

Brief Summary of Benefits



Concordia Health Plan (CHP)
Concordia Disability & Survivor Plan (CDSP)
Concordia Retirement Plan (CRP)
Concordia Retirement Savings Plan (CRSP)
Accident Insurance Program (AIP)

Effective January 1, 2010

CONCORDIA 
PLAN SERVICES
Your LCMS Benefits Partner

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Introduction

About This Brief Summary

This summary is only a brief outline. More detailed information may be obtained from the Summary Plan Description or Official Plan Document for each Plan. Every effort has been made to ensure the accuracy of this summary; however, if there is any conflict between the information in this summary and the actual terms and conditions of the Plans, as set out in the official documents that control the Plans, the latter will govern.

Membership Information

The Concordia Plans are employer-sponsored benefit programs provided for full-time workers of The Lutheran Church—Missouri Synod (LCMS). This means that only workers employed full time by eligible LCMS employers participating in the programs can join. Workers include those who are called, on contract, hourly, etc.—regardless of sex, occupation, age, or faith. “Full time” means:

- For the Concordia Health Plan—any worker employed more than 20, 25, or 30 hours per week and more than five consecutive months. The employer designates which hourly rule applies to its workers. This Plan is available only to employers and eligible workers who participate in *The Church’s Plan* or to those who are “grandfathered” in Packages 2 and 4.
- For the Concordia Disability and Survivor Plan and Concordia Retirement Plan—any worker employed more than 20 hours per week and more than five consecutive months. These Plans are available in *The Church’s Plan* and Packages 2 and 3.
- For the Concordia Retirement Savings Plan—any worker employed more than 20 hours per week and more than five consecutive months. This Plan is available only to employers and eligible workers who participate in *The Church’s Plan*.
- For the Accident Insurance Program (AIP)—any worker employed more than 20 hours per week and more than five consecutive months and enrolled in at least one of the Concordia Plans. This Plan is available to employers and eligible workers who participate in *The Church’s Plan* and Packages 2, 3, and 4.

The Church’s Plan

Plan participation is based on a “packaging” concept. Our all-inclusive “package” of benefits—called *The Church’s Plan*—offers employers a cost-effective benefits package while providing workers with comprehensive benefits designed to meet their needs throughout all aspects of their lives. *The Church’s Plan* is intended to:

- Better address the needs of LCMS employers, workers, and retirees by providing an affordable and flexible comprehensive package comparable to other church and marketplace plans.
- Ensure the financial viability and stability of the LCMS benefits in the future and their ability to attract, retain, and assist in the call process.
- Emphasize the importance and value of “walking together” through participation in *The Church’s Plan*.
- Allow workers to focus on the ministry—while remaining active participants in their benefits—by providing assurance that a comprehensive package of benefits is in place for them and their families.
- Address the rising cost of retiree health care by helping current retirees who faithfully served the Church throughout their career with their medical expenses and also by providing current workers whose employers participate in *The Church’s Plan* with a benefit to help them pay for healthcare expenses in retirement.
- Encourage workers to save for the future by providing financial education and a tax-deferred savings plan.
- Respond to the changing demographics of the LCMS workforce and help the growing number of mid-career hires to build a financially secure retirement, while still benefiting long-service workers.

The benefit plans available to workers whose employers elect *The Church’s Plan* include the following:

Concordia Health Plan (CHP)

All full-time workers must be given the option to enroll themselves and any eligible dependents in the CHP. Enrollment is normally effective the first day of the month following the worker’s full-time employment date (after any probationary period). If a worker doesn’t enroll in the CHP when first eligible, any later enrollment will be subject to special or open enrollment rules. Workers who decline CHP enrollment but are not “eligible opt-outs” (see shaded box on the next page) are not eligible to earn Retiree Medical Supplement (RMS) credits in the Concordia Retirement Plan. Employers cannot offer another health plan alongside the CHP.

The employer must pay at least 50% of the cost for the worker’s coverage. Employers who contribute more than 50% of the worker-only cost or contribute toward the cost of dependent coverage must make all such contributions on a uniform and nondiscriminatory basis for all workers in its employ. If the worker shares the cost with the employer, the worker’s share is to be obtained by payroll deduction because billing statements are sent only to the employer for the total amount due.

Concordia Retirement Plan (CRP) and Concordia Disability and Survivor Plan (CDSP)

All full-time workers must normally be enrolled effective the first day of the month following full-time employment (after any probationary period). The employer pays the entire cost of the retirement program rate and disability/survivor plan rate.

Concordia Retirement Savings Plan (CRSP)

All eligible workers can join this 403(b) tax-deferred savings plan, which includes a basic employer match that is funded through the retirement program contribution rate.

Accident Insurance Program (AIP)—Optional

All full-time workers are eligible to enroll in this plan if their employer is participating in at least one of the Concordia Plans. The worker is normally responsible for the cost of this program, unless the employer wishes to pay for all or part of the coverage. Payments should be collected from the worker through payroll deductions because contributions will be billed on the employer’s billing statement.

Alternative Benefit Packages

Employers can choose to join *The Church’s Plan* or to continue with their current Concordia Plan “package” participation. Employers who participated in Package 2 as of 1/1/06 or Package 4 as of 7/1/05 can re-elect their current package or elect either *The Church’s Plan* or Package 3. New employers can join *The Church’s Plan* or Package 3. However, any employer who wishes to join or re-join the Concordia Health Plan must elect *The Church’s Plan*.

Package 2	Package 3	Package 4
Concordia Health Plan Concordia Disability and Survivor Plan Concordia Retirement Plan (No Retiree Medical Supplement or Concordia Retirement Savings Plan) Accident Insurance Program (Optional) <i>New employers cannot elect Package 2. This package is only for employers who, as of 1/1/06, were offering the plans listed in this column.</i>	Concordia Disability and Survivor Plan Concordia Retirement Plan (No Retiree Medical Supplement or Concordia Retirement Savings Plan) Accident Insurance Program (Optional)	Concordia Health Plan Accident Insurance Program (Optional) <i>New employers cannot elect Package 4. This package is only for employers who, as of 7/1/05, were offering the plans listed in this column.</i>

“Eligible Opt-outs” for Concordia Health Plan

Eligible Opt-outs are workers who are not enrolled in the Concordia Health Plan because they do not meet the minimum hours-worked requirement (more than 20, 25, or 30 hours per week) selected by their employer to be eligible for the CHP or because they already have coverage under:

- A spouse’s group health plan (coverage by virtue of employment, including military service).
- A parent’s group health plan (coverage by virtue of employment, including military service).
- A former employer’s group health plan.
- A current non-LCMS employer’s group health plan.
- The military as a retiree.
- A Medicare supplemental plan.
- A government medical assistance program for low-income persons (e.g., Medicaid).
- A foreign country plan.
- A group health plan of an LCMS employer located in the state of Hawaii.

Concordia Health Plan (CHP)

Benefits Provided:

- Medical Care, including Preventive Care
- Prescription Drug Expenses
- Dental Care, including Preventive Care
- Mental Health/Substance Abuse Care
- Employee Assistance Program
- Hearing Care Discounts
- Vision Care
- Health and Wellness
- Continued Coverage Available

Plan Coverage Options:

- Consumer-Directed Health Plans (CDHP)
 - Option E and Option HDHP (*Formerly called Options Blue HRA and Options Blue HSA*)
- Preferred Provider Organization (PPO)
 - Options A-D
- Health Maintenance Organization (HMO)
 - Options HMO, HMO-C, and HMO-C2

Services Available:

- Personal Spending Accounts
 - Flexible Spending Account (FSA)
 - Health Savings Account (HSA)
 - Health Reimbursement Arrangement (HRA)

This summary describes the benefits provided for active members and their dependents.

It is not applicable for those who have the CHP Medicare supplemental coverage.

Concordia Plan Services offers nine different health coverage Options, crossing over three distinct health plan models—Consumer-Directed Health Plan (CDHP), Preferred Provider Organization (PPO), and Health Maintenance Organization (HMO). Through CHP Choice, employers have the opportunity to choose the level of CHP coverage available to their workers from the various health plan Options. Employers also have the opportunity to offer Personal Spending Accounts to their workers.

Personal Spending Accounts

Personal Spending Accounts (PSAs) allow a worker to have an account from which the deductible and any other unreimbursed eligible healthcare expenses can be paid. Depending on which accounts are compatible with the CHP Option(s) selected, an employer can choose whether to offer flexible spending accounts (FSAs), health reimbursement arrangements (HRAs), and/or health savings accounts (HSAs)—as applicable—as part of the CHP Option. There are advantages to each, and an employer decides how much to reimburse or contribute toward its workers' out-of-pocket expenses. When the account is depleted, the worker is responsible for the remaining amount of the deductible and out-of-pocket maximum. For an employer interested in offering flexible spending accounts (FSAs), health reimbursement arrangements (HRAs), and/or health savings accounts (HSAs) in conjunction with CHP Options, an account administrator is available. SelectAccount, an account administrator that works with Blue Cross Blue Shield of Minnesota, offers administrative services at substantial savings for employers enrolled in the CHP.

SelectAccount is among the largest in the nation for CDHP enrollment and HSA custodianship. SelectAccount is accustomed to working with employer groups of all sizes, even those with only one worker. This is great news for many LCMS employers who may have had difficulty finding an affordable personal spending account administrator.

