

# **2025** Employee Benefits Guide



## **The Anglican Diocese of Fort Worth**

**Plan Year**

**November 1, 2025 - October 31, 2026**

# Welcome!

## PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY

The Anglican Diocese of Fort Worth is pleased to provide you with a benefit program designed to safeguard your financial and health care needs.

This booklet is a guide to help you make benefit choices that are best for you and your family. It is not a complete description of the plan provisions. Copies of the Policy Documents and/or Summary of Benefits and Coverage are available by contacting your Benefit Administrator.



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# Introduction

## Who is eligible?

Eligible employees are full-time, working 30 hours or more per week.

## When is my coverage effective?

Coverage is effective on the first of the month following your date of hire.

## Who are my eligible dependents?

Eligible dependents include:

- Legal spouse
- Biological, adopted or stepchildren less than age 26
- Physically or mentally handicapped children (regardless of age)

## How do I enroll?

To enroll, you must complete and submit the following documents:

- The Anglican Diocese of Fort Worth: Enrollment / Change Form
- Mutual of Omaha: Beneficiary Form
- The Anglican Benefits Retirement Program: Participant Enrollment / Investment Election Form

## How do I decline coverage?

To decline, you must complete and submit the following documents:

- The Anglican Diocese of Fort Worth Enrollment / Change Form (check waiver boxes)

## Can I change my coverage during the year?

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Change in number of dependents (includes birth, adoption and death)
- Loss of dependent status
- Change in employment status or change of coverage under another employer's plan
- Judgments, orders or decrees
- Enrolling in or losing coverage under Medicare, Medicaid or CHIP
- While on leave under FMLA

**Qualifying Life Event Changes must be made within 30 days of the event date.**

# Definitions

**Benefits Plan Year** – November 1, 2025 through October 31, 2026.

**Calendar Year** – January 1 through December 31 of each year.

**Coinsurance** – The percent of eligible charges that the plan pays.

**Copayment (Copay)** – The amount paid by a covered person to a network provider at the time services are rendered. Copayments for covered services are not applied to your deductible.

**Deductible** – The amount you pay each calendar year before the plan begins to pay for certain covered health care expenses.

**Guarantee Issue** – The amount of coverage pre-approved by the insurance carrier regardless of health status.

**In-Network Benefits** – The benefits applicable for the covered services of an in-network provider.

**Medical Emergency** – A sudden, serious, unexpected and acute onset of an illness or injury where a delay in treatment would cause irreversible deterioration resulting in a threat to the patient's life or body part.

**Open Enrollment** – The period during which employees are given the opportunity to enroll or change their current coverage elections.

**Out-of-Network Benefits** – The benefits applicable for the covered services of an out-of-network provider.

**Out-of-Pocket Maximum** – The total amount paid each year by the member for the deductible and coinsurance. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services for the remainder of the calendar year.

**PPO (Preferred Provider Organization)** – A PPO is a type of insurance network. In this type of network, you may choose to obtain care in or out of your network. If you choose to visit a "In-Network", provider, your out of pocket expense will be significantly less than if you visit a provider outside your network. The reason for this is the In-Network provider agrees to accept set, contracted rates as payment in full for their services in return for being part of the insurance carrier's Preferred Provider network.

**Usual and Customary Rates** – Non-network health plan expenses are considered for reimbursement at usual and customary (U&C) rates. U&C rates are determined to be the prevailing charge made for a service by a similar provider in the same geographic area. Charges above U&C are not covered by the plan and are the responsibility of the participant.

## Carrier Contacts

| When You Have Questions                  | Contact                | Group Number | Phone        | Website  |
|--|------------------------|--------------|--------------|--|
| <b>Medical</b><br>• Network: Blue Choice | Blue Cross Blue Shield | TBD          | 800.521.2227 | <a href="http://www.bcbstx.com">www.bcbstx.com</a>                       |
| <b>Dental</b><br>• Network: Renaissance  | Renaissance            | 191067       | 800.894.4532 | <a href="http://www.renaissancefamily.com">www.renaissancefamily.com</a> |
| <b>Vision</b><br>• Network: VSP          | Renaissance            | 191067       | 800.894.4532 | <a href="http://www.renaissancefamily.com">www.renaissancefamily.com</a> |
| <b>Long Term Disability</b>              | Mutual of Omaha        | TBD          | 800.775.6000 | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>         |
| <b>Short Term Disability</b>             | Mutual of Omaha        | TBD          | 800.775.6000 | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>         |
| <b>Basic Life / AD&amp;D</b>             | Mutual of Omaha        | TBD          | 800.775.6000 | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>         |
| <b>Voluntary Life / AD&amp;D</b>         | Mutual of Omaha        | TBD          | 800.775.6000 | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>         |

Full-Time employees that work 30 or more hours per week are eligible to participate in this insurance program. Please send the completed enrollment form to:

Kristi Heffron, Director of Finance and Business Administration

Care of: The Anglican Diocese of Fort Worth

Phone: 817-244-2885

Email: [Kheffron@adfw.org](mailto:Kheffron@adfw.org)

Address: 2900 Alameda St., Fort Worth, TX 76108

## Agency Contacts

|                                   |  |              |
|-----------------------------------|--|--------------|
| Tony Zavala, Advisor              | <a href="mailto:Tony.zavala@frostinsurance.com">Tony.zavala@frostinsurance.com</a>       | 817.420.5724 |
| Jessica Solano, Account Executive | <a href="mailto:Jessica.solano@frostinsurance.com">Jessica.solano@frostinsurance.com</a> | 817.420.5734 |

# Medical Benefits - BlueCross BlueShield

The Anglican Diocese of Fort Worth gives you the choice to elect medical benefits through BlueCross BlueShield from a PPO plan. The PPO Plan offers both in-network and out-of-network benefits. You may see any provider you choose; however, if you choose to visit an in-network provider, your out of pocket expenses will be significantly less.

| Medical Plans  | In-Network  |
|--|---|
| Provider Network   | Blue Choice   |
| <b>Annual Deductible</b> <ul style="list-style-type: none"> <li>Individual \$1,050</li> <li>Family \$3,150</li> </ul>  |   |
| <b>In-Network Coinsurance</b><br>(Curative/Member) 80% / 20%   |   |
| <b>Annual Out-of-Pocket Maximum</b> <ul style="list-style-type: none"> <li>Individual \$6,300</li> <li>Family \$12,600</li> </ul>  |   |
| <b>Primary Physician Office</b>  | \$55 Copay  |
| <b>Specialist Office Visit</b>   | \$100 Copay   |
| <b>Telemedicine</b>  | \$55 Copay  |
| <b>Urgent Care</b>   | \$100 Copay   |
| <b>Routine Preventive Care</b>   | Covered in Full   |
| <b>Emergency Room</b>  | \$600 + Deductible + 20%  |
| <b>Inpatient Hospitalization</b>   | \$150 + Deductible + 20%  |
| <b>Outpatient Surgery</b>  | Deductible + 20%  |
| <b>Diagnostic Test</b> (X-Rays / Blood Work)   | Deductible + 20%  |
| <b>Imaging</b> (CT/PET scans / MRI's)  | \$300 Copay   |
| <b>Prescription Drug Retail (30 day Supply)</b><br><b>**Preferred Pharmacies Include:</b> <ul style="list-style-type: none"> <li>- Walgreens</li> <li>- Albertsons</li> <li>- Walmart</li> <li>- HEB</li> <li>- Access Health</li> </ul> | <b>Preferred** / Retail Pharmacy:</b><br>\$0 / \$10 Copay<br>\$10 / \$20 Copay<br>\$50 / \$70 Copay<br>\$100 / \$120 Copay<br>3x Preferred Copay              |
|  | <b>Preferred Generic</b><br><b>Non-Preferred Generic</b><br><b>Preferred Brand Name</b><br><b>Non Preferred Brand Name</b><br><b>Mail Order—90 day supply</b> |
| Coverage Tier  | Monthly Premiums  |
| <b>Employee Only</b>   | \$1,240.78  |
| <b>Employee + Spouse</b>   | \$2,481.56  |
| <b>Employee + Child(ren)</b>   | \$2,481.56  |
| <b>Employee + Family</b>   | \$3,513.15  |

\*For out-of-network coverage details, please refer to the summary of benefits (SBC).



