

MCC BENEFITS GLOSSARY

Accidental Death & Dismemberment Insurance - Life Insurance that covers death by accidental means (rather than natural causes) and dismemberment, which includes the loss of certain body parts (including limbs or eyesight.)

Accrued Benefit- The normal retirement benefit through the Lay Employees' Retirement Program (LERP) that would be payable to a participant at normal retirement age based on the participants years of credited service and final average annual compensation as of the time in question.

Affordable Care Act- The Comprehensive National Health Care Reform Law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name "Affordable Care Act" is used to refer to the final, amended version of the law.

Allowed Amount- The amount your insurance carrier considers reasonable and customary, based upon negotiated rates, and/or billings for that same procedure in that same geographical location.

Annual Deductible- The dollar amount you pay for covered services before the insurance plan begins to pay.

Annual Limit- A cap on the benefits your insurance company will pay in a year while you're enrolled in a health insurance plan. These caps are sometimes placed on services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Appeal- A request for your health insurer or plan to review a decision or a grievance again. This includes the Clinical Exception process for prescription appeals made through Express Scripts, MCC's prescription provider.

Authorized Representative- Someone who you choose to act on your behalf with benefit carriers, MCC, or other entities that may have access to PHI, like a family member or other trusted person. Some authorized representatives may have legal authority to act on your behalf. Most entities will require documentation for this person to speak on your behalf, such as a release, or Power of Attorney (see below).

Balance Billing- The difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30.

Beneficiary- A designated person or legal entity (such as a trust or estate) who receives money or other benefits from a benefactor. In the case of MCC, this could be for the Lay Employees' Retirement Plan or the Life Insurance plan.

Benefit Year- A year of benefits coverage under an individual insurance plan. The benefit year for most MCC health plans begin January 1 of each year and ends December 31 of the same year. Delta Dental is the only exception, its benefit year begins July 1 and ends June 30 of the following year.

Blue Cross Blue Shield of Michigan- The insurance carrier for Michigan Catholic Conference Medical and Vision plans.

Brand Name Drug- A drug sold by a drug company under a specific name or trademark and that is protected by a patent. Brand name drugs may be available by prescription or over the counter.

Certificate of Coverage (Life Insurance)- A written statement prepared by the Life Insurance carrier which explains the coverage an employee may be entitled to, the beneficiary information, and the limitations, exclusions, and requirements that apply within the plan.

COBRA- Consolidated Omnibus Budget Reconciliation Act: A Federal law that may allow you to temporarily keep health coverage after your employment ends, you lose coverage as a dependent of the covered employee, or another qualifying event.

Under ERISA, (Employee Retirement Income Security Act). Michigan Catholic Conference employees are NOT eligible for COBRA by law.

Contract- A legal and binding agreement between an employee and employer which sets the terms of employment, such as working hours, compensation, and benefit packages.

Children's Health Insurance Program- Insurance program jointly funded by state and federal government that provides health coverage to low-income children and, in some states, pregnant women in families who earn too much income to qualify for Medicaid but can't afford to purchase private health insurance coverage. In Michigan, this could be a program like MIChild.

Claim- A request for payment that you or your health care provider submits to your health insurer when you get items or services you think are covered.

Coinsurance- Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

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Complication of Pregnancy- Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the child. Morning sickness and a non-emergency caesarean section are not complications of pregnancy.

Conversion Coverage- Offered through Unum for MCC's life insurance programs, an employee terminating employment, who is suffering from a disease that has a material and substantial effect on his/her life expectancy, may purchase a Conversion Policy to replace the amount of life insurance he or she had when coverage terminated.

Coordination of Benefits- A way to figure out who pays first when two or more health insurance plans are responsible for paying the same medical claim.

Copayment- A fixed amount (for example, \$15) you pay for a covered health care service, usually when you get the service. The amount can vary by the type of covered health care service.

Covered Employment- Employment as a lay employee of a Covered Unit in a position normally requiring 20 or more hours of service per week for five or more months in a calendar year.

Covered Unit- A parish, school, institution, organization, corporation, or other entity in the State of Michigan which is an integral part of the Catholic Church, engaged in carrying out the functions of the Catholic Church, and under the control of an Archbishop or Bishop of a Michigan Diocese of the Catholic Church, unless the Archbishop or Bishop specifically exempts the unit from status as a covered unit.

Cost Sharing- The share of costs covered by your insurance that you pay out of your own pocket. This term generally includes deductibles, coinsurance, and copayments, or similar charges, but does not include premiums, balance billing amounts for non-network providers, or the cost of non-covered services. Cost sharing in Medicaid and CHIP also includes premiums.