Because of the size of the Concordia Health Plan (CHP) membership and our positive working relationship with Blue Cross, the benefits of SelectAccount include:

- **Preferred pricing.** Competitive administration fees that are substantially lower than the industry standard.
- **No account set-up fees.** Removes a costly start-up feature.
- **Faster reimbursement without the hassle of paperwork.** SelectAccount's special "crossover" feature automatically transmits claim information from the healthcare system to the personal spending account. (Please note: Crossover is not available for HMO participants.)

If an employer already has an account administrator in place, there is no requirement to change; however, there could be benefits from the convenience of automatic transactions and competitive pricing that SelectAccount offers. An employer can use any specialty benefit service provider, investment company, or financial institution, including the Lutheran Church Extension Fund (LCEF), which offers an HSA product.

Here is an overview of the tax-advantaged personal savings accounts:

Flexible Spending Account (FSA)	Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)
<p>An FSA is a tax-advantaged account usually offered as part of a Cafeteria Plan.</p> <p>It is primarily funded by the worker, although the employer can contribute to the account as well.</p> <p>Funds can be used toward qualified medical expenses or dependent care, depending on the type of FSA established.</p> <p>If the money is not used by the end of the year, the remaining dollars are transferred to the employer. A medical FSA can be offered alongside an HRA; the HRA pays first, the FSA pays second.</p> <p>A post-deductible medical FSA can be offered alongside an HSA. It provides reimbursement for qualified medical expenses after the minimum annual deductible has been satisfied under the high deductible health plan. Until the deductible has been satisfied, only vision and dental expenses can be reimbursed under the post-deductible medical FSA.</p>	<p>An HRA is a tax-advantaged arrangement established and funded entirely by the employer for the worker's and his/her enrolled dependent's qualified health plan expenses.</p> <p>It is typically linked to a consumer-directed health plan with a high deductible.</p> <p>Money that remains in the account at the end of the year can be rolled over (at the employer's option) but is not portable should the worker leave that organization.</p>	<p>An HSA is a tax-advantaged account that can only be used in conjunction with a qualifying high deductible health plan.</p> <p>The account can be funded by the employer, as well as the worker, and is used to pay qualified medical expenses for the account holder and his/her dependents.</p> <p>HSA funds are owned by the worker, are fully portable, and can be rolled over from year to year.</p> <p>Distributions from an HSA are not taxed if used for qualified medical expenses. If the funds are not used for qualified medical expenses, the amount of the distribution is included in income and a 10% excise tax applies.</p>
<p>Works with all CHP Options and can work in conjunction with an HRA or HSA.</p>	<p>Works with Option E or Option HDHP (formerly called Options Blue HRA and Options Blue HSA).*</p>	<p>Works only with Option HDHP (formerly called Options Blue HSA).</p>

To learn more about HRAs, HSAs, medical FSAs, and dependent care FSAs, employers can call SelectAccount toll-free, 866-309-8916, for assistance. Phone lines are open Monday–Friday, 7:00 a.m. to 7:00 p.m. Central Time.

Workers who have questions can call Blue Cross Blue Shield of Minnesota toll-free, 800-793-6922, for assistance. Phone lines are open Monday–Thursday, 7:00 a.m. to 8:00 p.m. and Friday 9:00 a.m. to 8:00 p.m. Central Time.

* Starting in January 2011, the HRA can be combined with all CHP Options (excluding HMOs).

General Information

- **Copay** is a flat dollar amount paid at the time care is received. Services covered by a copay amount are not subject to the annual deductible and do not count toward satisfying coinsurance maximums.
- **Deductible** is the amount a worker must pay for certain covered medical services (excluding in-network routine preventive care) before the Plan starts to pay. The family deductible can be satisfied only by the member and his/her enrolled dependents.
- **Coinsurance** is the percentage of a charge a worker must pay for covered medical services after any applicable deductibles have been satisfied. Coinsurance maximums do not include copays and deductibles.
- An **eligible charge** is the customary or most common charge applicable for a medical or dental service or supply made by similar providers in a geographic area. The member is responsible for amounts exceeding the allowed amount if care is received from a non-network provider.
- **“Family unit”** shall mean a member and that member’s enrolled dependents.
- When a **hospital emergency room or ambulance service** is used in a life-threatening emergency, network benefits will apply even if a non-network provider is used.
- The **lifetime reimbursement maximum** is \$5 million dollars for all options, except HMO options, which have unlimited lifetime maximums.
- **Upon attaining age 65**, if the member is still an active worker, the Concordia Health Plan remains the primary payor and Medicare is the secondary payor (for workers who enroll in Medicare at age 65).

Consumer-Directed Health Plans (CDHPs)

Consumer-directed health plans (CDHPs) combine high-deductible coverage with a personal spending account to help workers pay medical expenses. Concordia Plan Services offers two CDHP choices—each administered by Blue Cross Blue Shield of Minnesota: Option E and Option HDHP.

With CDHPs offered by Concordia Plan Services, preventive care is covered at 100%. Workers also have coverage for office visits, lab work and x-rays, surgery, hospital stays, prescription drugs, etc. However, they must satisfy an annual deductible before most benefits begin. Workers still have network and non-network benefits like they do in PPO Options, and they access the same network of providers (the BlueCard PPO network, consisting of more than 90 percent of providers nationwide). And, because network providers have agreed to accept an “allowed amount” specified in their contracts as the total amount for covered services, members avoid hidden costs when they use network providers.

- **Option E (formerly called Options Blue HRA):** This Option combines a consumer-directed health plan with a health reimbursement arrangement (HRA), which workers can use to help pay deductible and out-of-pocket expenses. Only employers can fund an HRA. Employers have the choice to fund all or a portion of their workers’ out-of-pocket expenses through an HRA. Option E is a hybrid of the existing Preferred Provider Organization (PPO) and our qualified high-deductible health plan options, with a \$1,500 in-network individual deductible. Prescription drugs and mental health and substance abuse care are covered in conjunction with copays and are not subject to the high deductible, unlike a qualified high-deductible health plan.
- **Option HDHP (formerly called Options Blue HSA):** This Option pairs a qualified high-deductible health plan with either a health savings account (HSA) or health reimbursement arrangement (HRA), or both, to help workers pay for eligible medical expenses. An employer, worker, or both can contribute money to the HSA each year. Option HDHP has a \$2,500 in-network individual deductible. Prescription drugs, mental health and substance abuse care, office visits, hospital stays, and other medical care are covered at 100% once the annual deductible has been fulfilled. There are no copays or coinsurance with this plan for in-network charges. In-network preventive care is covered at 100% and is not subject to the deductible.

Medical Care Benefits—Option E and Option HDHP

Network Manager: Blue Cross Blue Shield of Minnesota 800-793-6922

Option E (Formerly Called Options Blue HRA)

	Network Benefits Member Pays:	Non-Network Benefits Member Pays:
Individual Deductible Maximum	\$1,500	\$3,000
Family Unit Deductible Maximum	\$3,000	\$6,000
Coinsurance	20%	40%
Individual Coinsurance Maximum	\$3,000	\$9,000
Family Coinsurance Maximum	\$6,000	\$18,000
Preventive Care	\$0	100%
Office Visit (other than preventive care)	\$0 after deductible	\$0 after deductible
Well-Baby and Child Care (under age 6)	\$0	100%
Inpatient and Outpatient Hospitalization and Other Medical Expenses	20% after deductible	40% after deductible
Emergency Room Visit	\$100 copay (waived if admitted to hospital within 24 hours)	\$100 copay (waived if admitted to hospital within 24 hours)
Urgent Care Facility	\$30 copay	40% after deductible
Lifetime Maximum	\$5 million	

Option HDHP (Formerly Called Options Blue HSA)

	Network Benefits Member Pays:	Non-Network Benefits Member Pays:
Individual Deductible Maximum	\$2,500	\$7,500
Family Unit Deductible Maximum	\$5,000	\$15,000
Coinsurance	0%*	20%
Individual Out-of-Pocket Maximum	\$2,500*	\$12,000
Family Out-of-Pocket Maximum	\$5,000*	\$28,500
Preventive Care	\$0	20% after deductible
Office Visit (other than preventive care)	\$0 after deductible	20% after deductible
Well-baby and child care (under age 6)	\$0	20% after deductible
Inpatient and Outpatient Hospitalization and Other Medical Expenses	\$0 after deductible	20% after deductible
Emergency Room Visit	\$0 after deductible	\$0 after deductible
Urgent Care Facility	\$0 after deductible	20% after deductible
Lifetime Maximum	\$5 million	

* Once the deductible is satisfied, the out-of-pocket maximum is also satisfied. There are no copays or coinsurance for this option for in-network services.

Preferred Provider Organization (PPO)

Blue Cross Blue Shield of Minnesota is the network manager for Concordia Health Plan Options A–D. Participating BlueCard PPO providers should be used by members to access care. Greater benefits are provided when BlueCard PPO providers are used for healthcare services, and lower benefits and higher deductibles will apply if non-network providers are used. (Depending on the CHP Option chosen, benefit levels may vary and deductibles may apply.) The member does not have to select a primary care physician and can self-refer to any specialist or physician in the network.

