

HERITAGE BENEFITS
2023 Employee Benefits



HERITAGE BENEFITS

Contacts

GROUP MEDICAL INSURANCE

(844) 235-3270

novahealthcare.com/members

For provider directory, visit novahealthcare.com/findaprovider/medicalproviders and search for the provider network your plan has access to matching the logo found on your ID card.



DENTAL INSURANCE

(800) 942-0854

metlife.com/mybenefits

For dentist directory, visit www.metlife.com and click "Find a Dentist," then find a provider through the PDPplus Network.



VISION INSURANCE

(800) 877-7195

vsp.com



HRA AND FLEX PLANS

(800) 688-2611

padmin.com



401K RETIREMENT PLAN

(888) 744-4015

benefitwebaccess.com/login/



For The Kenney 403b, contact AIG at (206) 254-1000.

BENEFITS OFFICE

(716) 338-0129

benefits@heritage1886.org

heritage1886.org/benefits

HERITAGE BENEFITS

Kronos Login and Benefit Enrollment

LOGIN TO KRONOS

To login, visit <https://secure4.entertimeonline.com/ta/6076112.login>. You can also find the Kronos link on our website at heritage1886.org/benefits. Your username is your initials followed by your 5-digit employee number. The temporary password is 123456@P. Once logged in, you must change your password to something only you will remember.

CURRENT BENEFITS

Take the path My Benefits > Benefit Plans to view the current plans in which you're enrolled and their associated coverages/costs.

NEW HIRE OR LIFE CHANGE

To enroll in benefits or update benefit information, click on the ☰ icon in the top, left corner of your browser window. From there, click the > symbol taking the path My Benefits > Enrollment. If you qualify to enroll, you'll see the options of "Life Change Event" or "New Employee Enrollment." Click "Start" under the appropriate option. This will take you to the page where you will select or waive each benefit.

ANNUAL OPEN ENROLLMENT

Employees have the ability to make benefit changes for the upcoming year during the "open enrollment" timeframe. To enroll in benefits or update benefit information, click on the ☰ icon in the top, left corner of your browser window. From there, click the > symbol taking the path My Benefits > Enrollment. Click "Start" on Open Enrollment and continue through enrollment process.

DEPENDENTS & BENEFICIARIES

It is important to review and update beneficiary information for any life insurance benefits and dependent information for other coverages as applicable.

You likely have dependents, spouse, or other beneficiaries set up within Kronos. Select "Add Existing" to add existing dependent and/or beneficiary info. If you would like to add a new beneficiary or dependent select "Add New."

HAVING TROUBLE?

If you have any difficulties or if logging on to Kronos proves problematic, we're here to help! Contact the Benefits Office at (716) 338-0129 and someone will walk you through login and enrollment.

HERITAGE BENEFITS

Group Medical Insurance

MONTHLY PREMIUMS

HYBRID 1000

- \$182** – Single Coverage
- \$345** – Employee + Children
- \$400** – Employee + Spouse
- \$491** – Family Coverage

HYBRID 2000

- \$139** – Single Coverage
- \$263** – Employee + Children
- \$304** – Employee + Spouse
- \$373** – Family Coverage

HIGH DEDUCTIBLE 4000

- \$92** – Single Coverage
- \$175** – Employee + Children
- \$203** – Employee + Spouse
- \$249** – Family Coverage