Creditable Coverage- Health insurance coverage under any of the following: a group health plan; individual health insurance; student health insurance; Medicare; Medicaid; CHAMPUS and TRICARE; the Federal Employees Health Benefits Program; Indian Health Service; the Peace Corps; Public Health Plan (any plan established or maintained by a State, the U.S. government, a foreign country); Children's Health Insurance Program (CHIP); or, a state health insurance high risk pool. If you have prior creditable coverage, it will reduce the length of a pre-existing condition exclusion period under new job-based coverage.

Credited Service- The number of years and fractions of a year of service credited to an employee under the LERP for the purpose of determining eligibility and calculating the employee's benefit. An employee earns one year of credited service when he or she works a minimum of five months in a calendar year. An employee is vested after five years of Credited Service.

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Death Benefit (LERP) - If an employee is vested but has yet to receive his or her retirement benefit, the assigned beneficiary/beneficiaries are entitled to a death benefit.

Death Benefit (Life Insurance) - A term life benefit provided to a participating employee or beneficiary upon the death of the covered employee or dependent. Written notice and proof of claim must be received no later than 90 days after the date of death. A claim form must be completed and sent to MCC for submission to Unum.

Deductible- The amount you pay for covered health care services before your insurance plan begins to pay. For example, if your annual deductible is \$250 your plan won't pay anything until you've met your \$250 deductible for any covered services subject to the deductible. The deductible may not apply to all services.

Delta Dental of Michigan- The insurance carrier for Michigan Catholic Conference Dental plans. It is a comprehensive dental plan which offers a large network of participating providers in the state of Michigan and beyond.

Dental Coverage- Benefits that help pay for the cost of visits to a dentist for basic or preventive services, like teeth cleaning, X-rays, and fillings. MCC's Dental coverage is offered through Delta Dental of Michigan (see above).

Dependent- A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction. Under the Affordable Care Act, individuals may be able to claim a premium tax credit to help cover the cost of coverage for themselves and their dependents.

Disability - A limit in a range of major life activities. This includes activities like seeing, hearing, walking and tasks like thinking and working. Because different programs may have different disability standards, please check the program you're interested in for its disability standards. Regarding the LERP, disability means a mental or physical disability that renders the participant totally and permanently incapacitated for duty in the employ of a Covered Unit.

Disability Retirement Benefit- A benefit a vested employee may be eligible for if his or her termination of employment is due to Disability as defined above. The vested employee may request a Disability Retirement Benefit application by calling MCC.

Durable Medical Equipment- Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Early Retirement Age- The date on which the participant has attained the age that is 10 years less than the participants Social Security Normal Retirement Age and has completed five or more years of credited service.

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Earnings- Considered to be the regular wages you receive from your employer before taxes and prior to any pre-tax contributions made to a qualified deferred compensation plan, Section 125 plan, or flexible spending account.

Eligibility- As defined by MCC, 20 working hours or more per week provides a lay employee eligibility for any unit-provided health and welfare programs or the Lay Employees Retirement Plan.

Elimination Period- The time-period between an injury and receipt of benefit payments. Per MCC Disability plan documents:

For Short Term Disability, the elimination period is 10 business days.

For Long Term Disability, the elimination period is 180 days.

Emergency Medical Condition- An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid further harm.

Emergency Medical Transportation- Ambulance services for an emergency medical condition.

Emergency Palliative Treatment- Dental treatment, typically used when a patient is seen for an emergency appointment, as a result of pain or discomfort. Palliative treatment can be thought of as easing the symptoms without curing the underlying condition.

Emergency Room Care- Emergency services received in an emergency room.

Employee Self Service- MCC's website through which employees create a login to view their personal health and pension benefits through MCC. Employees can also generate an estimate or request a pension application through ESS. More features are coming as we continue to develop the online services MCC offers to its members!

Endodontic Services- Specialty services that are concerned with the treatment of dental pulp- i.e. fillings, pulp canal or root canal therapy.

Estimate- An estimate that is calculated by MCC to provide insight to an employee's MCC pension, according to the parameters of his or her retirement plan under the LERP.

Excluded Services- Health care services that your health insurance or plan does not pay for or cover.

Explanation of Benefits (EOB) - A statement sent by a health insurance company to covered individuals which explains what medical treatments and/or services were paid for on their behalf. Many EOBs can be found online through the carrier's web portal, such as BCBSM.com, express-scripts.com, and deltadentalmi.com.

