

Compass Christian Church

YOUR BENEFITS

Effective June 1, 2025 - September 30, 2026

PRIMARY

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least 30 hours per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.

Your Children

Dependent children are eligible:

- **Medical, dental and vision:** until age 26 regardless of student or marital status
- **Child life insurance:** until age 19, or 26 if a full-time student

Stepchildren, adopted children, and children placed with you for adoption/foster care are also dependent children.

Disabled dependent children may be eligible for continued **medical** coverage past the age of 26 if they are your **tax dependents**, are **incapable of self support**, and are **fully dependent on you or your spouse**. Your medical plan will verify their eligibility.

Enrolling in coverage

Your benefit plans are in effect from June 1, 2025 - September 30, 2026. In general, there are **three times** you can make benefit selections:

When you're first eligible

Your benefits begin on the first day of the month following your day of employment; this is your effective date. Be sure to submit your selections within your first 30 days of benefits eligibility/employment.

Your benefits are in effect through September 30, 2026.

At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from June – September of the following year unless you have a qualifying life event.

If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent,
- a change in eligibility or coverage through other employment or a spouse or parent's coverage,
- a change in salary impacting your ability to make deductions, and
- a change in eligibility through Medicare or Medicaid.

[Enroll now](#)

You must request a change to your benefits within **30 days** of your life event (60 days for changes involving Medicaid eligibility). **Documentation may be required.**



Helpful terms & resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.
The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include - but are not limited to - surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

ANNUAL NOTICES

We're required to tell you about certain rights and responsibilities you have as an employee.

You can request a paper copy at no charge using the contact information on the next page.

How to handle medical bills
(2:04)

[Learn more](#)



[Download now](#)

Contact information

Your benefits team is here to help you with claims, ID cards, coverage questions, and more!

877-703-8010
REI.Benefits@onedigital.com

Monday - Friday,
8am-5pm CST



Medical insurance	BlueCross BlueShield-Arizona	800-232-2345 azblue.com
Health Savings Account (HSA)	OptumBank	866-234-8913 optumbank.com
Flexible Spending Accounts (FSAs)	ConnectYourCare	844-973-3922 secure.connectyourcare.com
Employee Assistance Program (EAP)	MetLife	888-319-7819 metliffeap.lifeworks.com
	Wysa	Download the app: wysa.com
Dental insurance Vision insurance	MetLife MetLife/VSP	800-438-6388 metlife.com/mybenefits
Life and AD&D insurance	MetLife	214-771-4411
Additional benefit options <ul style="list-style-type: none">• Accident, Critical illness, Hospital indemnity• Pet insurance	MetLife	800-438-6388
	Pet Benefit Solutions	800-891-2565 petbenefits.com

Medical insurance

Mental health support

Select from three medical options through BlueCross BlueShield - Arizona

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the plan,
- what you pay when you get care,
- how out-of-network care is covered, and
- your annual maximum cost for care (out-of-pocket maximum).



See your plan details for out-of-network information.

	PPO 1000 See plan details	PPO 2500 See plan details	HSA 3300 See plan details
In-network care			
Network name:	National PPO	National PPO	National PPO
Annual deductible (DED)	\$1,000 per person up to \$2,000 family maximum	\$2,500 per person up to \$5,000 family maximum	\$3,500 single coverage, OR \$7,000 if you cover 2+ people
Out-of-pocket maximum	\$4,000 per person \$8,000 family maximum	\$6,350 per person \$12,700 family maximum	\$5,950 per person \$11,900 family maximum
Pre-tax account availability	Health care FSA	Health care FSA	Health Savings Account (HSA)
Preventive care	100% covered	100% covered	100% covered
Primary care visit	\$25 copay	\$35 copay	DED then you pay 20%
Specialist visit	\$50 copay	\$60 copay	DED then you pay 20%
Virtual visit	\$0 copay	\$0 copay	DED then you pay 20%
Outpatient rehab & therapy	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%
Mental health care	\$50 copay or DED, then 20%	\$60 copay or DED, then 20%	DED then you pay 20%
Durable medical equipment	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%
Urgent care	\$75 copay	\$75 copay	DED then you pay 20%
Emergency room	\$250 copay	\$250 copay	DED then you pay 20%
Inpatient hospital care	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%
Outpatient surgery	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%
Prescription drugs	(30 days 90 days)	(30 days 90 days)	(30 days 90 days)
Prescription deductible	Does not apply	Does not apply	Combined with medical
Generic	\$10 copay \$20 copay	\$10 copay \$20 copay	\$10 copay \$20 copay
Preferred brand	\$35 copay \$70 copay	\$35 copay \$70 copay	\$35 copay \$70 copay
Non-preferred brand	\$60/120copay \$120/240copay	\$60/120copay \$120/240copay	\$60/120copay \$120/240copay
Out-of-network care	Balance billing applies	Balance billing applies	Balance billing applies
Annual deductible	\$3,000 / \$6,000	\$5,000 / \$15,000	\$7,000 / \$14,000
Out-of-pocket maximum	\$8,000 / \$16,000	\$15,000 / \$45,000	\$10,000 / \$20,000

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Health Savings Account (HSA)

An HSA through OptumBank is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – or retirement!