Benefit	Hybrid 1000	Hybrid 2000	High Deductible 4000
In- and Out-of-Network Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000
In-Network Coinsurance	20%	20%	10%
In-Network Out-of-Pocket Maximum	\$2,400/\$4,000 <i>(medical only)</i> \$1,850/\$3,700 <i>(Rx only)</i>	\$5,000/\$10,000 <i>(medical only)</i> \$3,000/\$6,000 <i>(Rx only)</i>	\$6,000/\$12,000 <i>(medical and Rx combined)</i>
Out-of-Network Coinsurance	40%	40%	20%
Out-of-Network Out-of-Pocket Maximum	\$3,000/\$5,000	\$6,000/\$12,000	\$8,000/\$16,000
Doctor Visits			
Office Visit	\$25 copay	\$25 copay	10% after deductible
Adult Routine Physical	Covered in full	Covered in full	Covered in full
Well-Child Visits/Immunizations	Covered in full	Covered in full	Covered in full
Specialist Office Visit	20% after deductible	20% after deductible	10% after deductible
Allergy Test and Injections	20% after deductible	20% after deductible	10% after deductible
Mental Health Care <i>(outpatient visits)</i>	20% after deductible	20% after deductible	10% after deductible
Chemical Dependency <i>(outpatient visits)</i>	20% after deductible	20% after deductible	10% after deductible
Maternity Care			
Office, Hospital, Physician, Newborn	20% after deductible	20% after deductible	10% after deductible
Urgent/Emergency Care			
Urgent/Convenience Care	\$50 copay	\$50 copay	10% after deductible
Emergency Room Care for Life Threatening Situations	20% after deductible	20% after deductible	10% after deductible
Emergency Care of Non Life Threatening/Non Urgent	20% after deductible	20% after deductible	10% after deductible
Ambulance	20% after deductible	20% after deductible	10% after deductible

Benefit	Hybrid 1000	Hybrid 2000	High Deductible 4000
COINSURANCE* AFTER DEDUCTIBLE CONTINUED			
Hospital Coverage			
Ambulance	20% after deductible	20% after deductible	10% after deductible
Room & Board <i>(unlimited days semi-private)</i>	20% after deductible	20% after deductible	10% after deductible
Ambulatory Surgery	20% after deductible	20% after deductible	10% after deductible
Chiropractic Services & Therapy			
Office Visit	20% after deductible	20% after deductible	10% after deductible
Ancillary Charges	20% after deductible	20% after deductible	10% after deductible
Other Services			
Free Standing Laboratory	Covered in full	Covered in full	Covered in full
Laboratory	20% after deductible	20% after deductible	10% after deductible
X-Ray	20% after deductible	20% after deductible	10% after deductible
Chemo, Dialysis, Radiation	20% after deductible	20% after deductible	10% after deductible
Home Health Care	20% after deductible	20% after deductible	10% after deductible
Skilled Nursing Facility <i>(120 days per admission/360 lifetime)</i>	20% after deductible	20% after deductible	10% after deductible
Durable Medical Equipment	20% after deductible	20% after deductible	10% after deductible
Vision Coverage			
Eye Exam (once every 24 months)	\$25 copay	\$25 copay	NA
Glasses or Contact Lenses <i>(every 24 months)</i>	\$60 allowance	\$60 allowance	NA
Prescription Drug Coverage			
In-House Pharmacy	\$10 / \$20 / \$35	\$10 / \$25 / \$50	\$20 / \$40 / \$75
In-House Pharmacy <i>(90 day supply)</i>	\$25 / \$50 / \$87.50	\$25 / \$62.50 / \$120	\$50 / \$100 / \$187.50
Retail Pharmacy	\$15 / \$30 / \$50 <i>not subject to deductible</i>	\$25 / \$50 / \$75 <i>not subject to deductible</i>	\$40 / \$75 / \$100 <i>subject to deductible</i>

Deductible is the amount you pay for health care services before your health insurance begins to pay.

Coinsurance is the percentage of costs of a covered health care service you pay (10%, for example) after you've paid your deductible.

A **copay** is the flat amount of money pay for a healthcare service.

HERITAGE BENEFITS

Dental Insurance

Heritage offers its employees the opportunity to participate in a voluntary dental plan through MetLife, offering a stronger and wider network of participating providers. The plan encourages use of MetLife participating providers. Services may be sought through an out-of-network provider at a reduced benefit. Orthodontia is available for dependents only under the Employee + Children and Family tiers. Children under the age of 26 are covered under Employee + Children and Family tiers.

