

## **2018 Benefits Enrollment Guide**



**ANGLICAN CHURCH  
IN NORTH AMERICA**

**Plan Year July 1, 2018 – June 30, 2019**



## *“Working Together for a Healthy Well-Being and Financial Security”*

The Anglican Church in North America 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. OneAmerica Insurance Certificates and the Benefit Summaries for each product are available for viewing and download on the ACNA Provincial website at <http://anglicanchurch.net/?/main/benefits> under Life & Disability.



Our employees are our  
most valuable asset.

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Travel Assistance: 1-866-294-2469 (US/Canada) or 240-330-1509 (call collect from other locations)	
ComPsych EAP: 1-855-387-9727	
Travel Assistance Email: ops@europassistance-use.com	
ComPsych EAP Website: <a href="http://www.guidanceresources.com">www.guidanceresources.com</a> / Company Web ID: ONEAMERICA3	
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OneAmerica	
Phone: 1-800-553-5318	
Website: <a href="http://www.OneAmerica.com">www.OneAmerica.com</a>	

**FULL TIME EMPLOYEES THAT WORK 20 OR MORE HOURS ARE ELIGIBLE TO PARTICIPATE IN THIS INSURANCE PROGRAM. PLEASE SEND THE COMPLETED ENROLLMENT FORM TO:**

**LINDA MATHESIUS, BENEFITS CLERK  
CARE OF: ANGLICAN CHURCH IN NORTH AMERICA**

**Phone: 724-266-9400 ext 105  
Fax: 724-266-1129  
Email: [benefits@anglicanchurch.net](mailto:benefits@anglicanchurch.net)  
Address: P.O. Box 447  
Ambridge, PA 15003-0447**

# Long-Term Disability Benefits

OneAmerica

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 OneAmerica. You must be actively at work on the effective date of coverage.



Long-Term Disability Coverage	
<b>Basic Benefit</b>	60% of salary
<b>Maximum Benefit</b>	\$6,000 monthly
<b>Elimination Period</b>	90 days
<b>Pre-existing Conditions</b>	6/12 (There is a 6 month look-back from effective date and a 12 month waiting period on pre-existing conditions)
<b>Benefit Duration</b>	Social Security Full Retirement Age

**Example:**

Rates effective September 1, 2018 are based on fixed rate of .45 per \$100 of salary		
Total Compensation	Approximate Monthly Benefit	Monthly Cost
\$30,000	\$1,500	\$11.25
\$60,000	\$3,000	\$22.50
\$90,000	\$4,500	\$33.75

**MONTHLY COST:** Rate effective September 1, 2018 is \$0.45 per \$100 of salary  
 TOTAL COMPENSATION divided by 100 multiplied by the RATE equals the ANNUAL COST, divide by 12 for MONTHLY COST.

**MONTHLY BENEFIT:**  
 TOTAL COMPENSATION divided by 12 months, multiplied by: 60% for MONTHLY BENEFIT.

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

# Short-Term Disability Benefits

OneAmerica

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



Voluntary STD Coverage	
<b>Basic Benefit</b>	60% of salary
<b>Maximum Benefit</b>	\$1,000 weekly
<b>Elimination Period</b>	14 days for Injury or Sickness
<b>Pre-existing Conditions</b>	N/A
<b>Benefit Duration</b>	11 Weeks

**NOTE:** Annual wages of \$86,666 and above are subject to the Maximum Weekly Benefit of \$1,000 per week.

To calculate the weekly benefit and monthly cost please use the formulas listed below:

**WEEKLY BENEFIT:**

ANNUAL SALARY divided by 52 = weekly salary, multiplied by Benefit Percent (.60) = the WEEKLY BENEFIT.

**MONTHLY COST:** Rate effective September 1, 2018 is \$0.44 per \$10 of weekly benefit

WEEKLY BENEFIT divided by 10 = \_\_\_\_\_ multiplied by the rate (.44) = MONTHLY COST

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

# Work / Life Assistance Program

OneAmerica

**ComPsych EAP:** Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company sponsored, confidential and provided at no charge to you or your dependents. ComPsych EAP is accessible by calling 855-387-9727 or on the web at [www.guidanceresources.com](http://www.guidanceresources.com). Company Web ID is: ONEAMERICA3.