Contributions

You may contribute tax-free funds to save for current and future health expenses - and retirement!

	If you cover yourself only	If you cover dependents
2025 IRS maximum contribution	\$4,300	\$8,550

55 or older? You can contribute an extra **\$1,000** per year in catch-up contributions.

Eligibility

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- **be enrolled** in a qualified High Deductible Health Plan (HDHP),
- **not be covered** under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- **not** be anyone else's tax dependent, and
- **not** be enrolled in Medicare A or B, Tricare, or VA benefits.

HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, **OR**
- Let your balance grow for retirement.

The money in your HSA is **always yours** and available for qualified health care expenses - even if you change jobs or health plans. Before retirement, any funds used for non-healthcare expenses are subject to tax penalties.

Keep your receipts!

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free, and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties; regular income tax will still apply.



Learn how HSAs can help you save for today and tomorrow.

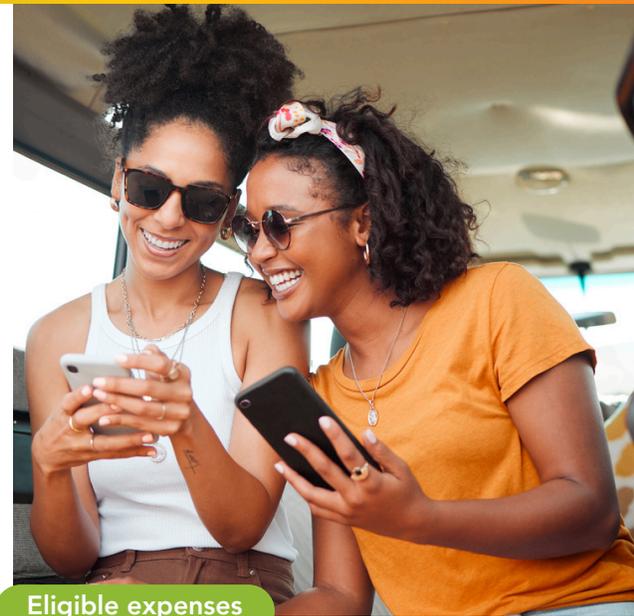
[Learn more](#)



Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through ConnectYourCare.

Enroll in one or more flexible spending accounts (FSAs) depending on your needs. Flexible spending accounts run January - December each year.



Health care FSA

Pay for eligible medical, prescription, dental, and vision expenses. You'll get a debit card to pay for expenses.

2025 maximum contribution	\$3,300
Annual rollover amount	\$0 use it or lose it

Limited purpose FSA

Pay for eligible **dental** and **vision** expenses when you're also contributing to an HSA. You'll get a debit card to pay for expenses.

2025 maximum contribution	\$3,300
Annual rollover amount	\$0 use it or lose it

Be sure to file all claims (January - December) by March 31 of the following year. Enrolled in an **HDHP plan** and **eligible for HSA contributions**? You're not eligible for a health care FSA; you can contribute to a limited purpose FSA instead.

Dependent care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2025 maximum contribution	\$5,000
---------------------------	---------

Married filing separately: contribute up to \$2,500 per person.

Only the amount you've **actually contributed** is available for use at any one time.

Estimate carefully! Unused funds will be forfeited at the end of the year per IRS regulations.

Transit and parking FSA

Pay for eligible transit and parking expenses related to work.

Monthly maximum contribution	\$325
------------------------------	-------

Enrollment and contribution elections are made on a monthly basis, not annual.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Virtual care & mental health

Support for your health, finances, and life.

Telehealth/Virtual care

Virtual health care that fits your schedule

Access quality care in the convenience of your own home, on your lunch break, or on the way to your child's soccer game!