BlueCross BlueShield of Texas



## Virtual Visits: **Get Cost-Effective, 24/7 Care**

With Virtual Visits powered by MDLIVE®, the doctor is always in. This Blue Cross and Blue Shield of Texas (BCBSTX) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent Licensee of the Blue Cross and Blue Shield Association

Powered by  
**MDLIVE**

## Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

## The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

## Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

**First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSTX benefit, please call the number on the back of your ID card.**

## Activate your Virtual Visits account today:

- Call 888-680-8646
- Go to MDLIVE.com/bcbstx
- Text BCBSTX to 635-483
- Download the app



Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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**BlueCross BlueShield**  
of Texas

# Your Doctor Is In...

## Find Care on Blue Access for Members<sup>SM</sup>



**It's easy to find a provider and manage your health care expenses.**

### Find Care on BAM<sup>SM</sup>

We make it easy to find in-network health care providers and manage your out-of-pocket costs.

Go to [bcbstx.com](https://bcbstx.com) to log in or create an account on BAM. Then, look for **Find Care** to:

- Find in-network providers, clinics, hospitals and pharmacies.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Compare quality, awards for doctors, hospitals and more.
- Read or add reviews for providers.
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.\*
- Find cost savings opportunities for prescription drugs using the Medication Finder tool.\*

\* Not all plans provide this information.

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### Find a Doctor Wherever You Are

- **Log in to BAM.** Use your ZIP code to find providers in your network.
- **Search as a guest.** Go to [bcbstx.com](https://bcbstx.com), choose Find Care and use the ZIP code at your location to find in-network providers near you.
- **Need more help?** Call 800-810-BLUE (2583) Also applies to Global<sup>®</sup> Core.



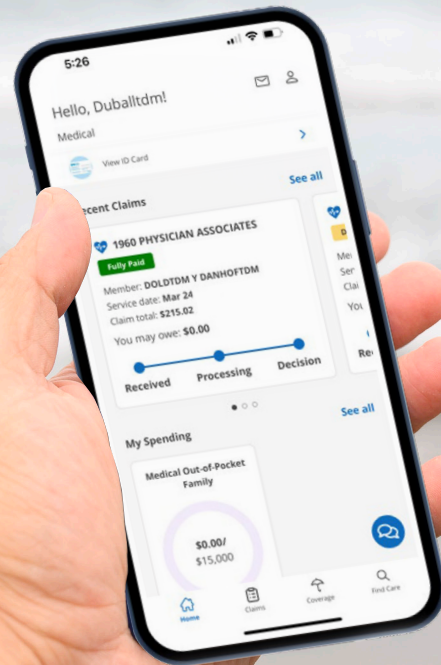
### Stay Connected with BCBSTX

Even on the go you can manage your ID cards and stay on top of claims activity, coverage information and prescription refill reminders. It's easy: Log in or create a BAM account at [bcbstx.com](https://bcbstx.com).



**BlueCross BlueShield**  
of Texas

# The BCBSTX App Keeps You Covered



## Download the BCBSTX App to manage your health.

- Find an in-network doctor, hospital or urgent care center.
- Access your claims, coverage and deductible information.
- View, print or share your member ID with your doctor's office.
- Log in securely with your fingerprint or face recognition.\*
- View your Explanation of Benefits.

## Then, Manage Your Preferences

### In the BCBSTX App:

- Update your profile with your mobile number.
- Set your notification preferences to text.

### Choose the messages and information you want to get:

- View claims, prior authorization or referral updates.
- Get alerts when there are new documents to review.
- Receive secure message notifications.
- Find out about new benefits and services.

**Scan a QR code to  
download the free app.**

Use your **Blue Access for  
Members<sup>SM</sup>** login, or create  
an account to get started.



\* Availability varies by device.

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# Dental Benefits - Renaissance

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

**The Anglican Diocese of Fort Worth** offers dental benefits through Renaissance. The dental plan has a large selection of dentists in the network and you also have the option to seek treatment from the dentist of your choice. You can access dental providers in the **Renaissance Network** at [www.renaissancefamily.com](http://www.renaissancefamily.com). If you choose to see an out-of-network dentist, your cost may be higher in some cases, as you will be responsible for covering charges that go over what is reasonable and customary in the geographic area in which the expenses occur.

| TYPE OF SERVICE  | In-Network       | Out-of-Network         |
|--|------------------|------------------------|
| <b>Calendar Year Deductible</b><br>(Applies to Basic and Major Care only) <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul> | \$50<br>\$150    | \$50<br>\$150          |
| <b>Preventive and Diagnostic Care</b><br>(Routine Exams and Cleanings, X-Rays, Fluoride Treatments, Space Maintainers and Sealants)                    | 0%               | 0% of R&C*             |
| <b>Basic Care</b><br>(Composite Fillings, Extractions, Endodontics, Periodontics and Oral Surgery )  | 20%              | 20% of R&C*            |
| <b>Major Care</b><br>(Crowns, Bridges, Dentures and Implants)  | 50%              | 50% of R&C*            |
| <b>Calendar Year Maximum Benefit</b>   | \$2,500          | \$2,500                |
| <b>Orthodontia (Adult &amp; Child)</b> <ul style="list-style-type: none"> <li>Coinsurance</li> <li>Lifetime Maximum Benefit (per person)</li> </ul>    | 50%<br>\$2,500   | 50% of R&C*<br>\$2,500 |
| Coverage Tier  | Monthly Premiums |                        |
| <b>Employee</b>  | \$44.83          |                        |
| <b>Employee + Spouse</b>   | \$100.88         |                        |
| <b>Employee + Child(ren)</b>   | \$109.08         |                        |
| <b>Employee + Family</b>   | \$157.41         |                        |

\*The out-of-network percentage of benefits is based on the schedule of reasonable & customary (90th%R&C) fees in the geographic area in which the expenses are incurred.

## YOUR RENAISSANCE *Dental Coverage*

As a member of our family, you have access to quality ancillary benefits backed by exceptional customer service. Oral and overall health are connected, and we provide dental coverage with unique benefits so that you and your family can enjoy the benefits of better overall health. Plus, our online portals and resources provide you with 24/7 access to your information, backed by our Indianapolis-based customer service team to give you everything you need to manage your benefits. If you ever have questions about your benefits, refer to this brochure, call our Customer Service Department at **800-894-4532**, or visit us online at **RenaissanceBenefits.com**.



### RENAISSANCE COVERAGE

You have the freedom to visit any licensed dentist. Plus, you have access to a national network of preferred providers\* who have agreed to accept lower rates as full payment for covered services. Advantages to choosing an in-network provider include:

- **NO PAPERWORK** Your dentist fills out all forms and files claims for you.
- **NO EXTRA CHARGES** You only have to pay your deductible and/or your co-insurance charges for covered services.
- **NO BALANCE BILLING** for covered services means you'll never pay more than the allowed fees.
- **NO PAYING FULL PRICE** You won't have to pay full price for your dental visits OR wait for reimbursement.

### THERE ARE A FEW SIMPLE, CONVENIENT WAYS TO FIND AN IN-NETWORK DENTIST:

Simply visit **MyRenProviders.com** or call **800-894-4532** to find an in-network provider. When contacting a dental office, it's important to refer to the following Renaissance network partners that a dental office will likely recognize:

#### NATIONAL NETWORK PARTNERS



#### REGIONAL NETWORK PARTNERS



### RENAISSANCE ONLINE PORTALS

You have secure, 24/7 access to your personal benefit information. You can use the **MyRenBenefitsManager.com** portal to:

- Check eligibility and current benefit information
- Print an ID Card and/or an "Explanation of Benefits"
- Review current and past claims

Simply go online to **MyRenBenefitsManager.com** and have your member ID and group policy number available so you can register.