Medical Care Benefits — CHP Option A

Network Manager: Blue Cross Blue Shield of Minnesota 800-793-6922

Option A

	Network Benefits Member Pays:	Non-Network Benefits Member Pays:
Individual Deductible Maximum	\$0	\$400
Family Unit Deductible Maximum	\$0	\$800
Coinsurance	10%	30%
Individual Coinsurance Maximum	\$500	\$1,750
Family Unit Coinsurance Maximum	\$1,000	\$3,500
Office visits	\$20 copay	30% after deductible
Preventive Care (adults, children age 6 and over)	\$0	100%
Well-Baby and Child Care (under age 6)	\$0	100%
Inpatient and Outpatient Hospitalization & Other Medical Expenses	10%	30% after deductible
Emergency Room	\$100 copay (waived if admitted to hospital within 24 hours)	\$100 copay (waived if admitted to hospital within 24 hours)
Urgent Care Facility	\$20	30% after deductible
Lifetime Maximum	\$5 million	

Medical Care Benefits—CHP Options B–C

Network Manager: Blue Cross Blue Shield of Minnesota 800-793-6922

Option B

	Network Benefits Member Pays:	Non-Network Benefits Member Pays:
Individual Deductible Maximum	\$300	\$600
Family Unit Deductible Maximum	\$600	\$1,200
Coinsurance	15%	40%
Individual Coinsurance Maximum	\$1,500	\$4,000
Family Unit Coinsurance Maximum	\$3,000	\$8,000
Office Visits	\$20 copay	40% after deductible
Preventive Care (adults, children age 6 and over)	\$0	100%
Well-Baby and Child Care (under age 6)	\$0	100%
Inpatient and Outpatient Hospitalization & Other Medical Expenses	15%, after deductible	40%, after deductible
Emergency Room	\$100 copay (waived if admitted to hospital within 24 hours)	\$100 copay (waived if admitted to hospital within 24 hours)
Urgent Care Facility	\$20	40% after deductible
Lifetime Maximum	\$5 million	

Option C

	Network Benefits Member Pays:	Non-Network Benefits Member Pays:
Individual Deductible Maximum	\$500	\$1,000
Family Unit Deductible Maximum	\$1,000	\$2,000
Coinsurance	20%	40%
Individual Coinsurance Maximum	\$2,000	\$5,000
Family Unit Coinsurance Maximum	\$4,000	\$10,000
Office Visits	\$25 copay	40% after deductible
Preventive Care (Adults, children age 6 and over)	\$0	100%
Well Baby and Child Care (under age 6)	\$0	100%
Inpatient and Outpatient Hospitalization & Other Medical Expenses	20%, after deductible	40%, after deductible
Emergency Room	\$100 copay (waived if admitted to hospital within 24 hours)	\$100 copay (waived if admitted to hospital within 24 hours)
Urgent Care Facility	\$25	40% after deductible
Lifetime Maximum	\$5 million	

Medical Care Benefits—CHP Option D

Network Manager: Blue Cross Blue Shield of Minnesota 800-793-6922

Option D

	Network Benefits Member Pays:	Non-Network Benefits Member Pays:
Individual Deductible Maximum	\$1,000	\$2,000
Family Unit Deductible Maximum	\$2,000	\$4,000
Coinsurance	20%	40%
Individual Coinsurance Maximum	\$2,500	\$7,500
Family Unit Coinsurance Maximum	\$5,000	\$15,000
Office Visits	\$30 copay	40% after deductible
Preventive Care (adults, children age 6 and over)	\$0	100%
Well Baby and Child Care (under age 6)	\$0	100%
Inpatient and Outpatient Hospitalization & Other Medical Expenses	20%, after deductible	40%, after deductible
Emergency Room	\$100 copay (waived if admitted to hospital within 24 hours)	\$100 copay (waived if admitted to hospital within 24 hours)
Urgent Care Facility	\$30	40% after deductible
Lifetime Maximum	\$5 million	

Preventive Medical Care Benefits: Applies to CHP Options A–E* and Option HDHP*

Preventive medical care is covered at 100% if provided by a network physician or facility. Preventive medical care, when performed for routine checkup purposes, includes the following:

- Well-baby and well-child checkups and standard immunizations (under age 6)
- Routine preventive medical evaluations (age 6 and over) and standard immunizations (including tetanus)
- Routine gynecological exams
- School/sports physicals
- Lab tests (such as, but not limited to, diabetes screening and lipid profile including total and HDL cholesterol)
- Mammogram and osteoporosis screenings
- Cancer screenings such as, but not limited to, Pap smears, colonoscopies, and prostate-specific antigen (PSA) tests

The list of covered procedures, frequency limits per calendar year, and age restrictions are determined by the Network Manager and may change from time to time. *(Please note: EKGs, hemoglobin, urinalysis, thyroid screenings, and x-rays are not considered preventive care, even if conducted for a routine checkup.)*

If a member receives treatment that is not covered under preventive medical care, he/she will be responsible for any applicable copay, deductible, or coinsurance, as indicated by the member’s plan Option.

* Formerly called Options Blue HRA and Options Blue HSA

Prescription Drug Expenses—Applies to CHP Options A–E (Option E was formerly called Options Blue HRA)

Network Manager: Express Scripts 800-789-7488

<p>Acute/Short-Term Therapy Drugs Purchased at a local pharmacy:</p> <ul style="list-style-type: none"> ■ Supply of 30 days or less ■ Limited to four 30-day fills of same prescription* (some exceptions may apply) 	<p>Member copays:</p> <ul style="list-style-type: none"> ■ Generic, \$10 ■ Brand-name formulary, \$25 ■ Non-formulary,** \$50
<p>Maintenance/Long-Term Drugs Express Scripts mail order service:</p> <ul style="list-style-type: none"> ■ Supply of 31 days or more ■ Up to 90-day supply ■ Unlimited refills*** as prescribed by your physician 	<p>Member copays:</p> <ul style="list-style-type: none"> ■ Generic, \$20 ■ Brand-name formulary, \$50 ■ Non-formulary,** \$100
<p>Maintenance/Long-Term Drugs Purchased at local pharmacy:</p> <ul style="list-style-type: none"> ■ Supply of 31 days or more up to 90-day supply ■ Supply of 30 days or less, starting after 4th fill ■ Unlimited refills*** as prescribed by your physician 	<p>Member copays:</p> <ul style="list-style-type: none"> ■ Generic, \$20 or 50% of cost, whichever is greater ■ Brand-name formulary, \$50 or 50% of cost, whichever is greater ■ Non-formulary,** \$100 or 50% of cost, whichever is greater
<p>Specialty drugs (high-cost or injectable medications used to treat complex conditions)** CuraScript mail order service:</p> <ul style="list-style-type: none"> ■ Supply of 30 days 	<p>Member copays:</p> <ul style="list-style-type: none"> ■ Generic, \$6 ■ Brand-name formulary, \$16 ■ Non-formulary,** \$33

*After four consecutive fills of the same prescription at your local pharmacy within 120 days, starting with the fifth fill, the member will pay 50% of cost or the appropriate mail order copay for long-term therapy drugs, whichever is greater.

**A formulary is a list of prescription medications chosen by Express Scripts for their ability to be clinically and cost effective. An Express Scripts formulary can be found on the Concordia Plan Services website at www.ConcordiaPlans.org. For a complete list of specialty drugs provided by CuraScript, visit our website or visit www.curascript.com for more information.

*****Note:** A new prescription is required every 12 months from a physician.

Prescription Drug Expenses—Applies to Option HDHP*

Network Manager: Express Scripts 800-789-7488

Prescriptions should be filled using the Express Scripts mail-order pharmacy or the Express Scripts network of retail pharmacies. Express Scripts and Blue Cross Blue Shield of Minnesota will work together to ensure deductible and coinsurance dollars accrued from medical and prescription drug purchases are combined to satisfy annual limits.

CuraScript, a specialty pharmacy available through Express Scripts, provides specialty medications (high-cost oral or injectable medications used to treat complex conditions). The cost for all medication through CuraScript is the actual discounted retail price.

Pharmacy	Member Pays
Retail Network or Mail Order	\$0 after \$2,500 medical deductible
All Non-Network	20% after \$7,500 medical deductible

To obtain estimated annual costs for your prescription drugs, Express Scripts has provided a helpful web tool called Express Preview. Visit www.member.express-scripts.com/preview/concordia2010. You can also access Express Preview at our website: www.ConcordiaPlans.org. Click on Healthcare/Concordia Health Plan/CDHP Options/Option HDHP and scroll down to “Click here to view the Express Scripts Preview Site.”

*Option HDHP was formerly called Options Blue HSA

Dental Care Benefits—Applies to CHP Options A–E* and Option HDHP*

Network Manager: CIGNA Dental 800-CIGNA24 (244-6224)

A “managed care” dental PPO administered by CIGNA Dental is provided. Members receive discounted prices for dental services when care is accessed from a dentist in the CIGNA network. The discounts are not available if a dentist outside the network is used; however, dental benefits still apply. “Alternate Benefit” limitation applies when there is a choice of treatment options for dental care; reimbursement shall normally be limited to the least expensive, commonly accepted dental standard for adequate and appropriate care for that dental condition. Accidental injury to natural teeth is covered by special provisions if treatment begins within 12 months of the accident date and is completed within 24 months of initial treatment. Call Concordia Plan Services for more information. The annual deductible is \$100 per person; maximum \$300 per family unit.