Whether it's a nagging cough, middle-of-the-night fever, or a suspicious-looking mole or rash — telehealth is here when you need it. **See and talk to a doctor via mobile phone or computer 24/7, no appointment needed. Get care in 20 minutes or less.**

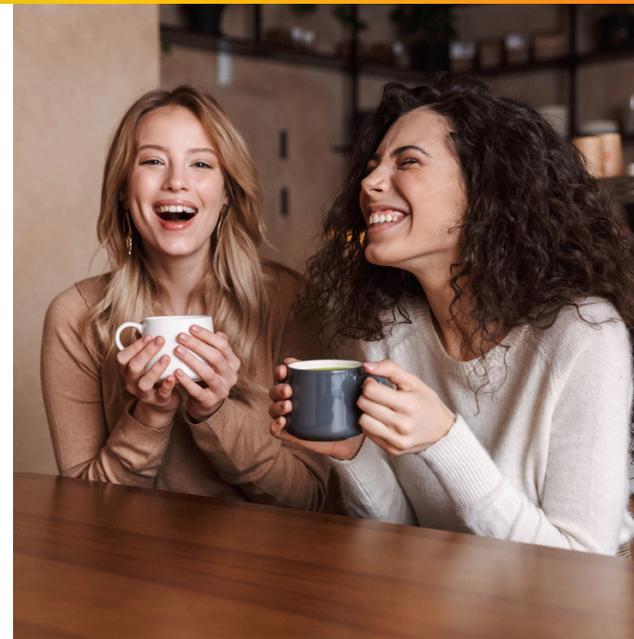
Download **BlueCareAnywhere App** or visit bluecareanywhereaz.com

PPO plan	\$0 copay
HDHP plan	Varies

Information when you need it

Access no-cost resources designed to **support your wellbeing, understand your benefits, and manage your finances.**

Access now



Mental health care is health care.

Managing work, family, relationships, finances — or mental health conditions — can be tough.

Our Employee Assistance Program (EAP) provides you and your family with no-cost, confidential assistance with all things related to your life. **24/7/365.**

Learn more

On-demand support

Access on-demand, anonymous mental health resources wherever you are through Wysa.

Referral code: **REWYSAC**

Access Wysa



The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Employee Assistance Program (EAP)

Care for your mind – and your life – with support through MetLife.

Confidential care designed for all that life brings.

Everyone needs support sometimes (even superheroes)

Our Employee Assistance Plan (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support online or over the phone. 24/7/365.

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call to speak with a counselor or schedule an appointment, 24/7/365.

EAP features:

- **Confidential.** No one at your employer will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.



24/7/365 access to care.

888-319-7819

metlifeeap.lifeworks.com

username: metlifeeap

password: eap

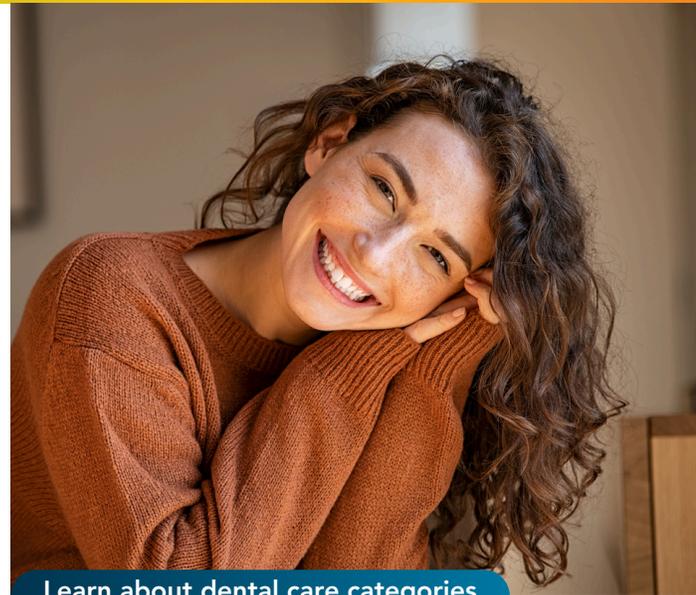
The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Dental insurance

Select from two dental options through MetLife.

Both plans cover in-network preventive care at 100%. The differences are:

- what you pay for the plan,
- what you pay when you get care,
- the maximum amount MetLife will pay each year for dental care (**annual maximum benefit**),
- how **out-of-network care** is covered, and
- whether **orthodontic care** is covered.



[Learn about dental care categories](#)

	Dental Silver See plan details		Dental Gold See plan details	
Network name:	National PPO (PDP Plus)		National PPO (PDP Plus)	
	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible (DED)	\$50 per person	\$50 per person	\$50 per person	\$50 per person
Annual maximum benefit	\$1,500 per person	\$1,500 per person	\$3,000 per person	\$3,000 per person
Preventive care	100% covered		100% covered	
Basic care	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%
Major care	DED then you pay 50%	DED then you pay 50%	DED then you pay 50%	DED then you pay 50%
Implant coverage:	Available		Available	
Orthodontic care				
Coverage	50% covered (child to age 19)		50% covered (child and adult)	
Lifetime max benefit	\$1,000 lifetime maximum benefit		\$1,500 lifetime maximum benefit	



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Vision insurance

Select from two vision options through MetLife.