**Generali Global Travel Assistance** is an emergency travel service that aids employees who are traveling 100 or more miles from home on a trip that lasts 90 days or less for business or pleasure. It helps with medical care, legal referrals, finding lost luggage, sending and receiving emergency messages, etc. and is accessible by calling 866-294-2469 from the US or Canada or 240-330-1509 (call collect) from other locations. You can also email them at: [ops@europassistance-usa.com](mailto:ops@europassistance-usa.com).

## Group Life and AD&D Benefits

OneAmerica

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.

The benefit amounts are:

### Monthly Premiums Effective September 1, 2018

Class	Benefit Amount Thru Age 64		65% of Benefit Amount Ages 65 – 69		50% of Benefit Amount Ages 70+	
	Benefit Amount	Premium	Benefit Amount	Premium	Benefit Amount	Premium
1	\$150,000	\$61.50	\$97,500	\$42.08	\$75,000	\$33.75
2	\$100,000	\$43.00	\$65,000	\$30.05	\$50,000	\$24.50
3	\$ 75,000	\$33.75	\$48,750	\$24.04	\$37,500	\$19.88
4	\$ 50,000	\$24.50	\$32,500	\$18.03	\$25,000	\$15.25
5 (Retired)	\$ 5,000	N/A	N/A	N/A	\$ 5,000	\$18.15

Contact Linda Mathesius, 724-266-9400 ext 105, to update your beneficiary information.

# Voluntary Life and AD&D Benefits

OneAmerica

If you want a greater level of protection, Anglican Church in North America 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.

Voluntary Life Insurance Coverage	
You can purchase coverage on <b>yourself</b> :	
<ul style="list-style-type: none"> <li>• In increments of \$1,000</li> <li>• To a maximum of \$500,000 or 5x your salary, whichever is less</li> <li>• With a guarantee issue amount of \$110,000</li> </ul>	
You can purchase coverage on <b>your spouse</b> :	
<ul style="list-style-type: none"> <li>• In increments of \$500</li> <li>• To a maximum of \$500,000 or 100% of Employee’s election, whichever is less</li> <li>• With a guarantee issue amount of \$25,000</li> </ul>	
You can purchase coverage on <b>your child(ren)</b> :	
<ul style="list-style-type: none"> <li>• Live birth to 6 months old: \$1,000</li> <li>• 6 months to age 26: In increments of \$2,000 up to a maximum of \$10,000 or 100% of Spouse’s election, whichever is less</li> <li>• With a guarantee Issue for the full amount</li> </ul>	

**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 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. 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.**

## Voluntary Accidental Death & Dismemberment:

Supplemental AD&D benefits are payable to your beneficiary, in addition to your Life Insurance benefit, if you are deceased within 365 days after a covered accident and the cause of your death can be attributed to the covered accident.

Voluntary AD&D Benefit	
Loss of life	100%
Loss of both hands, feet, or eyes	100%
Loss of hand, foot, or an eye	50%
Loss of thumb and index finger of same hand	25%



# ONEAMERICA VOLUNTARY LIFE/AD&D RATES

Monthly Melded Payroll Deduction Effective September 1, 2018

## EMPLOYEE

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000
<b>Age Band</b>											
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
<b>Age Band</b>											
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
<b>LIFE/AD&amp;D</b>	\$0.92	\$1.85	\$2.77	\$3.70	\$4.62

NOTE: FINAL RATES MAY VARY DUE TO ROUNDING.

\* AGE = CURRENT YEAR - BIRTH YEAR

# ONEAMERICA LIFESTYLE LIFE/AD&D RATES CONTINUED

Monthly Melded Payroll Deduction Effective September 1, 2018

## EMPLOYEE

	\$120,000	\$130,000	\$140,000	\$150,000	\$170,000	\$180,000	\$200,000	\$250,000	\$300,000	\$400,000	\$500,000
<b>Age Band</b>											
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
<b>Age Band</b>											
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	\$65.60	\$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



*IMPORTANT: The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.*