### WHAT IS COVERED BY MY PLAN?

Your plan was developed in conjunction with your employer or plan sponsor. Please refer to your summary of dental plan benefits for a detailed description of your benefits. You can log in to **MyRenBenefitsManager.com** to review your coverage.

### DO I NEED AN ID CARD?

Yes! Your ID card provides helpful information for your dentist. First, the ID card includes the networks that have partnered with Renaissance. By providing your ID card to your dental office, the dental office will have the information they need to provide a seamless, satisfactory benefits experience.

### HOW CAN A DENTAL OFFICE VERIFY MY ELIGIBILITY?

Your dentist can verify your eligibility anytime by calling Renaissance Customer Service at: **800-894-4532**.



# Vision Benefits - Renaissance

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

**The Anglican Diocese of Fort Worth** vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. Benefits are offered through Renaissance. You may access **VSP Network** providers on their website at [www.renaissancefamily.com](http://www.renaissancefamily.com).

| Coverage Options   | In-Network                                       | Out-of-Network |
|--|--|----------------|
| <b>Eye Exams</b> (Every 12 months)*  | \$10 Copay                                       | Up to \$45     |
| <b>Frames</b> (Every 12 months)*   | \$150 Allowance                                  | Up to \$70     |
| <b>Prescription Lenses</b> (Every 12 months)*                                      |  |                |
| Single Vision  | \$25 Copay                                       | Up to \$30     |
| Lined Bifocals   | \$25 Copay                                       | Up to \$50     |
| Lined Trifocals  | \$25 Copay                                       | Up to \$65     |
| Lenticular   | \$25 Copay                                       | Up to \$100    |
| <b>Elective Contact Lenses</b><br>(Every 12 months; in lieu of frames)*            | \$150 allowance                                  | Up to \$105    |
| <b>Medically Necessary Contact Lenses*</b><br>(Every 12 months; in lieu of frames) | Covered in full                                  | Up to \$210    |
| <b>Laser Vision Correction</b>   | 15% off retail price or 5% off promotional price | Not covered    |
| Coverage Tier  | Monthly Premiums                                 |                |
| <b>Employee</b>  | \$13.70  |                |
| <b>Employee + Spouse</b>   | \$21.52  |                |
| <b>Employee + Child(ren)</b>   | \$22.39  |                |
| <b>Employee + Family</b>   | \$31.09  |                |

\* Your Frequency Period begins on January 1 (Calendar year basis)



## YOUR RENAISSANCE

# Vision Coverage

Renaissance Vision Coverage—administered by VSP® Vision Care—boasts the largest national network of independent doctors with more than 39,000 doctors nationwide.\* VSP network doctors also deliver personalized care and the best choices in eyewear—all at the lowest out-of-pocket costs. If you ever have questions about your benefits, just refer to this flyer, call Renaissance Customer Service at **800-894-4532** or visit us at [RenaissanceBenefits.com](https://RenaissanceBenefits.com).



### ENJOY A WIDE VARIETY OF BENEFITS

With Renaissance Vision Coverage you will enjoy a wide variety of benefits that ensure your eyes get the protection they need, including:

- **GLASSES:** Prescription glasses coverage.
- **FRAMES & CONTACTS:** Allowance and additional discounts if you spend over the given allowance.
- **EXTRA MONEY:** Save money on frames, lens enhancements, sunglasses, contacts and laser vision correction.
- **EXTRA BENEFITS:** Most VSP network doctors have evening and weekend appointments, as well as offer a wide selection of frame brands and contact lenses.

### CERTIFIED CARE

When it comes to your health, you deserve the best care. That's why VSP only partners with highly credentialed eye care professionals—so you'll receive quality care for all your vision needs.

- **ABO CERTIFIED:** Optometrists are Therapeutic Pharmaceutical Agent (TPA) certified and Ophthalmologists are American Board of Ophthalmology (ABO) certified.
- **Excellent Standards:** The process VSP uses for credentialing complies with the National Committee for Quality Assurance (NCQA) standards.

### NATIONAL NETWORK

With the largest national network of independent doctors VSP boasts more than 39,000 doctors nationwide.\*

- **IN-NETWORK PROVIDERS:**

There are no claim forms to complete when you see a VSP network doctor. At your appointment, just tell them your coverage utilizes the VSP network.

- **OUT-OF-NETWORK PROVIDERS:**

Not all Vision plans administered by VSP provide out-of-network benefit coverage. To see what your plan offers for out-of-network coverage please visit [vsp.com](https://vsp.com) and go to the "Benefits & Claims" section.

### HOW CAN A VSP NETWORK DOCTOR OFFICE VERIFY MY ELIGIBILITY?

Providers can log in at [vsp.com](https://vsp.com) for benefit information or call Customer Service at **800-877-7195**.

If your plan allows you to see an out-of-network provider, your coverage will be lower and you'll likely have higher out-of-pocket costs. You'll also need to submit a claim to VSP for reimbursement.

- **SUBMITTING AN OUT-OF-NETWORK CLAIM:**

Simply visit [vsp.com](https://vsp.com) and go to the "Benefits & Claims" section. You can submit a claim online or download a form and follow the directions to submit by mail.

\* VSP Internal Data, 2020. VSP is a registered trademark of Vision Service Plan.

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN, and in New York by Renaissance Life & Health Insurance Company of New York, Binghamton, NY. Both companies can be reached at P.O. Box 1596, Indianapolis, IN 46206.

# Long Term Disability - Mutual of Omaha

Long-Term Disability (LTD) provides the protection you need to ensure that your way of life is protected in case of a serious injury or illness. The following is a summary of the LTD disability plan offered through Mutual of Omaha. You must be actively at work on the effective date of coverage.

| Long Term Disability Benefits |   |
|-------------------------------|---|
| Elimination Period            | 90 Days   |
| Monthly Benefit Percentage    | 60% of your monthly Salary  |
| Maximum Monthly Benefit       | Up to \$6,000 per month   |
| Benefit Duration              | Social Security Full Retirement Age w/ RBD  |
| Pre-Existing Condition        | 6/12<br>(6 month look-back from effective date; 12 month waiting period on pre-existing conditions) |

| Long Term Disability Rate    |        |
|------------------------------|--------|
| Monthly Fixed Rate per \$100 | \$.200 |

## Voluntary LTD Premium Calculations:

$$\frac{\text{Annual Salary}}{12} = \text{Monthly Salary} \times 60\% = \text{Monthly Benefit}$$

$$\frac{\text{*Monthly Salary}}{100} \times .200 = \text{Monthly Premium}$$

$$\text{Monthly Premium} \times 12 = \text{Annual Premium} \div \text{\# of Paychecks} = \text{Premium per Paycheck}$$

\* Maximum monthly salary: **\$10,000**

**Monthly Salary is your average monthly income, determined from your current earnings. Earnings include housing allowance for Clergy.**



# Short Term Disability - Mutual of Omaha

In the event you become disabled from a non-work-related injury or sickness, short-term disability income benefits are offered through Mutual of Omaha as a source of income. You must be actively at work on the effective date of coverage.

| Short Term Disability           |                             |
|---------------------------------|-----------------------------|
| Elimination Period for Accident | 14 Days                     |
| Elimination Period for Sickness | 14 Days                     |
| Weekly Benefit Percentage       | 60% of your weekly earnings |
| Maximum Weekly Benefit          | Up to \$1,000               |
| Benefit Duration                | 11 Weeks                    |

| Short Term Disability Rate  |       |
|-----------------------------|-------|
| Monthly Fixed Rate per \$10 | \$.15 |