Care/Treatment	Network Benefits Member Pays:
<p>Preventive Dental Care Oral exam (two per calendar year), cleaning (two per calendar year), two sets of bitewing x-rays per calendar year, one set of full mouth or panoramic x-rays every three years, fluoride application (one per calendar year for persons under age 19), sealants (limited to posterior tooth, only for persons under age 16, one treatment per tooth every three calendar years), space maintainers (limited to non-orthodontic treatment), emergency care to relieve pain, palliative (emergency) treatment, and dental x-rays required for the diagnosis or treatment of a dental defect, injury, or disease.</p>	\$0
<p>Basic Dental Care Fillings, extractions, inlays, onlays, crowns, root canal, therapy, bridgework, initial installation or replacement of complete or partial dentures, denture adjustments or repairs, periodontal scaling and root planing, osseous surgery, and anesthesia.</p> <p>Temporomandibular joint (TMJ) disorder will be included under Basic Dental Care only if deemed by CIGNA Dental to be a dental expense instead of a medical expense.</p> <p>The replacement of bridges, crowns, and dentures is not covered within five years after the date originally installed unless the replacement has been made necessary by the placement of an original opposing full denture or necessary extraction of natural teeth or it has been damaged beyond repair as a result of an injury received while the person was covered by the CHP. If there is a replacement of a bridge, crown, or dentures after five years, normal benefits of the Plan apply.</p>	20% after deductible 20% after deductible
<p>Oral Surgery Any incision or excision procedure on the gums or tissues of the mouth performed in connection with the extraction or repair of teeth, including related services if otherwise included as an eligible charge under the Plan. Implant services will be considered to be oral surgery. If the charges for implant services are not deemed to be medically necessary by CIGNA Dental, the Alternate Benefit provision will be applicable for the prosthetic being placed on the implant and no reimbursement will be made toward the charges for placement of the implant.</p>	20% after deductible
<p>Orthodontia Treatment and installation of orthodontic appliances for correction of irregularities in tooth position and jaw relationship (for adults and dependent children).</p>	50% after deductible
The annual maximum for preventive and basic dental care is \$1,500 per person.	
The lifetime maximum for orthodontia is \$1,500 per person.	

*Formerly called Options Blue HRA and Options Blue HSA

Health Maintenance Organization (HMO)

Option HMO was introduced January 1, 2007, in California and other select locations across the country where CIGNA HMO network access and cost of the plan Option are not prohibitive. New Option HMO-C2, introduced January 1, 2009, is available in California only (primarily in Southern California). CIGNA HealthCare is the administrator for all HMO Options.

All services and supplies must be provided or authorized by the Primary Care Physician (PCP). There are no benefits available for services received outside of the network or not authorized by the PCP.

To find out if an HMO Option is available in your area, please contact Concordia Plan Services toll-free at 888-927-7526.

Medical Care Benefits—Applies to CHP Options HMO, HMO-C, and HMO-C2

Network Manager: CIGNA HealthCare 800-CIGNA24 (244-6224)

	(In-network)* HMO California Only Member Pays:	(In-network)* HMO-Select Areas** Member Pays:	(In-network)* HMO-C2 California Only Member Pays:
Deductible	\$0	\$0	\$0
Coinsurance	0%	0%	0%
Individual Out-of-pocket Maximum	\$1,500	\$1,500	\$2,000
Family Unit Out-of-pocket Maximum	\$4,500	\$4,500	\$6,000
Primary Care Physician Office Visit	\$15 copay	\$15 copay	\$25 copay
Specialist Office Visit	\$15 copay	\$25 copay	\$35 copay
Inpatient and Outpatient Hospitalization	\$350 copay per admission	\$350 copay per admission	\$350 copay per admission
Emergency Room Care	\$75 copay (waived if admitted)	\$100 copay (waived if admitted)	\$75 copay (waived if admitted)
Urgent Care Facility	\$75 copay per visit	\$50 copay per visit	\$75 copay per visit
Lifetime Maximum for All Benefits Paid by the CHP	Unlimited	Unlimited	Unlimited

* Medical Services received out of network are the responsibility of the member.

**Contact Concordia Plan Services for a current listing of areas where the HMO is available.

Preventive Medical Care Benefits—Applies to CHP Options HMO, HMO-C, and HMO-C2

If provided or authorized by a network physician, expenses for preventive medical evaluations, well-baby and child care, standard immunizations, mammograms, etc., are covered at 100% except for the applicable copay by the member if services are provided in the doctor's office.

If care is secured from a physician who is not in the managed care network, charges for such care are not covered.

The list of covered procedures, frequency limits per calendar year, and age restrictions are determined by the Network Manager and may change from time to time.

Prescription Drug Expenses—Applies to CHP Options HMO, HMO-C, and HMO-C2

Network Manager: CIGNA HealthCare 800-CIGNA24 (244-6224)

	(In-network)* HMO-California Only Member Pays:	(In-network)* HMO-Select Areas Member Pays:	(In-network)* HMO-C2 California Only Member Pays:
Prescription Drugs Purchased at a Participating Retail Pharmacy (typically for acute/short-term drugs, up to 30-day supply per prescription)	Member copays: <ul style="list-style-type: none"> ■ Generic, \$10 ■ Brand-name formulary, \$20 ■ Non-preferred, \$35 	Member copays: (on 1st four fills of prescription) <ul style="list-style-type: none"> ■ Generic, \$10 ■ Brand-name formulary, \$20 ■ Non-preferred, \$40 	Member copays: <ul style="list-style-type: none"> ■ Generic, \$15 ■ Brand-name formulary, \$30 ■ Non-preferred, \$45
Prescription Drugs Purchased Through CIGNA's Mail Order Drug Program (Tel-Drug) (typically for maintenance/long-term drugs, up to 90-day supply per prescription)	Member copays: <ul style="list-style-type: none"> ■ Generic, \$20 ■ Brand-name formulary, \$40 ■ Non-preferred, \$70 	Member copays: <ul style="list-style-type: none"> ■ Generic, \$20 ■ Brand-name formulary, \$40 ■ Non-preferred, \$80 	Member copays: <ul style="list-style-type: none"> ■ Generic, \$30 ■ Brand-name formulary, \$60 ■ Non-preferred, \$90

*Prescription drug services received at non-participating pharmacies are the responsibility of the member.

Dental Care Benefits: Applies to CHP Options HMO, HMO-C, and HMO-C2

Network Manager: CIGNA HealthCare 800-CIGNA24 (244-6224)

Care/Treatment	Network Benefits Member Pays	Non-Network Benefits Member Pays
<p>CLASS I: Preventive and Diagnostic Care Oral exams (two per calendar year), cleanings (two per calendar year), two sets of bitewing x-rays per year, one set of full mouth or panoramic x-rays every three years, fluoride application (two per calendar year for persons under 19), sealants (limited to posterior tooth, only for persons under 16, one treatment per tooth every three years), space maintainers (limited to non-orthodontic treatment), emergency care to relieve pain, and dental x-rays required for the diagnosis or treatment of a dental defect, injury, or disease.</p>	\$0	10%
<p>CLASS II: Basic Restorative Services Fillings, root canal therapy, osseous surgery, periodontal scaling and root planing, denture adjustments or repairs, oral surgery (including tooth extractions), anesthesia, repairs to bridges, crowns, and inlays.</p>	20% after \$50 deductible	30% after \$50 deductible
<p>CLASS III: Major Restorative Services Crowns, inlays, onlays, bridges, full and partial dentures, and implants.</p> <p>The replacement of bridges, crowns, and dentures is not covered within five years after the date originally installed unless the replacement has been made necessary by the placement of an original opposing full denture or necessary extraction of natural teeth or it has been damaged beyond repair as a result of an injury received while the person was covered by the CHP. If there is a replacement of a bridge, crown, or dentures after five years, normal benefits of the Plan apply.</p>	50% after \$50 deductible	50% after \$50 deductible
<p>CLASS IV: Orthodontia Treatment and installation of orthodontic appliances for correction of irregularities in tooth position and jaw relationship (for adults and dependent children).</p>	50%	50%
<p>CLASS V: TMJ Treatment Temporomandibular joint (TMJ) disorder will be covered under dental benefits only if deemed by CIGNA Dental to be a dental expense instead of medical expense.</p>	20% after \$50 deductible	30% after \$50 deductible
The annual maximum for Class I, II, III, and V is \$1,500 per person.		
The lifetime maximum for Class IV is \$1,250 per person.		

Accidental injury to natural teeth is covered under special provisions if treatment begins within 12 months of the accident date and is completed within 24 months of initial treatment. Call Concordia Plan Services for benefit information.

Mental Health and Substance Abuse Care Benefits

Options A-D (administered by CIGNA Behavioral Health)		
	In-Network; Member Pays	Non-Network; Member Pays
Individual deductible	\$0	\$400
Family deductible	\$0	\$800
Coinsurance	10%	30%
Individual coinsurance maximum	\$500	\$1,750
Family coinsurance maximum	\$1,000	\$3,500
Outpatient therapy	\$20 copay	30% after deductible
Outpatient testing	10%, no deductible	30% after deductible
Inpatient care	10%, no deductible	30% after deductible

Option E [formerly called Options Blue HRA] (administered by CIGNA Behavioral Health)		
	In-Network; Member Pays	Non-Network; Member Pays
Individual deductible	\$0	\$400
Family deductible	\$0	\$800
Coinsurance	20%	40%
Individual coinsurance maximum	\$500	\$1,750
Family coinsurance maximum	\$1,000	\$3,500
Outpatient therapy and testing	\$0	\$0 after deductible
Inpatient care	20%	40% after deductible

Option HDHP [formerly called Options Blue HSA] (administered by Blue Cross Blue Shield of MN)		
	In-Network	Non-Network
All covered mental health and substance abuse care	Combined with medical care. Plan pays 100% after medical deductible.	Combined with medical care. Plan pays 80% after medical deductible.