USING METLIFE IS EASY

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. Find participating dentists by searching our online Find a Dentist directory.

- ✓ Go to Metlife.com and click "Find a Dentist" next to "What would you like to do today?"
- ✓ Select the "PDP Plus" network.
- ✓ Enter your information and click the "Find a Dentist" button. You will then be prompted to select your plan from the list. The plan name is located in your Schedule of Benefits.
- ✓ Be sure to see an in-network dentist to reap full benefit coverage.

MONTHLY PREMIUMS

- \$30.67** – Single Coverage
- \$64.12** – Employee + Children
- \$64.12** – Employee + Spouse
- \$78.06** – Family Coverage

	Coinsurance
Preventative	100%
Basic	80%
Major	50%
Orthodontia	50%
Surgical	80%
Implants	50%
Endodontics and Periodontics	50% Endo/80% Perio
	Calendar Year Maximums
Calendar Year Maximum	\$1,000
Orthodontia Lifetime Maximum	\$1,000
	Deductible
PPO Dentist	\$50/\$150
Non-PPO Dentist	\$50/\$150

HERITAGE BENEFITS

Vision Insurance

STANDARD|PREMIUM MONTHLY RATES

\$6.27 | \$11.60 – Single Coverage
\$9.10 | \$16.81– Employee + 1
\$16.31 | \$30.15 – Family Coverage

OUT-OF-NETWORK COVERAGE

Exam – up to \$45
Frame – up to \$70
Contacts – up to \$105
Lined Bifocal Lenses – up to \$50
Lined Trifocal Lenses – up to \$65
Progressive Lenses – up to \$50
Single Vision Lenses – up to \$30

Benefit	Description (Premium in BOLD)	Copay
Well Vision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$10
Prescription Glasses		\$25
Frame	<ul style="list-style-type: none"> \$130/\$180 allowance for a selection of frames \$150/\$200 allowance for featured frame brands 20% savings on amount over allowance \$70/\$100 Costco frame allowance Every 24 months 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Progressive lenses, Scratch coating, Anti-Reflective coating, Photochromatic Average savings of 20-25% on other lens enhancements Every 12 months 	\$55 \$95 - \$105 \$150-\$175 \$0
Contacts <i>(instead of glasses)</i>	<ul style="list-style-type: none"> \$130/\$180 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60

Extra Savings	Description
Glasses & Sunglasses	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements from any VSP providers within 12 months of your last Well Vision Exam.
Retinal Screening	<ul style="list-style-type: none"> No more than \$39 copay routine screening as an enhancement to a Well Vision Exam.
Laser Vision Correction	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available to contracted facilities.

HERITAGE BENEFITS

HRA and Flex Plans

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Heritage offers its employees the opportunity to participate in an HRA administered by P&A Group. An HRA is an employer funded account setup to reimburse a specific amount of medical expenses incurred under the health plan.

- ✓ HRA is included in all three of our Nova group health plans
- ✓ Maximum reimbursements are \$400 (Single) and \$600 (Family)
- ✓ Covered employees must submit HRA forms to P&A for reimbursement

FLEX PLANS

Health Care Flexible Spending Account (FSA). An FSA is for expenses not covered by medical, vision, and dental plans, such as dental and optical care, prescription drugs, certain over-the-counter drugs, health and dental deductibles, co-payments, etc.

- ✓ The maximum election is \$2,650 per plan year. A pre-tax, employee funded spending account, ensuring a low-cost way to enhance employee benefits.
- ✓ Unused funds may rollover to the following plan year, up to \$500, if enrolled in the Healthcare FSA plan *only*.

Dependent Care Account (DCA). A DCA is for expenses for the care of dependents allowing an employee (or an employee and their spouse) to work or to attend school full-time. Eligible expenses include pre-school & nursery school program, day care, after school programs, etc.