## STD Premium Calculation:

$$\frac{\text{Annual Salary}}{52} = \text{Weekly Salary} \times 60\% = \text{Weekly Benefit}$$

$$\frac{\text{Weekly Benefit}}{10} = \text{Rate} \times .56 = \text{Monthly Premium}$$

$$\text{Monthly Premium} \times 12 = \text{Annual Premium} \div \text{\# of Paychecks} = \text{Premium per paycheck}$$

\* Maximum weekly salary: **\$1,666.67**

**Monthly Salary is your average monthly income, determined from your current earnings. Earnings include housing allowance for Clergy.**



# Basic Life and AD&D - Mutual of Omaha

All full-time employees are offered Group Life and Accidental Death and Dismemberment (AD&D) insurance. Monthly premium is paid by employer. You must be actively at work on the effective date of coverage.

| Class        | Benefit amount<br>thru Age 64 |         | 65% of Benefit Amount<br>Ages 65 - 69 |         | 50% of Benefit Amount<br>Ages 70+ |         |
|--------------|-------------------------------|---------|---------------------------------------|---------|-----------------------------------|---------|
| 1            | \$150,000                     | \$73.50 | \$97,500                              | \$49.88 | \$75,000                          | \$39.75 |
| 2            | \$100,000                     | \$51.00 | \$65,000                              | \$35.25 | \$50,000                          | \$28.50 |
| 3            | \$75,000                      | \$39.75 | \$48,750                              | \$27.94 | \$37,500                          | \$22.88 |
| 4            | \$50,000                      | \$28.50 | \$32,500                              | \$20.63 | \$25,000                          | \$17.25 |
| 5<br>Retired | \$5,000                       | N/A     | N/A                                   | N/A     | \$5,000                           | \$16.00 |

**Basic Accidental Death & Dismemberment:** In addition to your Basic Life Benefit, Basic Accidental Death & Dismemberment benefits are paid to your beneficiary, if you are deceased within 365 days after a covered accident and the cause of death can be attributed to the covered accident. Your AD&D benefit is equal to your Basic Life benefit amount. AD&D benefits are payable to you if you suffer a loss that is covered under the plan. The loss must have occurred within 365 days of the covered accident.

| Basic AD&D Benefit                             |      |
|--|------|
| Loss of life                                   | 100% |
| Loss of a combination of hand, foot and/or eye | 100% |
| Loss of hand, foot, or an eye                  | 50%  |
| Loss of thumb and index finger of same hand    | 25%  |

If you need to update your beneficiary, please complete the [Mutual of Omaha Beneficiary Form](#)



# Voluntary Life and AD&D - Mutual of Omaha

If you want a greater level of protection, The Anglican Diocese of Fort Worth provides you with the opportunity to elect Voluntary Life Insurance on yourself as well as your family. The monthly premium is paid by the employee through payroll deduction.

**Please Note:** Employees electing voluntary life will also have the opportunity to elect coverage on their spouse and/or child(ren). Spouse's voluntary life election cannot exceed 100% of the employee's voluntary life election.

| Employee Life Benefit                   |   |
|---|---|
| Employee Life Increments                | Increments of \$1,000   |
| Employee Guarantee Issue                | \$110,000   |
| Employee Maximum Amount                 | \$500,000; not to exceed 5x annual salary   |
| Benefit Reduction                       | 65% at age 70 / 50% at age 75   |
| Spouse Life Benefit                     |   |
| Spouse Life Increments                  | Increments of \$500   |
| Spouse Guarantee Issue                  | \$25,000  |
| Spouse Maximum Amount                   | The lesser of \$500,000 or 100% of EE amount  |
| Benefit Reduction                       | Benefit will reduce based on Employee's reduction schedule when employee reaches age 70 |
| Child(ren) Life Benefit                 |   |
| Live birth to 6 months                  | \$1,000   |
| 6 months to age 26                      | Increments of \$2,000 to max amount   |
| Child(ren) Guarantee Issue / Max amount | The lesser of \$10,000 or 100% of EE amount   |

If you and your eligible dependents enroll when first eligible, you may apply for any amount of life insurance coverage up to the Guarantee Issue amount of \$110,000 on yourself and \$25,000 for your spouse without furnishing Evidence of Insurability. Any life insurance coverage over the Guarantee Issue amounts will be subject to Evidence of Insurability. If you and your eligible dependents do not enroll when first eligible, you can apply for coverage only during an annual enrollment period, and will be required to furnish Evidence of Insurability for the entire amount of coverage.

**GUARANTEE INCREASE IN BENEFIT (GIB):** If you enroll when first eligible, you may increase your benefit at the next annual enrollment period by 10% or \$10,000, whichever is greater, up to the maximum allowed amount without furnishing Evidence of Insurability.

## Voluntary Accidental Death and Dismemberment (AD&D)

**Voluntary Accidental Death & Dismemberment:** In addition to your elected Voluntary Life Benefit, Voluntary Accidental Death & Dismemberment benefits are paid to your beneficiary, if you are deceased within 365 days after a covered accident and the cause of death can be attributed to the covered accident. Your AD&D benefit is equal to your elected Voluntary Life benefit amount. AD&D benefits are payable to you if you suffer a loss that is covered under the plan. The loss must have occurred within 365 days of the covered accident.

| Voluntary AD&D Benefit                         |      |
|--|------|
| Loss of life                                   | 100% |
| Loss of a combination of hand, foot and/or eye | 100% |
| Loss of hand, foot, or an eye                  | 50%  |
| Loss of thumb and index finger of same hand    | 25%  |

# Mutual of Omaha Voluntary Life/AD&D Rates

## Monthly Melded Payroll Deduction

| EMPLOYEE | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 | \$110,000 |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| Age Band |          |          |          |          |          |          |          |          |          |           |           |
| 0-24     | \$1.40   | \$2.31   | \$3.21   | \$4.11   | \$5.02   | \$5.92   | \$6.82   | \$7.72   | \$8.63   | \$9.53    | \$10.43   |
| 25-29    | \$1.48   | \$2.47   | \$3.45   | \$4.43   | \$5.42   | \$6.40   | \$7.38   | \$8.36   | \$9.35   | \$10.33   | \$11.31   |
| 30-34    | \$1.64   | \$2.79   | \$3.93   | \$5.07   | \$6.22   | \$7.36   | \$8.50   | \$9.64   | \$10.79  | \$11.93   | \$13.07   |
| 35-39    | \$1.98   | \$3.47   | \$4.95   | \$6.43   | \$7.92   | \$9.40   | \$10.88  | \$12.36  | \$13.85  | \$15.33   | \$16.81   |
| 40-44    | \$2.48   | \$4.47   | \$6.45   | \$8.43   | \$10.42  | \$12.40  | \$14.38  | \$16.36  | \$18.35  | \$20.33   | \$22.31   |
| 45-49    | \$3.46   | \$6.43   | \$9.39   | \$12.35  | \$15.32  | \$18.28  | \$21.24  | \$24.20  | \$27.17  | \$30.13   | \$33.09   |
| 50-54    | \$5.02   | \$9.55   | \$14.07  | \$18.59  | \$23.12  | \$27.64  | \$32.16  | \$36.68  | \$41.21  | \$45.73   | \$50.25   |
| 55-59    | \$7.28   | \$14.07  | \$20.85  | \$27.63  | \$34.42  | \$41.20  | \$47.98  | \$54.76  | \$61.55  | \$68.33   | \$75.11   |
| 60-64    | \$10.90  | \$21.31  | \$31.71  | \$42.11  | \$52.52  | \$62.92  | \$73.32  | \$83.72  | \$94.13  | \$104.53  | \$114.93  |
| 65-69    | \$18.32  | \$36.15  | \$53.97  | \$71.79  | \$89.62  | \$107.44 | \$125.26 | \$143.08 | \$160.91 | \$178.73  | \$196.55  |
| 70-74    | \$32.05  | \$63.61  | \$95.16  | \$126.71 | \$158.27 | \$189.82 | \$221.37 | \$252.92 | \$284.48 | \$316.03  | \$347.58  |
| 75+      | \$62.02  | \$123.55 | \$185.07 | \$246.59 | \$308.12 | \$369.64 | \$431.16 | \$492.68 | \$554.21 | \$615.73  | \$677.25  |