Family and Medical Leave Act- A Federal law that guarantees up to 12 weeks of job protected leave for certain employees when they need to take time off due to serious illness or disability, to have or adopt a child, or to care for another family member. When on leave under FMLA, you can continue coverage under your job-based plan. MCC does not administer FMLA. Please consult your employer for questions about FMLA.

Fiscal Year- Any yearly period, without regard to the calendar year, at the end of which an organization determines its financial condition for taxing or accounting purposes. The beginning of the Fiscal Year for the Ecclesiastical Province of Detroit begins July 1 and ends June 30 of the following year.

Flexible Benefits Plan- Also known as a Cafeteria Plan, FSA, or IRS 125 Plan, the flexible benefit plan allows employees the opportunity to deposit their own pre-tax earnings into an account which they use to pay for a licensed day care provider or qualifying health expenses.

Formulary- A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Friend of the Court (FOC)- A State of Michigan administrative office which investigates, makes recommendations, helps enforce orders which affect minor children, and assists the Department of Human Services' Office of Child Support in providing Title IV-D Services. MCC must review and comply with any FOC order sent.

Frozen Benefit- The accrued benefit of a pre-2011 LERP participant determined as of 12/31/2011. The Frozen Benefit is calculated and added to the participant's final pension amounts upon retiring.

Full-Time Employee- An employee who works a minimum of 20 hours per week. Part-time employees work than 20 hours per week.

Generic Drugs- A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs. The Food and Drug Administration (FDA) rates these drugs to be as safe and effective as brand-name drugs.

Group Health Plan- In general, a health plan offered by an employer or employee organization that provides health coverage to employees and their families. For MCC, this are the PPO 1 and PPO 2 plans offered through Blue Cross Blue Shield of Michigan.

Habilitative/Habilitation Services- Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings. See your Summary of Benefits and Coverage for plan limitations.

Hardship Exemption- Under the Affordable Care Act, most people must pay a fee if they don't have health coverage that qualifies as being "minimum essential coverage." One exception is the result of showing that a "hardship" prevented someone from becoming insured.

Health Insurance- A contract which requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Health Insurance Marketplace- A resource where individuals, families, and small businesses can: learn about their health coverage options; compare health insurance plans based on costs, benefits, and other important features; choose a plan; and enroll in coverage. The Marketplace also provides information on programs that help people with low to moderate income and resources pay for coverage. This includes ways to save on the monthly premiums and out-of-pocket costs of coverage available through the Marketplace, and information about other programs, including Medicaid and the Children's Health Insurance Program (CHIP). The Marketplace encourages competition among private health plans, and is accessible through websites, call centers, and in-person assistance.

HIPAA- The Federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, help the healthcare industry control administrative costs, and protect the confidentiality and security of healthcare information.

Home Health Care- Health care services a person receives at home.

Hospice Services- Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospital Outpatient Care- Care in a hospital that usually doesn't require an overnight stay.

Hospitalization- Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

ID Cards- Identification Cards which provide proof of insurance for a provider's billing purposes. Blue Cross Blue Shield of Michigan, Express Scripts, and Blue Vision all provide cards for their insured membership.

In-network Coinsurance- The percent (for example, 20% under MCC's PPO 1 medical plan) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network coinsurance usually costs you less than out-of-network coinsurance.

In-network Copayment- A fixed amount (for example, \$25 under MCC's PPO 1 medical plan) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

Inpatient Care- Health care that you get when you're admitted as an inpatient to a health care facility, like a hospital or skilled nursing facility.

Joint and Survivor Annuities- Within MCC's LERP, a joint and survivor annuity provides a reduced monthly benefit until the pension recipient's death. A monthly survivor benefit, equal to the specified percentage of the amount you receive (either 50% or 100%), is payable after your death, to your designated beneficiary for the remainder of his or her lifetime. However, if your beneficiary dies before you, the monthly amount which is paid to you will subsequently increase to the amount that would have originally been paid, had you elected the single life annuity instead.

Lay Employee- A person who works within a religious organization but is not a member of the formal clergy.

Lay Employees Retirement Plan (LERP)- The Fourth Amended and Restated Michigan Catholic Conference Lay Employees' Retirement Plan, whose purpose is to provide financial assistance during your retirement years. The Plan is a defined benefit pension plan, a tax-qualified plan under Internal Revenue Code Section 401(a) and a non-electing church plan, as described in Internal Revenue Code Section 414(e).