- ✓ The minimum election is \$250 per calendar year.
- ✓ The maximum election is \$5,000 per calendar year.

Generally tax savings from one or all benefits under the plan can be estimated between 28% and 41% based on your income level.

Our FSA and DCA flex plans are administered by P&A Group.

HERITAGE BENEFITS

Life Insurance

BASIC LIFE INSURANCE

Heritage Ministries offers all eligible employees a Basic Life and Accidental Death and Dismemberment Insurance policy through MetLife. This policy is at no cost to the employee.

LIFE INSURANCE SUPPLEMENTAL COVERAGE

Heritage Ministries also offers employees the option of purchasing Supplemental Life and Accidental Death and Dismemberment Insurance through MetLife. This may be purchased for the employee, the employee's spouse, or children.

Please reach out to benefits@heritage1886.org for individual information.

HERITAGE BENEFITS

Voluntary Long-Term Disability

Voluntary Long-Term Disability insurance is a new offering through MetLife. This benefit provides off the job coverage for accident and injury. Voluntary Long-Term Disability benefit replaces a portion of your pre-disability earnings, less any offsets from other disability programs or social security payments.

The benefit amount is 60% of your pre-disability monthly earnings; subject to the plan’s maximum monthly benefit of \$6,000.

When do benefits begin and how long do they continue? Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination period is 180 days. This benefit has a 24-month own occupation period and a maximum of a 5-year benefit duration. Please note that this plan has a pre-existing condition clause.

Age Brackets	Cost per \$100 of Coverage
Under 24	\$0.091
25-29	\$0.170
30-34	\$0.308
35-39	\$0.449
40-44	\$0.622
45-49	\$0.889
50-54	\$1.350
55-59	\$2.050
60-64	\$2.080
65-69	\$.736
70-74	\$.736
75+	\$.736

MONTHLY PREMIUM EXAMPLE

Annual Salary \$35,000
 Monthly Salary \$2,916.67
 Age 35
 Premium Calculation
 $(\$2,916.67 \times .449) / 100 = \13.10 or
 \$6.55 per pay period

HERITAGE BENEFITS

Voluntary Short-Term Disability

Voluntary Short-Term Disability insurance is a new offering through MetLife. This benefit provides off the job coverage for accident and injury. The Short-Term Disability benefit replaces a portion of your pre-disability earnings, less any offsets from other disability plans. (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.).

The benefit amount is 60% of your pre-disability weekly earnings; subject to the plan’s maximum weekly benefit of \$600.

When do benefits begin and how long do they continue? Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit.

The elimination periods are/is as follows:

- ✓ For Injury – 8 days
- ✓ For Sickness (includes pregnancy) – 8 days

Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks. Please note that this plan has a pre-existing condition clause.

Age Brackets	Cost per \$100 of Coverage
Under 24	\$0.830
25-29	\$0.873
30-34	\$0.894
35-39	\$0.809
40-44	\$0.873
45-49	\$1.064
50-54	\$1.320
55-59	\$1.617
60-64	\$1.915
65-69	\$2.299
70-74	\$2.299
75+	\$2.299

MONTHLY PREMIUM EXAMPLE

Annual Salary \$35,000
 Weekly Salary \$673.08
 Age 35
 Benefit design 60% to \$600
 Premium Calculation
 $(\$600 \times .809) / 10 = \48.54 or
 \$24.27 per pay period

HERITAGE BENEFITS

Hospital Indemnity Insurance

Voluntary Hospital Indemnity insurance is a new offering through MetLife. This benefit provides a lump sum benefit payment upon hospital admission or confinement. There are two options available, a low plan and a high plan.

Benefits are paid directly to you when you need it most. The benefits are paid even if medical insurance is paying 100% of the cost. Your cost is based on your selected tier of coverage. You can elect coverage based on Employee Only, Employee + Spouse, Employee + Children, or Family.