HMO Options (administered by CIGNA Behavioral Health)				
	Option HMO and HMO-C		Option HMO-C2	
	In-Network Member Pays	Non-Network Member Pays	In-Network Member Pays	Non-Network Member Pays
Individual deductible	\$0	N/A	\$0	N/A
Family deductible	\$0	N/A	\$0	N/A
Coinsurance	\$0	Not covered	\$0	Not covered
Individual out-of-pocket maximum	\$1,500*	N/A	\$2,000*	N/A
Family out-of-pocket maximum	\$4,500*	N/A	\$6,000*	N/A
Outpatient therapy and care	\$15 copay	Not covered	\$15 copay	Not covered
Outpatient testing	\$0	Not covered	\$0	Not covered
Inpatient care	\$350 copay	Not covered	\$350 copay	Not covered

* For all HMO Options, there is one combined out-of-pocket maximum for all medical and mental health/substance abuse expenses.

Preauthorization: Hospital admissions for mental health and substance abuse care will require pre-admission certification by CIGNA Behavioral Health or be subject to a penalty. For Option HDHP (formerly Options Blue HSA), pre-admission certification by Blue Cross Blue Shield of Minnesota is required. Preauthorization does not apply to HMO Options because only in-network benefits are available.

Employee Assistance Program (EAP)

Network Manager: CIGNA Behavioral Health 866-726-5267

An Employee Assistance Program (EAP) is available through CIGNA Behavioral Health. The EAP provides a broad range of confidential resources to help workers and their families find answers to various personal concerns (such as marital or family difficulties, parenting challenges, stress, and anxiety), as well as referrals to professional resources.

Here are a few examples of services available:

- 6 FREE face-to-face sessions with a counselor in the worker’s area
- Unlimited telephonic assistance
- Legal assistance: FREE ½ hour telephonic or face-to-face consultation with an attorney
- Identity theft assistance
- Child care: resources and referrals for child care providers, before and after school programs, camps, and information on parenting questions and prenatal care
- Elder care: resources and referrals for home health agencies, assisted living facilities, social and recreational programs, and long distance caregiving
- Pet care: resources and referrals for pet sitting, obedience training, veterinarians, and pet stores
- Healthy rewards: get discounts on a wide range of complementary health care services and products including massage therapy, chiropractic care, acupuncture, vision and hearing care, cosmetic dentistry, vitamin and herbal supplements, non-prescription health and beauty products, and more
- Financial assistance: resources on managing credit, budgeting, and debt consolidation

EAP services are available 24 hours a day, seven days a week. The toll-free access telephone number for EAP services is 866-726-5267. Many resources are also available online. Visit www.cignabehavioral.com to learn more.

Hearing Care Discounts

Network Manager: HearUSA 800-333-3389

A discount program is provided through HearUSA/National Ear Care Plan for hearing tests and purchase of hearing aids. For details, request a brochure from Concordia Plan Services or print information from the website: www.ConcordiaPlans.org.

Comprehensive Audiometry Testing (Air and Bone Conduction Thresholds, Word Recognition Measures)	Members pay the discounted charge of \$59. <i>Additional charges may apply to children under 5 years.</i>
Acoustic Immittance Testing (Tympanometry, Acoustic Reflex Thresholds, Acoustic Reflex Decay)	Members pay the discounted charge of \$35.
Digital Hearing Aids	Members pay the total cost on discounted hearing technologies that are up to 40% less than manufacturer-suggested list pricing. Entry level digital products start at \$850.
Hearing Aid Dispensing	No additional charges for fitting and dispensing fees.
Related Products, Replacement Ear Molds, and Repairs	Members pay full cost minus 20% discount off usual and customary fees charged by provider (excluding batteries). Members pay total cost less 10% discount for accessories, warranties, and related products at www.hearingshop.com
Annual Cleaning and Check of Hearing Aids purchased through the HearUSA program	No charge

Vision Care Benefits

Network Manager: Vision Service Plan 800-877-7195

	Network Benefits Member Pays	Non-network Reimbursement Amounts
Eye exam (one exam every 12 months)	\$10 copay	Up to \$45
Prescription glasses (lenses covered every 12 months) <ul style="list-style-type: none"> ■ Single vision ■ Lined bifocals ■ Lined trifocals ■ Progressive (no line) lenses 	<ul style="list-style-type: none"> ■ \$25 copay ■ \$25 copay ■ \$25 copay ■ \$25 copay 	<ul style="list-style-type: none"> ■ Up to \$45 ■ Up to \$65 ■ Up to \$85 ■ Up to \$85
Frame (covered every 24 months) \$120 allowance every two years, plus 20% off any out-of-pocket costs	Member pays any amount above the allowance and discounts	Up to \$47
Elective contact lenses — (if chosen instead of glasses — \$120 allowance) \$120 allowance applies to the cost of contact lenses and exam (fitting and evaluation). If contacts are selected, frames can be purchased 12 months from the date contacts were obtained.	No copay applies for contact lenses but member pays any amounts above the \$120 allowance	Up to \$105
Medically necessary contact lenses	Covered in full	Up to \$210

Vision Benefits—Additional Discounts & Savings

Laser Vision Correction Discounts, including discounts on preoperative and postoperative care at a VSP-approved laser vision care facility (chosen for their certification, professional ethics, and equipment) are also available.

- Average 15% off the regular price or 5% off the promotional price from contracted facilities
- After surgery, you can use your frame allowance (if eligible) for sunglasses from any VSP doctor within 12 months of your last eye exam

Prescription glasses from a VSP provider:

- Up to 20% savings on lens extras such as scratch-resistant and anti-reflective coatings
- 20% off additional prescription glasses and sunglasses (available from the same VSP doctor who provided the eye exam within the past 12 months.)

Contacts from a VSP provider:

- 15% off cost of contact lens exam (fitting and evaluation)

Health & Wellness Programs

Concordia Plan Services wants to help church workers and their dependents lead healthier lives by offering health and wellness programs through the Concordia Health Plan. Although the ultimate goal is to assist workers by enabling them to reach their health goals, employers will also benefit from the efforts of these programs to help contain ever-rising healthcare costs. By improving workers' health, we all can work together to reduce the cost of health care for workers and employers. The following components are a part of the overall wellness program:



Health Assessment

An online health questionnaire with immediate results helps identify any specific health risks. Once the risks are calculated, the results can be printed and discussed with the worker's doctor during the next physician visit. After taking the questionnaire, workers identified as "at risk" for certain conditions (high blood pressure, cholesterol, pre-diabetes, etc.) may be contacted by a CareAllies Health Advisor. The Health Advisor (a Certified Health Education Specialist, Nurse, Behaviorist, or Nutritionist) can then set up a manageable program to help workers succeed in making lifestyle changes to reduce those health risks.

Health Advisors

This program helps workers take action on the basis of the results given through the Health Assessment by establishing a personal health improvement plan to reduce health risks. Health Advisors help via one-on-one telephone conversations to provide education, motivation, and navigation for many health issues, including:

- High blood pressure
- Pre-diabetes
- Weight control
- High cholesterol
- Stress
- Tobacco use

24-Hour NurseLine

This service provides telephone access (800-605-6621) to a registered nurse who can answer health-related questions 24 hours a day, 7 days a week, 365 days a year. The nurses are trained to provide:

- Answers to health questions
- Direction on when and where to seek medical attention
- Help choosing providers

Healthy Pregnancies, Healthy Babies

A maternity program is designed to improve the quality of maternity care by offering:

- Comprehensive clinical assessment of every identified pregnant member or dependent
- Development of care-management plans tailored to each person's specific needs
- Delivery of education and tools for self-care

In addition, CHP members and dependents can earn a cash incentive for completing this program. If enrolled by the end of the first trimester, they can receive \$150; those who enroll by the end of the second trimester can receive \$75.

Cancer Support Program

This program offers resources for CHP members whose lives may be impacted in various ways by cancer. The program supports members and their families throughout the different stages of this disease, including prevention strategies, treatment, and survivorship planning.

Smart Steps Disease Management

This program is targeted at the following health conditions:

- Acid-related stomach disorders
- Asthma
- Atrial fibrillation
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Coronary artery disease
- Depression
- Diabetes
- Fibromyalgia
- Hepatitis C
- Inflammatory bowel disease
- Irritable bowel syndrome
- Low back pain
- Osteoarthritis
- Osteoporosis
- Pressure ulcers
- Urinary incontinence
- Weight complications

The Smart Steps program is integrated with health claims and pharmacy information to identify workers who may need assistance to improve their health and well-being.

Workers will receive personal attention from experienced registered nurses and other clinicians. The clinicians provide education, help develop action plans, and reinforce behavioral changes to help monitor and manage health conditions. By following the managed plan, workers learn to anticipate symptoms and better manage them to reduce the risk of complications.

Lifestyle Management

This program is designed to help those members who want to develop and maintain healthy lifestyle habits specifically as they relate to:

- Weight management
- Tobacco cessation
- Stress management

A personal health coach works via telephone to break the change process into manageable steps so that members can succeed. Members can call CareAllies (800-605-6621) to request participation in the Lifestyle Management Programs. Some of the lifestyle management programs are also available online at www.mycareallies.com.