Lifetime Limit- A cap on the total lifetime benefits you may get from your insurance company. An insurance company may impose a total lifetime dollar limit on benefits (like a \$5 million lifetime cap) or limits on specific benefits (like a \$200,000 lifetime cap on organ transplants or one gastric bypass per lifetime) or a combination of the two. After a lifetime limit is reached, the insurance plan will no longer pay for covered services.

Long-Term Care- Services that include medical and non-medical care provided to people who are unable to perform basic activities of daily living such as dressing or bathing. Long-term supports and services can be provided at home, in the community, in assisted living or in nursing homes. Individuals may need long-term supports and services at any age. Medicare and most health insurance plans don't pay for long-term care.

Long Term Disability- An insurance policy that provides you with financial protection by paying a portion of your income in the event that you are unable to work due to an illness, injury, or accident for a long period of time.

Lump Sum Payment- A single lump sum cash payment of the present value of your vested benefit under the LERP. Unless you elect to make a direct rollover to another eligible retirement plan or to an individual retirement account (IRA), the lump sum payment is subject to 20%

federal income tax withholding. If you receive a lump sum payment and later return to covered employment, all prior credited years of service will be lost.

Medicaid- A state-administered health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some states, other adults. The Federal government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their program, so Medicaid varies state by state and may have a different name in your state.

Medically Necessary- Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Medicare- A Federal health insurance program for people who are age 65 or older and certain younger people with disabilities. It also covers people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Medicare Advantage- A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage. MCC does not offer any Medicare Advantage programs for lay working aged employees or lay retirees.

Medicare Part D- A program that helps pay for prescription drugs for people with Medicare who join a plan that includes Medicare prescription drug coverage. There are two ways to get Medicare prescription drug coverage: through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that includes drug coverage. These plans are offered by insurance companies and other private companies approved by Medicare. MCC does not offer any Medicare Advantage programs for its lay, working aged, employees or its lay retirees.

Meritain- The benefit administrator of Michigan Catholic Conference's Flexible Benefit plans.

Multi-unit employment- Under the LERP, a lay employee is eligible for the LERP benefit when he or she is actively working a combined minimum of 20 or more hours at more than one Covered Unit. As a result, each unit contributes to that employee's pension.

Newly Eligible- A state of eligibility in which an employee is newly eligible for benefits. In most cases, this happens when an employee is newly hired with a Covered Unit. But, this can also happen when an employee transitions from a part-time to full-time schedule. The newly eligible date is the first of the month following your start or schedule-change date.

Non-preferred Provider- A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Normal Retirement Age- Normal Retirement Age is the date on which you attain Social Security Retirement Age and have completed five or more years of credited service.

Prophylaxis (cleanings) - Dental prevention and treatment of diseases, includes cleaning of teeth in a dental office. This can also include a fluoride treatment.

Prosthodontic Services- Dental services that include the restoration and maintenance of oral function by the replacement of missing teeth and other oral structures by artificial devices.

Orthodontic Services- Dental services dealing with the prevention and correction of irregular teeth, as by means of braces.

Open Enrollment Period- The period during which individuals who are eligible to enroll in the MCC insurance plan, usually taking part in the 4th quarter of the calendar year. Individuals may also qualify for Special Enrollment Periods outside of Open Enrollment if they experience a Qualifying Life Event.

Out-of-Network Coinsurance- The percentage (for example, 40%) you pay of the allowed amount for covered health care services to providers who don't contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

Out-of-Network Copayment- A fixed amount (for example, \$30) you pay for covered health care services from providers who don't contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

Out-of-Pocket Costs- Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.

Out-of-Pocket Maximum/Limit- The most you pay during a policy period (usually one year) before your health insurance or plan starts to pay 100% for covered essential health benefits. This limit must include deductibles, coinsurance, copayments, or similar charges and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits. This limit does not have to count premiums, balance billing amounts for non-

network providers and other out-of-network cost-sharing or spending for non-essential health benefits.

The maximum out-of-pocket cost limit for any individual Marketplace plan for 2015 can be no more than \$6,600 for an individual plan and \$13,200 for a family plan.

Patient Protection and Affordable Care Act- See Affordable Care Act

Pension- A monthly amount payable by the Lay Employees' Retirement Plan (LERP) throughout the future life of a person, or for a temporary period, as provided in the LERP.

PHI- Stands for Protected Health Information and is any information in a medical record that can be used to identify an individual, and that was created, used, or disclosed in the course of providing a health care service, such a diagnosis or treatment.