Below is a chart with the covered conditions, please see the MetLife Benefit Summary for information regarding limitations and exclusions. Please contact MetLife for detailed definitions and state variations of covered benefits. Please refer to MetLife summary for a comprehensive guide.

MONTHLY LOW PLAN RATE

- \$12.55** – Single Coverage
- \$21.68** – Employee + Spouse
- \$18.53** – Employee + Children
- \$27.67** – Family Coverage

MONTHLY HIGH PLAN RATE

- \$24.36** – Single Coverage
- \$42.11** – Employee + Spouse
- \$35.99** – Employee + Children
- \$53.73** – Family Coverage

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit Limits (Applies to Subcategory)	Low Plan	High Plan
Admission Benefit	1 time(s) per calendar year	Admission	\$500	\$1,000
		ICU Supplemental Admission Benefit paid concurrently with the admission benefit when a covered person is admitted to ICU	\$500	\$1,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement²	\$100	\$200
		ICU Supplemental Confinement Benefit paid concurrently with the confinement benefit when a covered Person is admitted to ICU	\$100	\$200
Newborn Confinement Benefit	2 day(s) per confinement	Newborn Confinement³	\$25	\$50

HERITAGE BENEFITS

Voluntary Accident Insurance

Voluntary Accident Insurance is a new offering through MetLife. This benefit provides a lump sum benefit payment upon one of the covered accident conditions. There are two options available, a low plan and a high plan.

Benefits are paid directly to you when you need it most. The benefits are paid even if medical insurance is paying 100% of the cost. Your cost is based on your selected tier of coverage. You can elect coverage based on Employee Only, Employee + Spouse, Employee + Children, or Family.

Below is a few of the covered conditions, please see the MetLife Benefit Summary for a schedule of benefits and information regarding limitations and exclusions. Please refer to MetLife summary for a full list of covered conditions.

MONTHLY LOW PLAN RATE

- \$3.42** – Single Coverage
- \$6.83** – Employee + Spouse
- \$8.05** – Employee + Children
- \$9.80** – Family Coverage

MONTHLY HIGH PLAN RATE

- \$6.32** – Single Coverage
- \$12.65** – Employee + Spouse
- \$14.91** – Employee + Children
- \$18.15** – Family Coverage

Dislocation Benefit (Closed) ¹	Low Plan	High Plan
Lower Jaw	\$250	\$1750
Collarbone (<i>Sternoclavicular</i>)	\$500	\$1,000
Collarbone (<i>Acromioclavicular and Separation</i>)	\$250	\$750
Shoulder (<i>Glenohumeral</i>)	\$250	\$750
Rib	\$250	\$750
Elbow	\$250	\$750
Wrist	\$250	\$750
Bone or Bones of the Hand (<i>other than Fingers</i>)	\$250	\$750
Hip	\$1,500	\$4,000
Knee (<i>except Patella</i>)	\$1,000	\$2,000
Ankle - Bone or Bones of the Foot (<i>other than Toes</i>)	\$500	\$750
One Toe or Finger	\$50	\$100
Partial Dislocation	25%	25%