\$110,000 IS THE MAXIMUM THAT MAY BE ISSUED WITHOUT ANSWERING HEALTH QUESTIONS

| SPOUSE   | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 | \$55,000 |
|----------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Age Band |         |          |          |          |          |          |          |          |          |          |          |
| 0-24     | \$0.48  | \$0.96   | \$1.44   | \$1.92   | \$2.40   | \$2.88   | \$3.36   | \$3.84   | \$4.32   | \$4.80   | \$5.28   |
| 25-29    | \$0.53  | \$1.05   | \$1.58   | \$2.10   | \$2.63   | \$3.15   | \$3.68   | \$4.20   | \$4.73   | \$5.25   | \$5.78   |
| 30-34    | \$0.62  | \$1.24   | \$1.86   | \$2.48   | \$3.10   | \$3.72   | \$4.34   | \$4.96   | \$5.58   | \$6.20   | \$6.82   |
| 35-39    | \$0.83  | \$1.65   | \$2.48   | \$3.30   | \$4.13   | \$4.95   | \$5.78   | \$6.60   | \$7.43   | \$8.25   | \$9.08   |
| 40-44    | \$1.11  | \$2.22   | \$3.33   | \$4.44   | \$5.55   | \$6.66   | \$7.77   | \$8.88   | \$9.99   | \$11.10  | \$12.21  |
| 45-49    | \$1.64  | \$3.28   | \$4.92   | \$6.56   | \$8.20   | \$9.84   | \$11.48  | \$13.12  | \$14.76  | \$16.40  | \$18.04  |
| 50-54    | \$2.46  | \$4.91   | \$7.37   | \$9.82   | \$12.28  | \$14.73  | \$17.19  | \$19.64  | \$22.10  | \$24.55  | \$27.01  |
| 55-59    | \$3.68  | \$7.36   | \$11.04  | \$14.72  | \$18.40  | \$22.08  | \$25.76  | \$29.44  | \$33.12  | \$36.80  | \$40.48  |
| 60-64    | \$6.17  | \$12.33  | \$18.50  | \$24.66  | \$30.83  | \$36.99  | \$43.16  | \$49.32  | \$55.49  | \$61.65  | \$67.82  |
| 65-69    | \$10.42 | \$20.83  | \$31.25  | \$41.66  | \$52.08  | \$62.49  | \$72.91  | \$83.32  | \$93.74  | \$104.15 | \$114.57 |
| 70-74    | \$18.43 | \$36.85  | \$55.28  | \$73.70  | \$92.13  | \$110.55 | \$128.98 | \$147.40 | \$165.83 | \$184.25 | \$202.68 |
| 75+      | \$36.73 | \$73.46  | \$110.19 | \$146.92 | \$183.65 | \$220.38 | \$257.11 | \$293.84 | \$330.57 | \$367.30 | \$404.03 |

SPOUSE AMOUNT CANNOT EXCEED 100% OF EMPLOYEES AMOUNT  
and \$25,000 is the most that can be issued without answering health questions

| CHILD(REN) | \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$10,000 |
|------------|---------|---------|---------|---------|----------|
| LIFE/AD&D  | \$0.92  | \$1.85  | \$2.77  | \$3.70  | \$4.62   |

NOTE: FINAL RATES MAY VARY DUE TO ROUNDING.

\* AGE = CURRENT YEAR - BIRTH YEAR



# Mutual of Omaha Voluntary Life/AD&D Rates

## Monthly Melded Payroll Deduction

### EMPLOYEE

|          | \$120,000 | \$130,000 | \$140,000 | \$150,000 | \$170,000  | \$180,000  | \$200,000  | \$250,000  | \$300,000  | \$400,000  | \$500,000  |
|----------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|
| Age Band |           |           |           |           |            |            |            |            |            |            |            |
| 0-24     | \$11.34   | \$12.24   | \$13.14   | \$14.05   | \$15.85    | \$16.75    | \$18.56    | \$23.08    | \$27.59    | \$36.62    | \$45.65    |
| 25-29    | \$12.30   | \$13.28   | \$14.26   | \$15.25   | \$17.21    | \$18.19    | \$20.16    | \$25.08    | \$29.99    | \$39.82    | \$49.65    |
| 30-34    | \$14.22   | \$15.36   | \$16.50   | \$17.65   | \$19.93    | \$21.07    | \$23.36    | \$29.08    | \$34.79    | \$46.22    | \$57.65    |
| 35-39    | \$18.30   | \$19.78   | \$21.26   | \$22.75   | \$25.71    | \$27.19    | \$30.16    | \$37.58    | \$44.99    | \$59.82    | \$74.65    |
| 40-44    | \$24.30   | \$26.28   | \$28.26   | \$30.25   | \$34.21    | \$36.19    | \$40.16    | \$50.08    | \$59.99    | \$79.82    | \$99.65    |
| 45-49    | \$36.06   | \$39.02   | \$41.98   | \$44.95   | \$50.87    | \$53.83    | \$59.76    | \$74.58    | \$89.39    | \$119.02   | \$148.65   |
| 50-54    | \$54.78   | \$59.30   | \$63.82   | \$68.35   | \$77.39    | \$81.91    | \$90.96    | \$113.58   | \$136.19   | \$181.42   | \$226.65   |
| 55-59    | \$81.90   | \$88.68   | \$95.46   | \$102.25  | \$115.81   | \$122.59   | \$136.16   | \$170.08   | \$203.99   | \$271.82   | \$339.65   |
| 60-64    | \$125.34  | \$135.74  | \$146.14  | \$156.55  | \$177.35   | \$187.75   | \$208.56   | \$260.58   | \$312.59   | \$416.62   | \$520.65   |
| 65-69    | \$214.38  | \$232.20  | \$250.02  | \$267.85  | \$303.49   | \$321.31   | \$356.96   | \$446.08   | \$535.19   | \$713.42   | \$891.65   |
| 70-74    | \$379.14  | \$410.69  | \$442.24  | \$473.80  | \$536.90   | \$568.45   | \$631.56   | \$789.33   | \$947.09   | \$1,262.62 | \$1,578.15 |
| 75+      | \$738.78  | \$800.30  | \$861.82  | \$923.35  | \$1,046.39 | \$1,107.91 | \$1,230.96 | \$1,538.58 | \$1,846.19 | \$2,461.42 | \$3,076.65 |

