Uncontested divorce, name change, and adoption is now covered 100% after a 90-day waiting period.
- The Last Will and Testament has always included the Will, the Living Will and the Health Care Power of Attorney. The new plan will now also include the Financial Power of Attorney all covered 100%.
- Instead of a 15-day waiting period for non-criminal moving vehicle violations (for example speeding tickets), the new plan will now have no waiting period.
- Document review will now include up to 15 pages covered at 100% rather than the 10 pages that were covered on the older plan.

IDShield Features:

- In addition to monitoring the covered member(s)' credit files, it will now monitor all personal identifiers including SSN, DOB, address, phone numbers, Driver License number, health insurance numbers, email addresses, bank accounts, credit cards and more.
- Social Media monitoring for privacy and reputation concerns.
- Online Reputation Management.
- Trend Micro Maximum Security which protects computers against ever-evolving malware.
- VNP Proxy One which turns public Wi-Fi into a virtual private network.
- 1 Million Fraud Protection Plan which helps cover costs incurred as a result of identity theft.

For those who enroll in both plans, they will also now have access to Credit Counseling and Education.



IMPORTANT CONTACTS

Coverage	Administrator	Phone	Email / Website
Human Resources	Keri Delk	281-210-1559	hrhelpdesk@arrow.org
Employee Assistance Program (EAP)	SupportLinc	888-881-5462	www.supportlinc.com Username: arrow
Employee Assistance Program (EAP)	Guardian & WorkLifeMatters	800-386-7055	https://worklife.uprisehealth.com Code: worklife
Medical HDHP Group #: 265984 PPO Group #: 265983	BlueCross BlueShield of Texas	800-521-2227	www.bcbstx.com
Telemedicine - MDLIVE	BlueCross BlueShield of Texas	888-680-8646	www.mdlive.com/bcbstx
Wellness Program - Well onTarget	BlueCross BlueShield of Texas	888-762-2583	www.bcbstx.com
Mail Order Program	Express Scripts Pharmacy	833-715-0942	www.express-scripts.com/rx
Health Savings Account (HSA)	HSA Bank	800-357-6246	www.hsabank.com
Dental Group #: 00560538	Guardian	888-600-1600	www.guardiananytime.com
Vision Policy #: VC-19	EyeMed	866-804-0982	www.eyemed.com
Flexible Spending Accounts (FSAs)	WEX	866-451-3399	www.wexinc.com
Life & Disability Group #: 00549457	Guardian	888-600-1600	www.guardiananytime.com
Hospital Indemnity Insurance Critical Illness Insurance Accident Insurance Group #: 22664	AFLAC Crystal Mulville	800-433-3036 832-257-6201	www.aflacgroupinsurance.com crystal_mulville@us.aflac.com
Patient Advocacy	Aflac	855-423-8585	https://members.healthadvocate.com/answers@healthadvocate.com
LegalShield/IDShield	LegalShield	888-807-0407	membersupport@legalshieldcorp.com
403(b) Retirement	Empower Retirement	800-695-4952	www.empower-retirement.com
Employee Perks and Discount Program	BenefitHub	866-664-4621	https://acfm.benefithub.com Referral code: EKNQ3J customercare@benefithub.com

GLOSSARY

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference (see Balance Billing).

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

Copayment (copay): A fixed amount (\$20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.



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Handwriting practice lines consisting of 20 horizontal dashed lines.



MarshMcLennan
Agency