Fracture Benefit (Open) ³	Low Plan	High Plan
Face or Nose <i>(except Mandible or Maxilla)</i>	\$1,000	\$2,000
Skull Fracture - Depressed <i>(except Bones of Face or Nose)</i>	\$3,000	\$8,000
Skull Fracture - Non Depressed <i>(except Bones of Face or Nose)</i>	\$2,000	\$4,000
Lower Jaw, Mandible <i>(except Alveolar Process)</i>	\$500	\$1,500
Upper Jaw, Maxilla <i>(except Alveolar Process)</i>	\$1,000	\$2,000
Upper Arm between Elbow and Shoulder <i>(Humerus)</i>	\$1,000	\$2,000
Shoulder Blade <i>(Scapula)</i> , Collarbone <i>(Clavicle, Sternum)</i>	\$500	\$1,500
Forearm <i>(Radius and/or Ulna)</i> , Hand, Wrist <i>(except Fingers)</i>	\$500	\$1,500
Rib	\$500	\$1,500
Finger, Toe	\$100	\$200
Vertebrae, Body of <i>(excluding Vertebral Processes)</i>	\$2,000	\$3,000
Vertebral Process	\$500	\$1,000
Pelvis <i>(includes Ilium, Ischium, Pubis, Acetabulum except Coccyx)</i>	\$2,000	\$3,000
Hip, Thigh <i>(Femur)</i>	\$3,000	\$8,000
Coccyx	\$500	\$1,000
Leg <i>(Tibia and/or Fibula)</i>	\$2,000	\$3,000
Kneecap <i>(Patella)</i>	\$500	\$1,000
Ankle	\$500	\$1,000
Foot <i>(except Toes)</i>	\$500	\$1,000
Chip Fracture	25%	25%

Fracture Benefit (Closed) ²	Low Plan	High Plan
Lower Jaw	\$250	\$750
Collarbone (<i>Sternoclavicular</i>)	\$500	\$1,000
Collarbone (<i>Acromioclavicular and Separation</i>)	\$250	\$750
Shoulder (<i>Glenohumeral</i>)	\$250	\$750
Rib	\$250	\$750
Elbow	\$250	\$750
Wrist	\$250	\$750
Bone or Bones of the Hand (<i>other than Fingers</i>)	\$250	\$750
Hip	\$1,500	\$4,000
Knee (<i>except Patella</i>)	\$1,000	\$2,000
Ankle - Bone or Bones of the Foot (<i>other than Toes</i>)	\$500	\$750
One Toe or Finger	\$50	\$100
Partial Dislocation	25%	25%

BENEFIT LIMITS

¹ If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.

² If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.

³ If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.

HERITAGE BENEFITS

Voluntary Critical Illness Insurance

Voluntary Critical Illness offered through MetLife provides a lump sum benefit payment upon diagnosis of any qualified critical illnesses listed under covered conditions.

Benefits are paid directly to you when you need it most. The benefits are paid even if medical insurance is paying 100% of the cost. Your cost is based on your age and amount of coverage you select. There will be cost adjustments as you age. You must elect coverage for yourself to cover your spouse and/or children.

Below is a few covered conditions, Please see the MetLife Benefit Summary for a schedule of benefits and information regarding limitations and exclusions. Please refer to MetLife summary for a full list of covered conditions.

PREMIUM PER \$1,000 OF COVERAGE

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Family Coverage
Under 25	\$0.42	\$0.66	\$0.63	\$0.87
25-29	\$0.49	\$0.76	\$0.70	\$0.97
30-34	\$0.59	\$0.91	\$0.81	\$1.13
35-39	\$0.74	\$1.12	\$0.95	\$1.34
40-44	\$0.99	\$1.49	\$1.20	\$1.71
45-49	\$1.35	\$2.04	\$1.56	\$2.26
50-54	\$1.85	\$2.87	\$2.06	\$3.08
55-59	\$2.48	\$3.94	\$2.69	\$4.15
60-64	\$3.37	\$5.44	\$3.59	\$5.66
65-69	\$4.61	\$7.53	\$4.83	\$7.74
70-74	\$6.28	\$10.17	\$6.50	\$10.38
75+	\$8.96	\$14.19	\$9.18	\$14.40

Coverage	Benefit Amounts	Guaranteed Income Amounts
Employee	\$15,000 or \$30,000	Coverage amounts guaranteed provided the employee is actively at work guaranteed provided the employee is actively at work.
Spouse	50% of Employee Election	
Children	50% of Employee Election	