THE ABOVE AMOUNTS REQUIRE ANSWERING HEALTH QUESTIONS

### SPOUSE

|          | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 | \$110,000 | \$150,000  | \$160,000  | \$180,000  | \$200,000  | \$250,000  |
|----------|----------|----------|----------|----------|-----------|-----------|------------|------------|------------|------------|------------|
| Age Band |          |          |          |          |           |           |            |            |            |            |            |
| 0-24     | \$5.76   | \$6.72   | \$7.68   | \$8.64   | \$9.60    | \$10.56   | \$14.40    | \$15.36    | \$17.28    | \$19.20    | \$24.00    |
| 25-29    | \$6.30   | \$7.35   | \$8.40   | \$9.45   | \$10.50   | \$11.55   | \$15.75    | \$16.80    | \$18.90    | \$21.00    | \$26.25    |
| 30-34    | \$7.44   | \$8.68   | \$9.92   | \$11.16  | \$12.40   | \$13.64   | \$18.60    | \$19.84    | \$22.32    | \$24.80    | \$31.00    |
| 35-39    | \$9.90   | \$11.55  | \$13.20  | \$14.85  | \$16.50   | \$18.15   | \$24.75    | \$26.40    | \$29.70    | \$33.00    | \$41.25    |
| 40-44    | \$13.32  | \$15.54  | \$17.76  | \$19.98  | \$22.20   | \$24.42   | \$33.30    | \$35.52    | \$39.96    | \$44.40    | \$55.50    |
| 45-49    | \$19.68  | \$22.96  | \$26.24  | \$29.52  | \$32.80   | \$36.08   | \$49.20    | \$52.48    | \$59.04    | \$66.60    | \$82.00    |
| 50-54    | \$29.46  | \$34.37  | \$39.28  | \$44.19  | \$49.10   | \$54.01   | \$73.65    | \$78.56    | \$88.38    | \$98.20    | \$122.75   |
| 55-59    | \$44.16  | \$51.52  | \$58.88  | \$66.24  | \$73.60   | \$80.96   | \$110.40   | \$117.76   | \$132.48   | \$147.20   | \$184.00   |
| 60-64    | \$73.98  | \$86.31  | \$98.64  | \$110.97 | \$123.30  | \$135.63  | \$184.95   | \$197.28   | \$221.94   | \$246.60   | \$308.25   |
| 65-69    | \$124.98 | \$145.81 | \$166.64 | \$187.47 | \$208.30  | \$229.13  | \$312.45   | \$333.28   | \$374.94   | \$416.60   | \$520.75   |
| 70-74    | \$221.10 | \$257.95 | \$294.80 | \$331.65 | \$368.50  | \$405.35  | \$552.75   | \$589.60   | \$663.30   | \$737.00   | \$921.25   |
| 75+      | \$440.76 | \$514.22 | \$587.68 | \$661.14 | \$734.60  | \$808.06  | \$1,101.90 | \$1,175.36 | \$1,322.28 | \$1,469.20 | \$1,836.50 |

SPOUSE AMOUNT CANNOT EXCEED 100% OF EMPLOYEES AMOUNT  
and \$25,000 is the most that can be issued without answering health questions

NOTE: FINAL RATES MAY VARY DUE TO ROUNDING.

\* AGE = CURRENT YEAR - BIRTH YEAR



# Evidence of Insurability (EOI)

A Quick Overview



## Guiding Your Employees Through the EOI Process

**Evidence of Insurability** – or EOI – is an application process that employees use when requesting certain types of insurance coverage for themselves or a dependent.

EOI collects health information to ensure the employee (or dependent) meets underwriting standards. EOI is typically required when:

- The employee requests a coverage amount greater than the guaranteed issue (an amount that is guaranteed to be issued regardless of health status).
- Coverage is requested outside of the initial benefit enrollment period.

Our team has worked to make the EOI application process easier. Employees can now submit an electronic application using the online eApp system.

- 1 Direct your employees to go to:  
[www.MutualofOmaha.com/eoi](http://www.MutualofOmaha.com/eoi)
- 2 Employees completing EOI will need the following information:
  - Date of Hire
  - Current Salary
  - Coverage Amounts being Requested/Elected

*If an eligible spouse and/or child(ren) will also be applying for life insurance coverage, certain vital information (including height and weight) and health information will need to be provided.*

*All eligible persons seeking coverage will be required to electronically sign the Evidence of Insurability form(s).\**

*\* Child(ren) signature(s) required if age 18 or older (age 15 or older for residents of WA).*

Alternately, your Benefit Administrator can send (the employee) an online form that has been pre-populated with the Group Name and Group ID Number.

- 1 Go to [www.MutualofOmaha.com/eoi](http://www.MutualofOmaha.com/eoi)
- 2 Under **Alternative Submission** (at the bottom of the home page), click the box labeled “Benefit Administrator.”

## After Your Employee Submits the EOI

- The EOI eApp is electronically forwarded to our medical underwriting team for priority handling.
- Underwriting status automatically transfers into the EOI Listing Report on the Mutual of Omaha Employer Access Portal, so the Benefit Administrator is always equipped with the information they need when they need it (regarding who is approved, on what date, etc.). This is especially convenient for payroll purposes.
- Once a final decision (to approve or decline) is made on the EOI, a written notice generates to you and your employee.

*Note that for electronic EOI submissions, EOI decisions are made within five business days.*

Feel free to contact me  
for more information.



# Available Services When You Need Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

— We are here for you —

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

**[mutualofomaha.com/eap](https://mutualofomaha.com/eap)**  
**or call us: 1-800-316-2796**

## Enhanced EAP Services

| Features                                 | Value to Company and Employees  |
|--|---|
| <b>Employee Family Clinical Services</b> | <ul style="list-style-type: none"> <li>An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments</li> <li>Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters</li> <li>Access to subject matter experts in the field of EAP service delivery</li> </ul> |
| <b>Counseling Options</b>                | <ul style="list-style-type: none"> <li>Three sessions per year (per household) conducted by face-to-face* counseling or telehealth (text, chat, phone or video) via a secure, HIPAA compliant portal</li> </ul>   |

\*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.

*Continued on back.*

## Enhanced EAP Services *(continued)*

| Features                                  | Value to Company and Employees  |
|---|---|
| <b>Exclusive Provider Network</b>         | <ul style="list-style-type: none"> <li>National network of more than 10,000 licensed clinical providers for face-to-face counseling</li> <li>National network of more than 30,000 licensed clinical providers for telehealth counseling</li> <li>Network continually expanding to meet customer needs</li> <li>Flexibility to meet individual client/member needs</li> </ul>  |
| <b>Access</b>                             | <ul style="list-style-type: none"> <li>1-800 hotline with direct access to a Master's level EAP professional</li> <li>24/7/365 services available</li> <li>Telephone support available in more than 120 languages</li> <li>Online submission form available for EAP service requests</li> <li>EAP professionals will help members develop a plan and identify resources to meet their individual needs</li> </ul>   |
| <b>Employee Family Legal Services</b>     | <ul style="list-style-type: none"> <li>Valuable resources — legal libraries, tools and forms — available on EAP website</li> <li>A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney</li> <li>25% discount for ongoing legal services for same issue</li> </ul>  |
| <b>Employee Family Financial Services</b> | <ul style="list-style-type: none"> <li>Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health</li> <li>A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney</li> </ul>  |
| <b>Employee Family Work/Life Services</b> | <ul style="list-style-type: none"> <li>Child care resources and referrals</li> <li>Elder care resources and referrals</li> </ul>  |
| <b>Online Services</b>                    | <ul style="list-style-type: none"> <li>An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> <li>Current events and resources</li> <li>Family and relationships</li> <li>Emotional well-being</li> <li>Financial wellness</li> <li>Substance abuse and addiction</li> <li>Legal assistance</li> <li>Physical well-being</li> <li>Work and career</li> </ul> </li> <li>Bilingual article library</li> </ul> |
| <b>Employee Communication</b>             | <ul style="list-style-type: none"> <li>All materials available in English and Spanish</li> </ul>  |
| <b>Eligibility</b>                        | <ul style="list-style-type: none"> <li>Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee</li> </ul>   |
| <b>Coordination with Health Plan(s)</b>   | <ul style="list-style-type: none"> <li>EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible</li> </ul>   |

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply. Not all services available in New York.

# WORLDWIDE TRAVEL ASSISTANCE THAT TRAVELS WITH YOU



Take comfort in knowing that Travel Assistance\* travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

## Enjoy Your Trip

### We'll Be There If You Need Us — 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

### Pre-trip Assistance\*\*

#### Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations
- Translation and Interpreter Services for emergency situations while traveling internationally

## Emergency Travel Support Services

- **Telephonic translation and interpreter services** — 24/7 access to telephone translation services
- **Locating legal services** — referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- **Baggage** — assistance with lost, stolen or delayed baggage while traveling on a common carrier
- **Emergency payment and cash** — assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- **Emergency messages** — assistance with recording and retrieving messages between you, your family and/or business associates at any time
- **Document replacement** — coordination of credit card, airline ticket or other documentation replacement
- **Vehicle return** — if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company



613210 \*Brought to you by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Services provided by AXA Assistance USA (AXA)

\*\*Available at any time, not subject to 100 mile travel radius



## Worldwide Travel Assistance

Services available for business and personal travel.