Physician Services- Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan ID- All insurances through MCC offer Plan IDs as identification of the group plan that the insured falls under. Plan IDs can be easily located on ID cards but can also be identified on any Summary of Benefits, Explanation of Benefits, or Plan Descriptions.

Plan Year- A 12-month period of benefits coverage under a group health plan. This 12-month period may not be the same as the calendar year.

Power of Attorney- The authority to act for another person in specified or all legal or financial matters.

Pre-Existing Condition- A health problem you had before the date that new health coverage starts.

Preauthorization- A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider- A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

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Preferred Provider Organization (PPO) - A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost. MCC offers two PPO plans through Blue Cross Blue Shield of Michigan.

Premium- Agreed upon fees paid for coverage of medical benefits for a defined benefit period. Premiums can be paid by employers, employees, or shared by both the insured individual and the employer.

Premium Sharing- An agreement between the employer and the insured in which they each agree to pay a certain amount of their healthcare premiums.

Prescription Drug Coverage- Health insurance or plan that helps pay for prescription drugs and medications. MCC offers prescription drug coverage through their medical plan by a provider called Express Scripts.

Preventive Services- Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. Certain preventive services are not covered due to religious exemption granted to the MCC plan due to the tenets held by the Catholic Church. See Summary of Benefits and Coverage for Plan Limitations.

Primary Care- Health services that cover a range of prevention, wellness, and treatment for common illnesses. Primary care providers include doctors, nurses, nurse practitioners, and physician assistants. They often maintain long-term relationships with you, advise and treat you on a range of health-related issues. They may also coordinate your care with specialists.

Primary Care Physician- A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider- A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Prior Authorization- Approval from a health plan that may be required before you get a service or fill a prescription for the service or prescription to be covered by your plan.

Prudential- The carrier for Michigan Catholic Conference's 403b plan.

Qualified Health Plan- Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. MCC's medical plans are qualified health plans.

Qualifying Life Event- A change in your life that can make you eligible for a Special Enrollment Period to enroll in, or terminate, health coverage. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your family size (for example, if you marry, divorce, or have a baby) and gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder. MCC requires documentation to be provided as proof of any qualifying life event that occurs and asks for the documentation within 30 days of the day of the qualifying life event to process the change.

Qualifying Medicare Care Expenses- Expenses incurred during the coverage period (plan year) by the employee for medical care as defined in Code section 213(d), as limited by section 213(b), but only to the extent that you or other persons incurring the expense are not reimbursed for the expense through insurance or otherwise.

Reconstructive Surgery- Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Reduction of Life Insurance at age 70- The amount of life insurance will reduce by 35% of the amount the employee had prior to age 70 upon the attainment of the employee's 70th birthday and will further reduce by 35% every five years thereafter.

Referral- A written order from your primary care doctor for you to see a specialist or get certain medical services. In many Health Maintenance Organizations (HMOs), you need to get a referral before you can get medical care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for the services.

Rehabilitative/Rehabilitation Services- Health care services that help you keep, get back, or improve skills and functioning for daily living that have been lost or impaired because you were sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Reimbursement Form- A form provided by the Insurance carrier that allows for manual reimbursement of claims.

Restorative Services- Dental services that help manage diseases of the teeth and their supporting structures, and the rehabilitation of the dentition to functional and aesthetic requirements of the individual.

Retirement Application- Participants who are eligible for benefits under the LERP shall file an application for the benefits with MCC and the Pension Board on forms provided by MCC (available either by phone or online). MCC advises eligible participants to request a packet 90 days before their date of desired retirement.

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Rule of 85- For those born prior to January 1, 1960, a participant in the LERP's deferred withdrawal retirement benefit shall be equal to the participant's normal retirement benefit, if the sum of the participant's age and the participant's years of credited service equals or exceeds 85.

Rule of 90- For those born after January 1, 1960, a participant in the LERP's deferred withdrawal retirement benefit shall be equal to the participant's normal retirement benefit, if the sum of the participant's age and the participant's years of credited service equals or exceeds 90.

Salary Reduction Agreement- An agreement provided by the Prudential Michigan Catholic Conference 403(b) plan which authorizes the employer to reduce the pay provided by the employer, and for the difference to be provided to Prudential as a contribution to the 403(b) plan.

Self-Insured Plan- Type of plan usually present in larger companies where the employer itself collects premiums from enrollees and takes on the responsibility of paying employees' and dependents' medical claims. MCC's medical plan is self-insured.