Covered Conditions	Initial Benefit	Recurrence Benefit
Cancers Category		
Invasive Cancer	100% of benefit amount	100% of initial benefit
Non-Invasive Cancer	25% of benefit amount	100% of initial benefit
Skin Cancer	5% of benefit amount, but not less than \$250	None
Cardiovascular Disease Category		
Coronary Artery Bypass Graft (CA BG) where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% of benefit amount	100% of initial benefit
Heart Attack Category		
Heart Attack	100% of benefit amount	100% of initial benefit
Sudden Cardiac Arrest	100% of benefit amount	None
Functional Loss Category		
Coma	100% of benefit amount	100% of initial benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of benefit amount	None
Paralysis of 2 or more limbs	100% of benefit amount	100% of initial benefit

HERITAGE BENEFITS

2023 Retirement Plan

Heritage believes that all employees, regardless of age, need to start thinking about their retirement benefits. Often times, many employees do not think about their retirement, because it seems so far in the future. Time goes by fast, though, so now is the time to start planning!

401K ELECTIVE DEFERRAL

Heritage offers a 401k Elective Deferral plan through Definiti to all employees who are at least 19 years of age. Deferrals are effective on the first of the month following 30 days of hire. All eligible employees will automatically be enrolled for 3% of their compensation through payroll deductions on the first of the month following 30 days of hire. Deferrals automatically increase 1% at 1/1 of each year thereafter until a maximum of 6% is reached. Employees have the ability to make changes at any point to this auto enroll/auto deferral increase.

401K HERITAGE MATCHING

Heritage will match 50% of each dollar you contribute up to a maximum of 3%. Heritage's employer match is on a vesting schedule. Through the Heritage 401k program, you can either select individual funds to invest in or you can pick an asset allocation instead. These allocations are conservative, moderate, and aggressive. Most employees choose one of the asset allocations and allow our Fund Advisors to manage their investments for them! If you do not choose a fund or funds to invest into, you will automatically be enrolled into the default fund which is a Moderate Asset Allocation.

THE KENNEY EMPLOYEES

Contact the Benefits Office for information and access to your 403b retirement account.

HERITAGE BENEFITS

In-House Pharmacy Benefit

Did you know that you have access to our in-house pharmacy copays which are much less expensive than retail pharmacy copays? When enrolled in one of our group medical insurance plans, your copays drop from \$40-110 through national retailers to \$10-50 if using the Heritage pharmacy. All locations and affiliates of Heritage Ministries nationwide are eligible. You can also set up a 90-day script to save even more money.

HOW TO GET STARTED

Have your doctor prescribe scripts to Heritage Pharmacy in Gerry, NY. Fill out a new pharmacy patient information form found online at heritage1886.org/benefits/#pharmacy. Prescriptions can be picked up at the pharmacy, delivered to your office (employees outside New York State), or mailed to your home address (remote employees).

CONTACT INFORMATION

For more information, call (716) 985-4649 or email pharmacy@heritage1886.org.

HERITAGE BENEFITS

Cost Savings Advice

COST COMPARISONS

Compare your costs for lab work, X-rays, MRIs, and more. You may have money-saving options on where to go for health care services. Nova offers a number of freestanding facilities in our network that provide the same services as a hospital, but typically for a lower cost.

COPAY COMPARISONS

Our Hybrid 1000 Plan and Hybrid 2000 Plan copays are \$25 for PCP visit, \$50 copay for urgent care visit, and ER visits are subject to the plan deductible, after which the plan pays 80%. Under the High Deductible 4000 Plan, PCP, urgent care, and ER visits are subject to the plan deductible, after which the plan pays 90%.

Routine physicals are 100% covered under all plans.

FREE ANNUAL WELL VISITS

Make sure to take advantage of your free annual exam with your Primary Care Provider (PCP). PCPs are a great way to ensure long term health. Wellness visits are *free*. If your PCP visit consists of a medical need, however, a \$25 co-pay will apply.

EVALUATE YOUR NEEDS

Compare your medical options based on need and severity. PCPs, urgent care, and an emergency room (ER) visit will incur different costs to you. If you experience a true emergency, *always* choose the ER.