Continued Coverage Available

Continued coverage is available as follows:

- If a worker terminates full-time employment before he/she is eligible to be considered “retired” (see next bullet), the worker may continue CHP coverage on an individual basis for a maximum of 15 months following such termination.
- If a worker terminates full-time employment at age 55 or older and meets the following criteria, he/she may be eligible to continue CHP coverage on an individual basis as a retired member:
 - **Worker at employer in *The Church’s Plan***—If the worker has earned at least five years of RMS service credits and participated in the CHP at least one continuous year immediately prior to retirement, continued CHP coverage for the retired member and his/her enrolled dependants can be purchased.
 - **Worker at employer not in *The Church’s Plan***—If the worker has participated in the CHP for at least five continuous years immediately prior to retirement, continued CHP coverage for the retired member and his/her enrolled dependents can be purchased.
- In the event of a worker’s death, his/her enrolled dependents may purchase CHP coverage on an individual basis for as long as they are considered eligible dependents by the CHP.

NOTE: If age 65 or older, the CHP coverage will supplement Medicare (i.e., provide benefits for Part A and Part B expenses not paid by Medicare, as well as prescription drugs). Dental coverage is discontinued for retired members and dependents after they attain age 65; however, a dental discount program is available. For more information on Medicare supplemental coverage, visit our website at www.ConcordiaPlans.org.

Contribution Rates

Active Workers

Contributions are based on a geographical pricing system, which means that contribution rates reflect the cost of health care in the employer's local area. The amount is determined by the class of coverage selected, CHP option, and the ZIP Code area in which the employer is located. There are four classes of coverage:

- 1—Worker Only
- 2—Worker and Spouse
- 3—Worker and Child(ren)
- 4—Worker, Spouse, and Child(ren)

Retired Members and Dependents of Deceased Members

The contribution rate is determined on the basis of the class of coverage, CHP Option, and whether the member or dependent is eligible for Medicare. The cost for Medicare supplemental coverage is a flat monthly rate, per person. The cost for a person not covered by Medicare is geographically priced (like active workers), using the ZIP Code area in which the member lives.

During Disability

The employer pays contributions until the beginning of the third calendar month following 14 days of total disability. If a member is enrolled in and receiving benefits from the Concordia Disability and Survivor Plan (CDSP), contributions for the CHP are paid by the CDSP beginning the third month following the date the disability benefits begin. If a member is not enrolled in CDSP, the disabled worker can keep CHP coverage in effect during disability by paying the appropriate contributions starting with the third calendar month following 14 days of total disability. Payment of CHP contributions may continue through the month in which the disabled member receives a final disability benefit from the CDSP, begins earning 50% or more of the compensation earned prior to the onset of the disability, or dies, whichever occurs first.

Rates on Web site

CHP contribution rates can be found on the Concordia Plan Services website at www.ConcordiaPlans.org under Healthcare/Rates.

Concordia Disability and Survivor Plan (CDSP)

Disability Income

“Disability” means the worker, because of injury or sickness, is:

1. During the first two years of any disability, unable to perform the essential duties of his/her occupation, or unable to earn at least 80% of the compensation he/she was earning prior to the injury or onset of sickness that caused the disability, and
2. After the first two years of any disability, unable to engage in any substantial gainful activity reasonably commensurate with his/her training, education, or experience.

The disabled worker must be under the regular care of a physician whose specialty or experience is appropriate for the treatment of the disabling condition. After 14 consecutive days of disability, a monthly income benefit of 70% of monthly compensation is paid to the disabled worker. Benefits may be paid on a weekly basis during the first 26 weeks of disability.

Disability benefits are reduced by:

1. Social Security Disability Income benefits (including dependent benefits),
2. Any state-mandated benefit or other group plan benefit for which an employer paid (such as workers' compensation),
3. 70% of any compensation earned by the member while disabled, and
4. After 6 months, any compensation provided by the employer.

For workers who remain in furnished residences (e.g., parsonage) during disability, the disability benefit will be 70% of compensation without allowance added for the value of housing furnished.

The approval of a disability claim is determined by Liberty Life Assurance Company (Liberty Mutual), a nationally recognized firm specializing in disability case management. All claims for disability must be filed within 90 days after the disability began, and approved through Liberty Mutual. Disabled workers must comply with treatment or rehabilitation plans or the disability benefit will not be paid. Benefits may be payable until disability ends, the worker returns to full-time work, the lifetime maximum is met, death, a specified number of months if disabled after age 61, or until age 65 when retirement benefits become available, whichever occurs first.

Pre-Existing Condition Limitation

Workers enrolling in the CDSP on or after January 1, 2005, are subject to a pre-existing condition limitation. No disability benefits will be paid for any disability commencing during the first 12 months of plan membership that is caused by or resulting from a medical condition for which, during the three months prior to CDSP enrollment, the worker received medical treatment, consultation, care, or services, or had symptoms that would cause a reasonable person to seek diagnosis, care, or treatment. No waiver of contributions for the Concordia Plans will be applicable, either.

Benefits Provided

- Disability Income
 - Pre-existing Condition Limitation
 - Lifetime Disability Maximum
- Pre-Retirement Lump-Sum Death Benefit—Worker's Death
- Pre-Retirement Lump-Sum Death Benefit—Dependent's Death
- Additional services through Benefit Administrators
 - Will Preparation Services
 - Beneficiary Financial Counseling
 - Supplemental Life

The pre-existing condition limitation will NOT apply, however, for new graduates of LCMS seminaries, universities, and colleges when they are enrolled at their first assignment after graduation. Nor will it apply to ordained or commissioned ministers who are reenrolled in the CDSP within one year of a termination of their plan membership.

Lifetime Disability Maximum

Workers enrolling in the CDSP on or after January 1, 2005, are subject to a lifetime maximum. Benefits payable for any disability that primarily results from mental illness or substance abuse, or that is a self-reported or subjective-symptom condition, will be limited to a maximum period of 104 weeks during a person’s lifetime, or the maximum duration of benefits. The agency appointed to review and manage disability cases for the plan will determine what is the primary disabling condition for purposes of administering this maximum benefit. The lifetime maximum will not apply in cases of mental illness caused by stroke or cerebral vascular accident, viral infection, Alzheimer’s disease, senility and/or dementia, organic brain syndrome, or closed head injury. A “self-reported or subjective-symptom condition” is one that cannot be independently verified and measured using generally accepted standard medical testing, procedures, and practices (e.g., headaches, fatigue, pain). If the person is confined in a hospital or institution at the end of the 104-week maximum benefit period, disability benefits will continue during the confinement and, if still disabled when discharged, a recovery period of up to 90 days. The member’s waiver of contributions for the Concordia Plans will also end when benefits end.

Pre-Retirement Lump-Sum Death Benefit—Worker’s Death

Upon the death of an active worker, a lump-sum benefit will be paid to the worker’s named beneficiary(ies). If there is no named beneficiary(ies) or surviving beneficiary(ies), the benefit will be paid to the worker’s spouse, if living; otherwise to the worker’s children in equal shares; otherwise to the worker’s parents in equal shares; otherwise to the worker’s estate. For a copy of the CDSP Beneficiary Designation Form, including the detailed instructions, visit www.ConcordiaPlans.org under Resources/Forms.

The amount of the death benefit is a multiple of the worker’s annual compensation, calculated as follows:

- 2 times annual compensation *plus*
- 1 times annual compensation for each enrolled dependent child

The total maximum benefit shall not exceed 6 times the worker’s annual compensation.

The total minimum benefit shall not be less than \$20,000.

EXAMPLE: A worker with two enrolled children and an annual compensation of \$40,000 would have a benefit paid to the named beneficiary(ies) upon worker’s death calculated as follows:

■ 2 times annual compensation	\$80,000
■ <i>plus</i> 2 times annual compensation (2 children)	\$80,000
TOTAL BENEFIT PAID	\$160,000

Pre-Retirement Lump-Sum Death Benefit—Dependent’s Death

Upon the death of an enrolled dependent spouse or enrolled dependent child, while the worker is alive, a lump-sum death benefit of \$10,000 will be paid to the worker.

Will Preparation Services

Active workers enrolled in the Concordia Disability and Survivor Plan have the opportunity to receive legal assistance through Will Preparation Services. This service is made available by Minnesota Life, through Ceridian LifeWorks. Visit their website at www.lifeworks.com and enter the following information to access the site features:

User ID: will

Password: preparation

Workers can also call toll-free at 877-849-6034. Some of the features offered include:

- Will creation
- Financial calculators
- Legal forms
- Legal library
- Referrals

This service is offered in addition to the legal and health services available to Concordia Health Plan members through the Employee Assistance Program (EAP) offered through CIGNA Behavioral Health. Please see page 18 for more details regarding the EAP and the benefits it provides.

Beneficiary Financial Counseling

Minnesota Life, the death benefit administrator for the Concordia Disability and Survivor Plan (CDSP), offers beneficiary financial counseling services through PricewaterhouseCoopers LLP to CDSP beneficiaries who receive a death benefit of \$25,000 or more. Beneficiaries can receive objective and independent financial counseling at no cost. Financial counseling can help the beneficiary make sound decisions on financial issues with absolutely no product sales. This service is available only if the worker's death occurred on or after July 1, 2007.

Those who qualify for this service will receive materials explaining the program with their death benefit check. Services available include a beneficiary guide and online financial tools and educational resources. Additional services may be available on the basis of the amount of death benefit received.

Contribution Rates

Contributions are a percentage of the worker's annual compensation and are paid by the employer.

- Without Dependents 1.2%
- Worker With Dependents 2.25%

Contributions During Disability

While a worker is disabled, CDSP contributions will be waived beginning with the third calendar month following 14 consecutive days of a covered disability.