For inquiries within the  
U.S. call toll free:

1-800-856-9947

Outside the U.S.  
call collect:

(312) 935-3658



## Worldwide Travel Assistance

Services available for business and personal travel.

For inquiries within the  
U.S. call toll free:

1-800-856-9947

Outside the U.S.  
call collect:

(312) 935-3658

## Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

## Identity Theft

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

## Education and Prevention

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

## Recovery Information

- Information regarding the steps to recover from credit card and check fraud
- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

## Assistance

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

## Travel Assistance Plan Limitations

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- A single trip lasts more than 120 days in length
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

There is a maximum benefit amount per person associated with emergency evacuation, medical repatriation and/or return of mortal remains.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha companies. Each company is responsible for its own financial and contractual obligations. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation. Both companies are responsible for their own contractual and financial obligations. Additional limitations may apply. Please contact AXA for specifics.



Carry this card with you  
when you travel

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Services provided by AXA Assistance USA.



Carry this card with you  
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Services provided by AXA Assistance USA.

# What You Need to Know About a Will

Services provided by Epoq, Inc.

No one likes to think about what happens when they're gone. But, it's important for you to have a plan and one of the best ways to plan is to make a will.



## What is a will?

A will, more formally known as a "last will and testament," is a legal document that explains what to do with your things after you die. Requirements are different in each state, but wills typically include:

- What to do with possessions
- What to do with real estate
- What to do with money
- Who should be the guardian for any children
- Who is in charge of making sure the instructions in the will are followed

A will makes sure that people know your wishes after you're gone. It also makes a big difference to your loved ones. They'll already have a lot on their minds as they grieve, and a will can save them the unnecessary upset and hardship of trying to figure out what you would have wanted.

Contact me for more information.

\*Caring, 2020



## Why do I need a will?

Did you know that only 32% of Americans have a will?\*

 When you die, something needs to be done with the items you own, and any debts will have to be paid. A will allows you to appoint a person (an "executor" or "personal representative") to handle the everyday tasks of settling your estate, like paying bills and hiring brokers to sell any real estate. They'll also oversee the distribution of the property to the people who have a right to inherit it. It could be a car, medical reimbursement, or even an insurance settlement if they were in an accident. Also, if you have minor children and wish to appoint someone to take care of them after you pass, a will can serve that purpose.

Courts will honor your wishes as much as possible. If you don't have a will, the state decides what happens with your belongings. Things will be settled according to state laws, even if the state law isn't what you and your family want.



## Who should create a will?

Wills are important for almost everyone, but the following people should definitely make one:

- Parents
- Married couples
- Unmarried couples
- Home or property owners
- Retired people



## How do I get started?

To create your will, visit **[www.willprepservices.com](http://www.willprepservices.com)** and use the code MUTUALWILLS to register. Once registered, you can get started drafting your will.



Underwritten by  
United of Omaha Life Insurance Company  
Companion Life Insurance Company  
Mutual of Omaha Affiliates

Will and other document preparation services are independently offered by Epoq, Inc. (Epoq) and are subject to its terms of service and privacy policy. Epoq is an online service that provides certain legal forms and legal information. Epoq is not a law firm and is not a substitute for an attorney's advice. United of Omaha Life Insurance Company and Companion Life Insurance Company (United and Companion) and Epoq are independent, unaffiliated companies. Although United and Companion make Epoq's services available to group life insurance customers, the use of Epoq's services is entirely voluntary. United and Companion do not provide, are not responsible for, do not assume any liability for and do not guarantee the accuracy, adequacy or results of any service, advice or documents provided by Epoq. United and Companion also are not responsible and do not assume liability for any disclosure of personal data or information by Epoq. These services are only available to group life insurance customers of United and Companion.

# WILL PREPARATION SERVICES

Services provided by Epoq, Inc.

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

## Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

### Epoq provides the following **FREE** documents:

- Living Will and Trust
- Power of Attorney
- Healthcare Directive
- Pour-Over Will
- Last Will and Testament

## Here's how it works:

- Log on to [www.willprepservices.com](http://www.willprepservices.com) and use the code **MUTUALWILLS** to register
- Answer the simple questions from any device and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements

Create your will at [www.willprepservices.com](http://www.willprepservices.com)  
and use the code **MUTUALWILLS** to register



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# Anglican Benefits Retirement Program

## Description and Fee Schedule

Anglican Benefits Retirement Program (“the Program”) is a valuable benefit offered to employees in The Anglican Diocese of Fort Worth, aimed at helping employees achieve a more financially secure retirement.

Contributions are provided 100% by each church. The structure of the program has been designed in such a way that makes it easy for the local church to make contributions on behalf of their full-time clergy and lay employees.

Churches provide salary information for each employee to the Diocesan office. In turn, the Diocesan office then bills each church monthly at the rate of 18% of salary reported for clergy and 9% for laity.

Of this 18% for clergy, 16% of those funds are then contributed to and invested in the 403B Plan. For lay employees, 8% of the original 9% contribution goes toward the 403B Plan.

The remainder of the funds which are not directly invested in the 403B Plan (that is, the remaining 2% for clergy and 1% for lay employees) are applied to monthly premiums to provide participants in the Program with \$50,000 of Group life insurance, as well as short-term and long-term disability insurance. These funds also cover the Diocesan administrative needs of the Program.

The 403B Plan is administered by BPAS, and the investment management is overseen by Frost Investments. Fee disclosures for each third-party service provider are attached. A summary is below.

| Provider                    | Fee                              |  |
|-----------------------------|----------------------------------|--|
| BPAS                        | \$36.00 per Participant per Year |  |
| BPAS                        | .22% after revenue sharing       | Disclosure states .28% before revenue sharing. |
| Frost Investment Management | .30%                             |  |

Information regarding individual investments can be found on the participants’ BPAS portal.

If there are any questions about contributions and fees, or about the Retirement Program in general, please contact the Diocesan Benefits Administrator at any time. The Administrator can be reached by phone at the Diocesan Office during regular office hours at the following number: 817-244-2885.

## Fee Summary Document - An Explanation

Based on our records and the type of plan you offer, we do not believe your plan is subject to the reporting requirements of ERISA Section 408(b)(2). Therefore, you are not required to receive a Fee Disclosure Notice from service providers. However, BPAS believes in an environment of fee transparency - even for plans not covered by 408(b)(2). We also receive periodic questions from clients about fees and how they are configured within their plan. To serve both ends, we are providing this Fee Summary Document for your plan.

While the Fee Summary Document does not constitute a legal 408(b)(2) disclosure, it does summarize the various fees charged within your plan, who receives these fees and how they are handled (e.g., invoiced, charged to plan assets, etc.). This Fee Summary Document will also include mutual fund expense ratios, a summary of our platform fee and how revenue sharing is used to offset this fee, and the fee paid to financial intermediaries (if known to BPAS). As a general rule, Fee Summary Documents will be updated monthly and posted to the BPAS plan sponsor website. Should you have any questions regarding this document, please contact your BPAS Representative, or the Financial Intermediary who services your plan along with BPAS.

