

**HERITAGE BENEFITS**

# 2024 Employee Benefits



## HERITAGE BENEFITS

# Contacts

### GROUP MEDICAL INSURANCE

(844) 235-3270

[novahealthcare.com/members](https://novahealthcare.com/members)

For provider directory, visit [novahealthcare.com/findaprovider/medicalproviders](https://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

(888) 600-1600

[guardiananytime.com](https://guardiananytime.com)

For dental directory visit, [guardiananytime.com](https://guardiananytime.com) and select "Find a Dentist" at the top, then "Find a dentist through your workplace." Under Plan type, select "PPO DentalGuard Preferred."



### VISION INSURANCE

(800) 877-7195

[vsp.com](https://vsp.com)



### HRA AND FLEX PLANS

(800) 688-2611

[padmin.com](https://padmin.com)



### 401K RETIREMENT PLAN

(888) 744-4015

[benefitwebaccess.com/login/](https://benefitwebaccess.com/login/)



### BENEFITS OFFICE

(716) 338-0129

[benefits@heritage1886.org](mailto:benefits@heritage1886.org)

[heritage1886.org/benefits](https://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](https://heritage1886.org/benefits). Your username is your initials followed by your 5-digit employee number. The temporary password is lloveheritage#1. 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

**\$185** – Single Coverage  
**\$352** – Employee + Children  
**\$408** – Employee + Spouse  
**\$501** – Family Coverage

### HYBRID 2000

**\$142** – Single Coverage  
**\$269** – Employee + Children  
**\$310** – Employee + Spouse  
**\$381** – Family Coverage

### HIGH DEDUCTIBLE 4000

**\$94** – Single Coverage  
**\$179** – Employee + Children  
**\$207** – Employee + Spouse  
**\$255** – 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 (medical only) \$1,850/\$3,700 (Rx only)	\$5,000/\$10,000 (medical only) \$3,000/\$6,000 (Rx only)	\$6,000/\$12,000 (medical and Rx combined)
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
<b>Doctor Visits</b>			
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 (outpatient visits)	20% after deductible	20% after deductible	10% after deductible
Chemical Dependency (outpatient visits)	20% after deductible	20% after deductible	10% after deductible
<b>Maternity Care</b>			
Office, Hospital, Physician, Newborn	20% after deductible	20% after deductible	10% after deductible
<b>Urgent/Emergency Care</b>			
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
<b>COINSURANCE* AFTER DEDUCTIBLE CONTINUED</b>			
<b>Hospital Coverage</b>			
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
<b>Chiropractic Services &amp; Therapy</b>			
Office Visit	20% after deductible	20% after deductible	10% after deductible
Ancillary Charges	20% after deductible	20% after deductible	10% after deductible
<b>Other Services</b>			
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
<b>Vision Coverage</b>			
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
<b>Prescription Drug Coverage</b>			
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 Guardian, offering a stronger and wider network of participating providers. The plan encourages use of Guardian participating providers. Services may be sought through an out-of-network provider at a reduced benefit. Orthodontia is available with the Buy-Up plan for dependents on Employee + 1 and Family plans.

### BASE PLAN PREMIUMS

**\$22.21** – Single Coverage  
**\$46.43** – Employee + 1  
**\$56.52** – Family Coverage

### BUY-UP PLAN PREMIUMS

**\$29.50** – Single Coverage  
**\$61.68** – Employee + 1  
**\$75.08** – Family Coverage

	Base Plan	Buy-Up Plan
Class/Type I - Preventative		
Initial/Routine Oral Exams X-Rays and Cleaning Flouride Treatment and Sealants	100%	100%
Class/Type II - Basic Services		
Fillings, General Anesthetics, Simple Extractions, Oral Surgery Periodontics and Endodontics	75% Subject to Annual Deductible	100% Subject to Annual Deductible
Class/Type III- Major Services		
Crowns and Restorations Full or Partial Removable Dentures Fixed Bridgework	Not Covered	50% Subject to Annual Deductible
Class/Type IV - Orthodontia		
Children to Age 19	Not Covered	50%
Deductibles	50%	
Single (1x Annual Deductible) Family (3x Annual Per Person Deductible)	Single \$50 Family \$150	Single \$50 Family \$150
Maximums		
Calendar Year per Individual Classes subject to Annal Max Lifetime (Orthodontia)	\$1,000 II and III None	\$2,000 II and III \$1,500
Maximum Contract Allowance	Fee Schedule	Fee Schedule
Dependent Age	26	26

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

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

## 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 with all three Heritage medical 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 projected to be \$3,200 for 2024. A pre-tax, employee funded spending account, ensuring a low-cost way to enhance employee benefits.
- ✓ Unused FSA funds will carryover to the next Plan Year up to the IRS limit.

**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.
- ✓ No carryover is allowed with Dependent Care FSA per the IRS; it is a use it or lose it benefit.

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 Guardian. 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 Guardian. This may be purchased for the employee, the employee's spouse, or children.

Please reach out to [benefits@heritage1886.org](mailto:benefits@heritage1886.org) for individual information.

## HERITAGE BENEFITS

# Voluntary Long-Term Disability

Voluntary Long-Term Disability insurance is a new offering through Guardian. 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	\$2.080
70+	\$2.080

## 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 Guardian. 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 \$1,000.