Also, if the disabled worker is enrolled in the Concordia Health Plan (CHP), the CDSP will pay the CHP contributions beginning with the third calendar month following 14 consecutive days of a covered disability, as long as the member is unable to earn at least 50% of his/her pre-disability compensation.

Rates on Web site

CDSP contribution rates can also be found on the Concordia Plan Services website at: www.ConcordiaPlans.org under Disability and Survivor/Rates.

Supplemental Life

Minnesota Life, the administrator of death benefits through the Concordia Disability and Survivor Plan (CDSP), offers Supplemental Life benefits to active workers. Due to our strong working relationship with Minnesota Life, active workers have the opportunity to take advantage of additional term life insurance coverage at low premium rates. Workers may also elect term life coverage for their dependent spouse and children. This is a voluntary benefit that workers can purchase if they choose. Premiums are paid by the worker directly to Minnesota Life.

Current workers who were unable to enroll during their initial enrollment period are still able to apply for this benefit but are no longer eligible for guaranteed coverage and must provide evidence of insurability (EOI). This includes completing an extra form that asks about your medical history and authorizes Minnesota Life to contact your physician and review your medical records.

Newly hired workers have the opportunity to purchase the Supplemental Life benefit with a guaranteed coverage amount during their initial eligibility period only. After that period has ended, they will be required to provide EOI by completing the appropriate forms, which will be reviewed by Minnesota Life.

If a current worker experiences a life-changing event such as marriage or the birth or adoption of a child, he/she may purchase the Supplemental Life benefit for that new dependent. There will be a guaranteed coverage amount available during the dependent’s initial eligibility period. After that period has ended, the worker will be required to provide EOI for the dependent by completing the appropriate forms. If the worker who experiences a life-changing event wants to increase his/her own coverage, the worker will need to submit EOI.

Supplemental Life rates are based on the covered individual’s age at the time of enrollment in the plan as indicated in the following table:

Age	Rate per \$1,000/Month
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.43
60-64	\$0.66
65-69	\$1.27
70 & Over	\$2.06

Rates increase with age and are subject to change.

The rate for all dependent children (not per child) is \$0.10 per \$1,000/month. Coverage is available as indicated in the following table:

Coverage	Monthly Payment
\$5,000	\$0.50
\$10,000	\$1.00

Should a worker no longer be employed full time, he/she may have the opportunity to port or convert his/her coverage to an individual life policy. Please contact Minnesota Life at 866-293-6047 with questions regarding this voluntary Supplemental Life benefit and applicable rates.

A copy of the Certificate of Insurance for the Supplemental Life Insurance benefit is available on our website www.ConcordiaPlans.org under CDSP/Supplemental Life.

Concordia Retirement Plan

Retirement Income—Primary Retirement Benefit

A worker is 100% vested in his/her Primary Retirement Benefit after earning 5 years of creditable service in the Plan.

Termination of employment prior to age 55 and with 5 years of creditable service will result in a vested termination benefit payable to the member or to the member's spouse upon death of the member.

- **Early Retirement** is possible after age 55 with 5 years of creditable service.
 - Accrued benefit is reduced by 6% for each year (.5% for each month) that the benefit is received prior to age 65.
 - Special “**Rule of 85**”: If a worker retires between ages 55 and 65, and the worker's age and years of participation in the LCMS pension plans equals or exceeds the number 85, the reduction factor outlined in the previous paragraph will be waived for any benefit commencing on or after the worker attains age 62. If the benefit commences before age 62, it is reduced by 6% for each year (.5% for each month) that the benefit is received prior to age 62.
- **Normal Retirement** is at age 65 or after earning 5 years of creditable service, whichever is later.

A worker who continues in full-time employment after his/her normal retirement date will continue to accrue creditable service toward his/her retirement benefits. The worker has the option of receiving his/her monthly benefit even though still employed and participating in the Plans as an active worker.

The Primary Retirement Benefit is based on:

- **Final Average Monthly Compensation**—an average of the worker's highest 60 consecutive months of compensation out of the last 20 years of Plan participation.
- **Creditable Service**—years and whole months of active Concordia Retirement Plan (CRP) participation.
- **Integration Level**—a number used in determining a benefit to reflect the fact that Social Security provides a higher benefit as a percentage of pay for employees at lower pay levels. This number is based on federal requirements for combining benefits from Social Security and a pension plan. Because the maximum salary subject to Social Security tax changes each year, the Integration Level also changes each year. Contact the Concordia Plan Services' office for the Integration Level currently in effect.

The Primary Retirement Benefit formula can be found in the CRP Official Plan Document or CRP Summary Plan Description, which can be found on the Concordia Plan Services website at www.ConcordiaPlans.org under Resources/Plan Booklets.

Benefits Provided:

- Retirement Income—Primary Retirement Benefit
- Retirement Income—Supplemental Retirement Account
- Retirement Income—Retiree Medical Supplement (available only if the employer participates in *The Church's Plan*)
- Post-Retirement Survivor Income
- Post-Retirement Lump-Sum Death Benefit—Retiree's Death
- Post-Retirement Lump-Sum Death Benefit—Dependent's Death

Upon electing to begin receiving a retirement benefit, a worker has various distribution options available. This provides the worker with flexibility in determining which manner of payment is best suited to his/her own situation.

The distribution options available for the Primary Retirement Benefit are:

- Single life annuity (monthly benefit paid during the worker's lifetime).
- Joint and 70% survivor annuity (monthly benefit paid during the worker's lifetime; if the worker dies first, the spouse receives 70% of the worker's benefit for the rest of his/her life).
- Joint and 100% survivor annuity (monthly benefit paid during the worker's lifetime; if the worker dies first, the spouse receives 100% of the worker's benefit for the rest of his/her life).

Retirement Income—Supplemental Retirement Account

The Supplemental Retirement Account (SRA) is a cash balance account that is an additional means of providing retirement benefits in partnership with the Primary Retirement Benefit described earlier.

How Does the SRA Work?

When the SRA began, each worker enrolled on 1/1/99 had a “kick-start” opening account balance established in an amount equal to:

- 1.5% *times* 1/1/98 annual compensation* *times* years of CRP creditable service

Workers enrolled with an effective date of 1/1/99 or later have a zero account balance in their first year of membership.

The account grows each year through the addition of interest credits and compensation credits.

- An **interest credit**, using the 5-year U.S. Treasury rate in effect for September of the prior year, is added to each account at the end of each year, starting 12/31/99.
- A **compensation credit**, equal to 1.5% *times* annual compensation* in effect on January 1 of that year, is added to each account at the end of each year, starting 12/31/99. If the worker has a change in salary due to a change in employment or position duties, and that change is promptly reported to Concordia Plan Services, the new compensation figure will be used to calculate the compensation credit.

SRA accounts are vested after 5 years of CRP participation. Upon retirement or termination of employment, if vested, members have various distribution options for their SRAs:

- Lump-sum payment
- Single life annuity (see definition at top of page)
- Joint and 70% or joint and 100% survivor annuity (see definition at top of page)
- Ten-year certain and life annuity paid during the worker's lifetime**

* “Annual compensation” is the compensation figure reported by the employer each year for CRP purposes.

** A Ten-Year Certain and Life Annuity guarantees a monthly pension benefit for the retiree's lifetime, with a minimum of 10 years of payments. If the retired member dies before receiving 10 years of monthly benefit payments, the lump-sum actuarial equivalent value of the remaining benefits will be paid in a single payment to the named beneficiary(ies). However, if the retiree dies after receiving benefits for 10 or more years, no additional benefits are payable.

Retirement Income—Retiree Medical Supplement (RMS)

The Retiree Medical Supplement (RMS) is designed to provide additional income during retirement to help with healthcare expenses.

Only active workers whose employers participate in *The Church's Plan* and who are enrolled in the Concordia Health Plan (or are eligible opt-outs) are eligible to receive RMS service credits. The RMS service credits are earned:

- For each year in which the employer participates in *The Church's Plan* AND the worker is enrolled in the Concordia Health Plan (or is an eligible opt-out); and
- For each year of past creditable service the worker has earned in the Concordia Retirement Plan prior to the date the employer began participating in *The Church's Plan*, as long as the employer joined *The Church's Plan* with an effective date of January 1, 2007, or before.

The worker will earn ongoing RMS service credits for each future year of participation in *The Church's Plan*.

A worker becomes eligible to receive the RMS benefit once he/she retires from an employer participating in *The Church's Plan* and:

- Worker is age 60 or older with 15 years or more of RMS service credits, OR
- Worker meets the Rule of 85 in the CRP at retirement and has 15 years or more of RMS service credits.

The actual RMS benefit amount will be equivalent to a sum of \$500 for each year of RMS service credit. The benefit is paid as an annuity amount (monthly payment) at the time of retirement.

Distribution options for the Retiree Medical Supplement are:

- Single life annuity (see definition on page 28)
- Joint and 70% survivor annuity (see definition on page 28)
- Joint and 100% survivor annuity (see definition on page 28)
- Decreasing annuity (monthly payment is a greater amount prior to age 65 to cover higher medical costs. Upon age 65, monthly amount is reduced for the remainder of the worker's lifetime since Medicare is now available.)