# Compensation Payable to Providers Table

For additional information about the services provided and compensation received by BPAS, please review your Administrative Services Agreement ("ASA"). Information about the services provided by the Financial Partner is available by contacting them directly. Please note any asset based fees, including the platform fee, trustee fee and/or administrative and investment advisor fees are calculated on all Plan assets. "Plan assets" include mutual funds, self directed brokerage accounts, loans, company stock and any other assets held by the Plan.

| Compensation Payable to Providers  | Annual Fee   | Paid By       | Paid To |
|--|--------------|---------------|---------|
| <b>Services for Recordkeeping Services</b>   |              |               |         |
| <b>Active Participant Flat Fee</b> (per account)   | \$36.00      | Participant   | BPAS    |
| <b>Terminated Participant Flat Fee</b> (per account)   | \$36.00      | Participant   | BPAS    |
| <b>Annual Platform Fee</b> (offset by revenue sharing payments from mutual funds)                          | 0.28%        | Plan/Indirect | BPAS    |
| <b>Ancillary Fees</b>  |              |               |         |
| <b>Participant Loan Origination Fee</b> (per loan)   | \$75.00      | Participant   | BPAS    |
| <b>Participant Annual Loan Administration Fee</b> (per loan)   | \$35.00      | Participant   | BPAS    |
| <b>Participant Defaulted Loan Fee</b> (per loan)   | \$100.00     | Participant   | BPAS    |
| <b>Participant Distribution Fee</b> (per distribution)   | \$75.00      | Participant   | BPAS    |
| <b>Participant In-Kind Distribution Fee</b> (per distribution)   | \$150.00     | Participant   | BPAS    |
| <b>Year-end allocation of Employer Contribution if applicable</b>  | Refer to ASA | Invoiced      | BPAS    |
| <b>Census processing submitted more frequently than bi-weekly</b>  | Refer to ASA | Invoiced      | BPAS    |
| <b>Fees for TPA Services</b>   |              |               |         |
| <b>Plan Document Consulting</b> (does not include IRS filing Fee, Enrollment kits)                         | Refer to ASA | Invoiced      | BPAS    |
| <b>Standard Participant Enrollment Kits</b> (per Enrollment kit)   | \$5.00       | Invoiced      | BPAS    |
| <b>Additional Serviced per hour</b> (e.g. special reports, employee meetings, plan termination, re-design) | \$125.00     | Invoiced      | BPAS    |
| <b>Fees for Trust and Investment Serviced</b>  |              |               |         |
| <b>Annual Platform Fee to Financial Partner - Frost Bank</b>   | 0.30%        | Plan Assets   | Partner |

- 1) BPAS refers to BPAS and its applicable affiliates
- 2) See Appendix A - Annual Asset Based Compensation Payment Table
- 3) Your Financial Partner provides a range of services to your retirement plan, some of which are outlined above. The scope and combination of these services can change over time, based on the needs of each client. If you have questions regarding these services or would like additional assistance in any area, please contact your Financial Partner or BPAS.



## Appendix A - Annual Asset Based Compensation Payment Table

Revenue sharing levels from mutual funds change over time based on a variety of factors. The True-up Fee for each Plan and Fund is periodically reviewed by BPAS to make corrections as needed and maintain consistency with the Annual Platform Fee. Please note: 12b-1 fees and Sub-TA payments from mutual funds are included in each fund's total expense ratio (not additional charges).

| Ticker  | Name of Investment             | Platform Fee | Indirect     |              | True-Up Fees | Expense Ratio |
|---|--------------------------------|--------------|--------------|--------------|--------------|---------------|
|   |                                |              | 12b1 Fees    | Sub-TA Fees  |              |               |
| BAGIX   | Baird Aggregate Bond Inst'l    | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.3000%       |
| CYLRX   | Columbia High Yield Bond Adv   | 0.58%        | 0.00%        | 0.25%        | 0.33%        | 0.7300%       |
| DCCIX   | Delaware Sm Cap Core Inst'l    | 0.58%        | 0.00%        | 0.25%        | 0.33%        | 0.8400%       |
| FDSVX   | Fidelity Growth Discovery      | 0.58%        | 0.00%        | 0.25%        | 0.33%        | 0.6600%       |
| NDVVX   | MFS New Discovery Value R6     | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.8400%       |
| SPAXX   | Fidelity Government MM         | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.4200%       |
| TGIRX   | Thornburg Intl Equity Fd R6    | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.7000%       |
| TMDPX   | AMG TimesSquare MC Growth      | 0.58%        | 0.00%        | 0.20%        | 0.38%        | 1.1900%       |
| VEIRX   | Vanguard Equity Income Admiral | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.1800%       |
| VEVRX   | Victory Sycamore Est Val R6    | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.5400%       |
| VFFVX   | Vanguard Target Retirem't 2055 | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.0800%       |
| VFIAX   | Vanguard 500 Index Admiral     | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.0400%       |
| VTINX   | Vanguard Tgt Retirem't Income  | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.0800%       |
| VTIVX   | Vanguard Target Retirem't 2045 | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.0800%       |
| VTTHX   | Vanguard Target Retirem't 2035 | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.0800%       |
| VTTVX   | Vanguard Target Retirem't 2025 | 0.58%        | 0.00%        | 0.00%        | 0.58%        | 0.0800%       |
| <b>Average Basis Point (rounded to nearest basis point)</b> |                                |              | <b>0.00%</b> | <b>0.06%</b> | <b>0.52%</b> | <b>0.43%</b>  |



# ERISA Section 408(b)(2) Notice

**Effective Date: January 1st, 2018**

Department of Labor regulations under Section 408(b)(2) of the Employee Retirement Income Security Act ("ERISA") require disclosure of fees, expenses, and other plan and investment-related information to plan sponsors. The objective of this disclosure is to provide you, the plan sponsor, with a comprehensive statement of our services and fees in order to fulfill your obligation to the plan and plan participants. Please note, "Frost" as referenced herein is defined as Frost Bank and any of its subsidiaries or affiliates, including but not limited to Frost Brokerage Services, Inc. and Frost Insurance Agency, Inc.

## **Services provided and Fiduciary Status**

Frost provides Investment Services on behalf of the Plan. These services are deemed by the U.S. Department of Labor to involve the performance of certain "fiduciary" responsibilities under ERISA by reason of Frost's status as the Investment Advisor for the Plan. The services are provided in accordance with the Service Agreement separately entered into by Frost and you, the plan sponsor.

Certain recordkeeping, administration and custodial services may be provided on behalf of the Plan by third parties who will provide their own separate ERISA Section 408(b)(2) notices.

## **Compensation Payable to Frost**

### **Direct Compensation**

Frost receives direct compensation as described below:

Frost receives 30 bps of market value.

### **Indirect Compensation**

Frost does not receive indirect compensation.

### **Related Party Compensation-Received**

Frost receives related party compensation from Frost Investment Advisors, LLC Mutual Funds. The compensation received is the investment advisory fee described in the attachment.

### **Related Party Compensation-Paid**

Frost Investment Advisors, LLC Mutual Funds pay 12b-1 fees to Benefit Plans Administrative Services, Inc. (BPA).

### **Termination Compensation**

Frost may charge a termination fee to discontinue services. Services may be discontinued with 30 day advance notice. Fees due through the termination date will be pro-rated.

### **Recordkeeping Services**

Frost does not provide recordkeeping services to the plan.

## **Receipt of Compensation**

The fees will be received by a combination of deduction from the investments held by the plan and deduction from participant accounts.

## **Investment Disclosures**

### **Recordkeeping and Brokerage Services**

Frost does not provide recordkeeping or brokerage services with designated investment alternatives.

If you have any questions regarding this disclosure, please contact your Administrator at Frost Bank. Every effort has been made to ensure the accuracy of this report. If an error is found, this report will be corrected and redistributed to plan fiduciaries.



This Benefits Enrollment Guide (this “Guide”) is presented by Frost Insurance Agency, Inc. (“FIA”) on behalf of The Plan Sponsor for illustrative and informational purposes only. This Guide does not include all of the details contained in the applicable insurance contracts and plan documents. If there is any discrepancy between this information and the insurance contracts and plan documents, the insurance contracts and plan documents will control. If there are any errors or omissions in this Guide, the Plan Sponsor and FIA reserve the right to correct such errors or omissions. In addition, Plan Sponsor reserves the right to unilaterally amend, change, or terminate the health benefit plans, any underlying contracts or any other programs, at any time and without notice, at its sole discretion, according to the terms of the applicable plans or programs.