Service Area- A geographic area where a health insurance plan accepts members, if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's also generally the area where you can get routine (non-emergency) services. The plan may end your coverage if you move out of the plan's service area.

Short Term Disability- A plan that pays 66.67% of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury (excluding on-the-job injuries, which are typically covered by workers compensation insurance).

Straight Life Annuity- Within the LERP, a single life annuity is a monthly annuity payable for your lifetime. When you die, payments will stop, with no further benefits payable to anyone. If you are married, you must provide a notarized spousal consent to elect this option. Your monthly payments for this option will be larger than those under the joint and survivor annuity forms.

Skilled Nursing Care- Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Skilled Nursing Facility Care- Skilled nursing care and rehabilitation services provided on a continuous, daily basis in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous injections that can only be given by a registered nurse or doctor.

Social Security- A system that distributes financial benefits to retired or disabled people, their spouses, and their dependent children based on their reported earnings. While you work, you may pay taxes into the Social Security system. When you retire or become disabled, you, your spouse, and your dependent children may get monthly benefits that are based on your reported earnings. Your survivors may be able to collect Social Security benefits if you die.

Social Security Benefits- The amount you get from Social Security Disability, Retirement (including Railroad retirement), or Survivor's Benefits each month.

Social Security Normal Retirement Age- Age 65, if the participant in the LERP was born before 1943, age 66 if the participant was born after 1942 and before 1959, and age 67 if the participant was born after 1959.

Social Security Survivors Benefits- Social Security benefits based on your record (if you should die) that are paid to your:

- Widow/widower age 60 or older, 50 or older if disabled, or any age if caring for a child under age 16 or disabled before age 22
- Children, if they are unmarried and under age 18, under 19 but still in school, or 18 or older but disabled before age 22; and
- Parents if you provided at least one-half of their support.

An ex-spouse could also be eligible for a widow/widower's benefit on your record. A special one-time lump sum payment of \$255 may be made to your spouse or minor children.

Specialist- A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

State Medical Assistance Office- A state agency in charge of the state's Medicaid program and can give information about programs in its state that help pay medical bills for people with limited income and resources.

Summary of Benefits and Coverage (SBC) - An easy to read summary that lets you reviews and compare costs and coverage of the provided health plans. You can review options based on price, benefits, deductible/coinsurance limits, and other features that may be important to you. MCC's SBCs are available online at micatholic.org.

Termination Date- The first day of the calendar month following the month in which an employee ceases to be employed by a covered unit.

TRICARE- A health care program for active-duty and retired uniformed services members and their families.

UCR- The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Unum- The insurance carrier for Michigan Catholic Conference Life Insurance, Short Term, and Long-Term Disability plans.

Urgent Care- Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

Vision or Vision Coverage- Vision coverage is a health benefit that at least partially covers vision care, like eye exams and glasses. All Qualified Health Plans (QHPs) sold on the Marketplaces include pediatric vision coverage. MCC's health plan includes pediatric vision coverage, as well as basic adult coverage, offering an annual vision examination. Through MCC, you have the option to buy a "stand-alone" vision plan through Blue Cross Blue Shield of Michigan. Stand-alone vision plans aren't offered through the federal Marketplace, and tax credits can't be applied to them.

Waiting Period- The time that must pass before coverage can become effective for an employee or dependent who is otherwise eligible for coverage under a job-based health plan. MCC's waiting period is the first of the month after the hire date. If the employee is hired on the first of the month, the coverage will start that day.

Well-baby and Well-Child Visits- Routine doctor visits for comprehensive preventive health services that occur when a baby is young and annual visits until a child reaches age 21. Services include physical exam and measurements, vision and hearing screening, and oral health risk assessments.

Worker's Compensation- An insurance plan that employers are required to have to cover employees who get sick or injured on the job.

403(b) Retirement Savings Plan- A 403(b) plan is a US tax-advantaged retirement savings plan available for some non-profit employers. Offered through Prudential, the plan allows you to

start retirement savings through pre-tax contributions through your payroll, and the ability to elect from a series of general investment options or by choosing your own way to invest.

5-Year Certain and Life Annuity- Within the LERP, a 5-year certain and life annuity provides a reduced monthly payment to you for your lifetime. If you die before receiving 60 monthly payments, your surviving spouse (or other beneficiary) will continue to receive benefit payments until the remainder of the initial 60 monthly payments have been made. If you die after receiving at least 60 monthly payments, then payments will stop with no further benefits payable to anyone.