Post-Retirement Survivor Income

Monthly benefits to surviving dependents may be provided as a percentage of the deceased retired member's retirement benefits. The amount of the annuity (monthly payment) is dependent upon the type of distribution option chosen for that benefit. When a worker retires, he/she may choose how benefits may be distributed for each of the following benefits:

- Primary Retirement Benefit (PRB)
- Supplemental Retirement Account (SRA)
- Retiree Medical Supplement (RMS)
- Concordia Retirement Savings Plan (CRSP), if rolled into the CRP at the time of retirement

Post-Retirement Lump-Sum Death Benefit—Retiree’s Death

Upon the death of a retired member, whether married or unmarried, a lump-sum death benefit of \$10,000 is payable. The benefit will be paid to the worker’s designated beneficiary(ies). If there is no beneficiary designation on file, then payment will be made to the surviving spouse, if living; otherwise to surviving children (in equal shares), if living; otherwise to the retiree’s estate.

Post-Retirement Lump-Sum Death Benefit—Dependent’s Death

Upon the death of an enrolled dependent spouse or enrolled dependent child, a lump-sum death benefit of \$10,000 is payable to the retiree.

Contribution Rates

Contributions are based on a percentage of the worker’s annual compensation and benefit package and are paid by the employer.

Regular Basis

<i>The Church’s Plan</i>	8.7%	(includes RMS and CRSP)
Packages 2 & 3	7.5%	(no RMS or CRSP)

If a minister of religion or deaconess—who is considered self-employed for Social Security purposes—participates on the Regular Basis, the employer is to make the amount of the difference between the Regular Basis rate and the Full Basis rate available to that person. This special payment assures that all workers deemed self-employed by Social Security are treated equitably, whether they are participating in the CRP on the Regular Basis or the Full Basis. The difference (3.0%) is usually paid directly to the worker. The 3.0% is not to be included as annual compensation for Concordia Plans purposes.

Full Basis

Only workers who, on December 31, 1981, (a) were deemed to be a self-employed person under Social Security laws, (b) whose self-employed status does not subsequently terminate, and (c) whose participation in the Concordia Retirement Plan as a worker does not subsequently terminate for a period of more than five years, may participate on the Full Basis.

<i>The Church’s Plan</i>	11.7%	(includes RMS and CRSP)
Packages 2 & 3	10.5%	(no RMS or CRSP)

Waiver During Disability

While a worker is disabled, CRP contributions are waived beginning with the third calendar month following 14 days of total disability.

Rates on Web site

The retirement program contribution rates can also be found on the Concordia Plan Services website at www.ConcordiaPlans.org under Retirement/Concordia Retirement Program Package Rates.

Concordia Retirement Savings Plan (CRSP)

403(b) Tax-Deferred Savings Plan

Administered by: MetLife 800-543-2520

A 403(b) tax-deferred savings plan is an arrangement that allows not-for-profit employers and their workers to make contributions to a tax-deferred retirement savings plan established for the benefit of the workers. 403(b) simply refers to the section of the Internal Revenue Code under which the plan is established.

Key features of participating in a tax-deferred savings plan:

1. When a worker invests through payroll deductions, the money is deducted from the taxable income, which means lower income tax paid by the worker.
2. With a tax-deferred savings plan, earnings can grow and compound year after year, without being reduced by taxes. Once a worker retires and begins removing money, the worker may have to pay taxes, but often at a lower tax rate.

In order for workers to participate in tax-deferred savings through the Concordia Retirement Savings Plan, his/her employer must select *The Church's Plan* as its benefit package. Once selected, workers will receive an enrollment packet including details about investment options and how to participate.

Basic and Employer Optional Match

A Basic Match of 50% of the first 2% of total compensation a worker contributes to CRSP is provided. The Basic Match is funded by an employer's contribution to *The Church's Plan* retirement program. The Basic Match is remitted quarterly to MetLife by Concordia Plan Services, and MetLife then credits each worker's account.

An employer can also elect to provide an additional optional matching contribution of 50% of the next 2% or 4% of total compensation that a worker contributes to the CRSP (above the Basic Match). The Employer Optional Match is a separate expense from the Basic Match funded by the employer. The Employer Optional Match is credited to a worker's account at the time the worker's personal contribution is deposited.

For purposes of calculating the Basic and Employer Optional Match, total compensation includes the worker's basic wage/salary plus: 25% of basic wage if housing is furnished for free by the employer as the worker's primary residence, and any cash utility allowance or cash housing allowance paid directly to the worker. Other cash allowances, bonuses, car allowances, or other forms of remuneration are not included.

The worker and matching contributions are both 100% vested immediately.

Benefits Provided:

- 403(b) Tax-Deferred Savings Plan
- Basic and Employer Optional Match
- Investment Fund Options
- Distribution Options
- Death Benefits

Investment Fund Options

A variety of investment opportunities are available. Twelve funds were chosen that offer great diversification across a broad spectrum of the investment markets. Specific details about the funds are provided in the enrollment packet sent by MetLife after the employer joins *The Church's Plan* or after a new worker is enrolled.

A listing of the funds is also available on the Concordia Plan Services website at www.ConcordiaPlans.org under Retirement/Concordia Retirement Savings Plan/Investment Options.

Distribution Options

Upon termination or retirement, a worker may request a distribution from the CRSP as follows:

- A lump-sum cash distribution;
- Rollover money into an IRA;
- Rollover money into the Concordia Retirement Plan (CRP) if the worker is age 55 or older and converts his/her CRSP account balance into a monthly annuity. If the worker is under age 55, the money can be left in the CRSP account until such worker reaches age 55, at which time the worker can rollover the money in his/her CRSP account balance into the CRP and convert it to a monthly annuity (account balance must be more than \$5,000 for this distribution option);
- A systematic monthly, quarterly, or annual periodic payment from the CRSP account, whichever of these may be offered by MetLife, the administrator; or
- Leave the money in the CRSP account; however, the worker will be required to begin receiving a minimum distribution payout by age 70-1/2.

Distribution forms can be found on the MetLife website at www.mlr.metlife.com. Once logged in, click the "Change Account Information" category, click "Forms and Documents," and then select "Distribution Request."

Workers may want to consult a financial advisor to discuss distribution options to avoid any adverse tax consequences.

Death Benefits

As a 403(b) tax-deferred savings plan, the money placed in the CRSP account immediately belongs to the worker. Therefore, the worker will need to designate a beneficiary with MetLife for his/her CRSP account. This will ensure that the balance of the funds are distributed according to the worker's wishes in the event of his/her death. If the worker is married, he/she will need to appoint his/her spouse as the primary beneficiary, unless the spouse is willing to waive that right. A worker can designate a beneficiary through MetLife's website www.mlr.metlife.com by completing the form electronically, or by printing a form and mailing it to MetLife (instructions are on the form).

If, upon retirement, the worker elects to rollover his/her CRSP account into the CRP to annuitize, the benefits will be distributed as determined by the selected distribution option. Once benefits have commenced, the distribution option cannot be changed.

Contribution Rates

There is no separate billing rate or percentage rate for the CRSP as it is included in the "retirement program" contribution rate for *The Church's Plan* described in the CRP Contribution Rates section (see page 30).

Accident Insurance Program (AIP)

Insurance Amounts

The Accident Insurance Program (AIP) provides worldwide 24-hour accident insurance protection. Benefits in selected amounts from \$25,000 to \$300,000 are available at a low monthly cost:

Insurance Amount	Individual Plan Monthly Payment	Family Plan Monthly Payment
\$25,000	\$.80	\$ 1.20
50,000	1.60	2.40
75,000	2.40	3.60
100,000	3.20	4.80
125,000	4.00	6.00
150,000	4.80	7.20
175,000	5.60	8.40
200,000	6.40	9.60
250,000	8.00	12.00
300,000	9.60	14.40

The insurance amount reduces to 65% at age 70 and 50% at age 75.

The maximum for missionaries serving overseas is \$100,000.

When Benefits Are Paid

Benefits will be paid for specific losses caused by a covered accident in accordance with the following schedule:

For Loss of:	% of Benefit* Payable
Life	100%
Both hands or both feet	100%
Sight in both eyes	100%
Paraplegia	75%
Quadriplegia	100%
One hand or one foot	50%
Sight in one eye	50%
Speech or hearing in both ears	50%
Thumb and index finger of same hand	25%

* Loss must occur within 365 days of the accident. If more than one loss occurs as the result of the same accident, the total payment for all losses cannot exceed 100% of the employee's benefit amount.

In addition to benefits for accidental death or dismemberment, benefits are provided if there is paralysis of the limbs because of injury to the spinal cord due to an accident.

Benefits Provided

- Accidental Death Benefit
- Accidental Dismemberment Benefit
- Plegia (Paralysis of Limbs) Benefit

Coverage is available for worker only or worker and family. The following benefit amounts are applicable for dependents:

- 1) If there are no dependent children, spouse's coverage is 50% of the amount of coverage selected by the worker.
- 2) If there are dependent children, the spouse's coverage is 40% of the amount of coverage selected by worker and each child has coverage equal to 10% of the worker's amount.
- 3) If only dependent children are covered, each child has coverage equal to 15% of the worker's amount.

Additional Benefits

Education, spouse training, or child care benefits are available for enrolled dependents if the worker dies because of an accident.

If death occurs because of an auto accident and seat belts were being worn or the vehicle had air bag(s) at the time of the accident, a 10% increase in the insurance amount selected or up to \$30,000 will be paid, whichever is less.

Upon the accidental death of a member enrolled in the Family Plan, an additional benefit equal to the lesser of 3% of the member's benefit amount, or \$3,000, will be paid in three annual payments for continuation of medical coverage for the enrolled dependents.

For additional information, visit the Concordia Plan Services website www.ConcordiaPlans.org under Disability & Survivor/Accident Insurance Plan.

Concordia Plan Services
The Lutheran Church—Missouri Synod

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