**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 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	\$0.870
30-34	\$0.807
35-39	\$0.810
40-44	\$0.870
45-49	\$1.060
50-54	\$1.320
55-59	\$1.620
60-64	\$1.920
65-69	\$1.920
70+	\$1.920

## MONTHLY PREMIUM EXAMPLE

Annual Salary \$35,000

Weekly Salary \$673.08

Age 35

Benefit design 60% to \$1,000

Premium Calculation

$(\$673.08 \times .810) / 10 = \$54.52$  or

\$27.26 per pay period

## HERITAGE BENEFITS

# Voluntary Hospital Indemnity Insurance

Voluntary Hospital Indemnity insurance is a new offering through Guardian. 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. For complete coverage information, reference Guardian 2024 Benefits Summary located at [heritage1886.org/benefits](https://heritage1886.org/benefits).

### LOW PLAN MONTHLY RATE

**\$9.66** – Single Coverage  
**\$17.78** – Employee + Spouse  
**\$14.68** – Employee + Children  
**\$22.80** – Family Coverage

### HIGH PLAN MONTHLY RATE

**\$18.11** – Single Coverage  
**\$33.27** – Employee + Spouse  
**\$27.43** – Employee + Children  
**\$42.60** – Family Coverage

Benefits	Low Plan	High Plan
Hospital/ICU Admission	\$500 per admission, limited to admission(s) per insured	\$1,000 per admission, limited to 1 admission(s) per insured
Hospital/ICU Confinement	\$100/\$100 per day, limited to day(s) per insured per benefit year	\$165/\$165 per day, limited to 15 day(s) per insured benefit year
<b>Pre-Existing Conditions Limitation</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs	Not Applicable	Not applicable
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years

## HERITAGE BENEFITS

# Voluntary Accident Insurance

Voluntary Accident Insurance is a new offering through Guardian. 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. Accidents on and off the job are covered, and coverage portability is included. For complete coverage information, reference Guardian 2024 Benefits Summary located at [heritage1886.org/benefits](https://heritage1886.org/benefits).

### MONTHLY LOW PLAN RATE

- \$6.01** – Single Coverage
- \$9.02** – Employee + Spouse
- \$9.50** – Employee + Children
- \$12.51** – Family Coverage

### MONTHLY HIGH PLAN RATE

- \$9.76** – Single Coverage
- \$15.35** – Employee + Spouse
- \$15.70** – Employee + Children
- \$21.29** – Family Coverage

Accidental Death and Dismemberment	Low Plan	High Plan
Benefit Amount(s)	Employee \$25,000 Spouse \$5,000 Child \$5,000	Employee \$25,000 Spouse \$25,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of Speech and Hearing (both ears), Loss of Cognitive Function: 100% of AD&D Hemiplegia and Paraplegia: 50% of AD&D	Quadriplegia, Loss of Speech and Hearing (both ears), Loss of Cognitive Function: 100% of AD&D Hemiplegia and Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D Benefit	200% of AD&D Benefit
Common Disaster	200% of Spouse AD&D Benefit	200% of Spouse AD&D Benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D Benefit Multiple: 100% of AD&D Benefit	Single: 50% of AD&D Benefit Multiple: 100% of AD&D Benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D Benefit	25% of AD&D Benefit
Seatbelts and Airbags	Seatbelts: \$10,000 Airbags: \$15,000	Seatbelts: \$10,000 Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500	\$2,500
<b>Children(s) Age Limits</b>	Children age birth to 26	Children age birth to 26

## HERITAGE BENEFITS

# Voluntary Critical Illness Insurance

Voluntary Critical Illness offered through Guardian 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 chart of benefits. For complete coverage information, reference Guardian 2024 Benefits Summary located at [heritage1886.org/benefits](https://heritage1886.org/benefits).

Critical Illness - Employee	\$15,000 Benefit	\$30,000 Benefit
Age	Monthly Rate	Monthly Rate
Under 30	\$2.70	\$5.40
30-39	\$6.00	\$12.00
40-49	\$12.60	\$25.20
50-59	\$24.30	\$48.60
60-69	\$40.20	\$80.40
70+	\$61.35	\$122.70

Critical Illness - Spouse	\$7,500 Benefit	\$15,000 Benefit
Age	Monthly Rate	Monthly Rate
Under 30	\$1.35	\$2.70
30-39	\$3.00	\$6.00
40-49	\$6.30	\$12.60
50-59	\$12.15	\$24.30
60-69	\$20.10	\$40.20
70+	\$30.68	\$61.35

	Specified Disease	
Benefit Amount(s)	Employee may choose a lump sum benefit of \$15,000 to \$30,000 in \$15,000 increments.	
<b>CONDITION</b>		
<b>Cancer</b>	1st Occurance	2nd Occurance
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per Lifetime	Not Covered
<b>Vascular</b>		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
<b>Other</b>		
Organ Failure	100%	100%
Kidney Failure	100%	100%
<b>Spouse Benefit</b>	May choose a lump sum benefit of \$7,500 to \$15,000 in \$7,500 increments up to 50% of the employee's lump sum benefit	
<b>Child Benefit</b> (children age birth to 26 years)	50% of employee's lump sum benefit	

## HERITAGE BENEFITS

# 2024 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.



## 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](https://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](mailto: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.