Both plans cover annual exams, lenses and frames, or **contacts in lieu of glasses**. The differences are:

- what you pay for the plan,
- what you pay when you get care, and
- the **materials allowance** (how much the plan will pay) for frames or contact lenses.



	Vision Silver See plan details		Vision Gold See plan details	
Network name:	VSP network		VSP network	
	In-network	Out-of-network	In-network	Out-of-network
Annual eye exam <i>(once per 12 months)</i>	\$10 copay	Up to \$45 reimbursement	\$10 copay	Up to \$45 reimbursement
Materials copay <i>(lenses & frames)</i>	\$25 copay	N/A	\$25 copay	N/A
Lenses <i>(once per 12 months)</i>	Included in materials copay	See plan details	Included in materials copay	See plan details
Frames	\$150 allowance (Walmart, Costco, Sam's: \$70) <i>(available once every 24 months)</i>	Up to \$70 reimbursement	\$200 allowance (Walmart, Costco, Sam's: \$95) <i>(available once every 12 months)</i>	Up to \$70 reimbursement
Contact lenses <i>(once per 12 months)</i>				
Elective	\$150 allowance	Up to \$105 reimb.	\$200 allowance	Up to \$105 reimb.
Medically necessary	\$25 copay	Up to \$210 reimb.	\$25 copay	Up to \$210 reimb.

The Silver Vision plan includes frames every other year with lenses or contacts annually.

*The Gold Vision plan includes 2 pairs of frames or 1 frame and contacts annually via the dual vision program.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Life and AD&D insurance

Financial peace of mind through MetLife.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.

Additional life and AD&D insurance

[See plan details](#)

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	\$5,000	\$10,000
Coverage maximum	5x your salary to \$750,000	\$50,000 (up to your coverage amount)	\$10,000
Medical question limit	5x your salary to \$250,000	\$50,000	Does not apply



What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Medical question limit

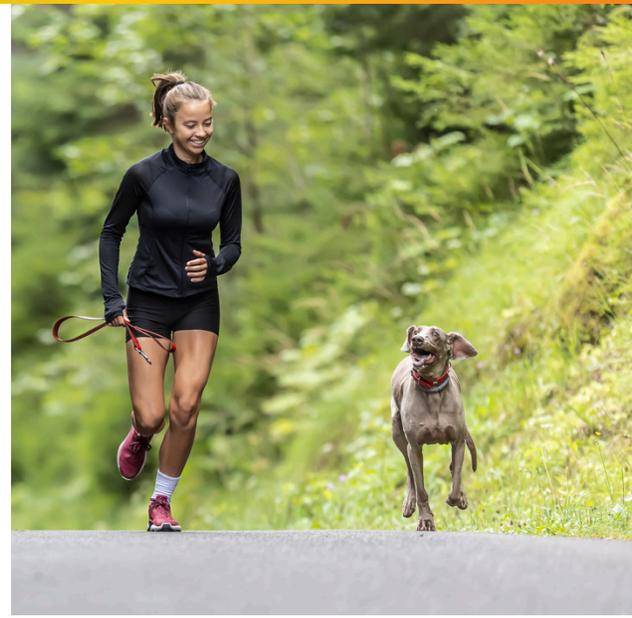
When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Additional benefit options

Additional benefit plans are a great way to customize your benefits package.



Accident coverage

[See plan details](#)

Accident coverage through **MetLife** pays you a cash benefit to help with your expenses –your deductible or copays, transportation, groceries and more – if you or a covered family member is injured due to an accident. The money is yours to use as you choose.

 Health screening benefit available

Hospital indemnity

[See plan details](#)

Hospital Indemnity coverage through **MetLife** pays you a cash benefit to help with your expenses - your deductible or copays, transportation, groceries and more - if you or a covered family member is admitted to the hospital. The money is yours to use as you choose.

 Health screening benefit available

Critical illness

[See plan details](#)

Critical illness coverage through **MetLife** pays you a cash benefit to help with your expenses– your deductible or copays, transportation, groceries and more – if you or a covered family member is diagnosed with a covered critical illness. The money is yours to use as you choose.

 Health screening benefit available

Identity & fraud protection

[See plan details](#)

Identity theft protection through **MetLife** helps monitor your credit and personal information online. You can buy coverage for yourself, your spouse and/or your child(ren).

Legal services

[See plan details](#)

Pre-paid legal care through **MetLife** can provide you with legal advice and consultation about various topics at no added cost. Available topics include wills and estate planning, money and finances, driving or traffic matters and more.

Pet insurance

[See plan details](#)

Protect your furry best friend with **Pet Benefit Solutions** Pet Insurance. You'll get access to licensed veterinarians for routine care, emergencies, lab tests and wellness visits. Rates vary.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

2025-2026 benefits