

2026 Benefits

WE ARE COMMITTED TO BE SERVANTS OF CHRIST TO YOU SO THAT YOU CAN FOCUS ON THE MISSION OF SERVING OUR LORD JESUS CHRIST IN THE COMMUNITIES TO WHICH GOD HAS CALLED YOU.



PLAN YEAR JANUARY 1, 2026, THROUGH DECEMBER 31, 2026





THIS GUIDE IS AN OVERVIEW

The benefits in this summary are effective

January 1, 2026

Through

December 31, 2026

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan documents available at www.epc.org/benefits.

EPC Benefit Resources, Inc. is pleased to provide you with benefit offerings to help you take care of your wellbeing now and into the future. We want each and every participant to receive the highest quality health coverage at the most affordable price possible.

Working together as a community of believers, we can support each other in small ways that carry a big impact. Your health care choices not only influence your own health and pocketbook, but also the health and future of our plan. When we are good stewards of our health and use our benefits wisely, we help to ensure that we can continue to offer high quality benefits in future years.

This booklet provides a high-level overview of the plans. More information about our plan is available at www.epc.org/benefits.

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2026 Plan Highlights

PROGRAMS INCLUDED WITH ALL 2026 MEDICAL AND RX PLANS:

PAIN MANAGEMENT, KIDNEY CARE 360 & HEART CARE 360

With the Sun Life Health 360 Program, you get direct access to expert support, tools, and resources for your health and wellness all in one mobile or web-based app! Hinge Health Pain Management specializes in early intervention and personalized pain management for musculoskeletal issues, utilizing evidence-based methods to enhance recovery and mobility. Kidney Care 360 focuses on identifying and managing risks related to chronic kidney disease, offering tailored interventions to improve your health outcomes. And Heart Care 360 similarly address cardiovascular health, providing guidance and resources to help you effectively manage your heart conditions. All are provided at no cost to you.

PRE-ADMISSION AND POST-DISCHARGE COUNSELING

This counseling program helps you avoid complications and readmission once you have been discharged from the hospital by providing education to help you prepare for elective procedures, ensuring you are well-informed and ready. Post-discharge Counseling Case managers make timely calls to you to check on your health status and assess your pain or discomfort levels after being discharged from the hospital to your home setting. They also identify any complications or additional needs and discuss with you when to contact your physician or seek medical attention. Health Navigator Connect with Health Navigator Care Advisors to get the support and guidance you need to feel confident in your healthcare decisions.

HEALTH NAVIGATOR

Care Advisors provide you invaluable, personalized support as you navigate the complexities of your health conditions. These dedicated advisors assist you in scheduling routine care, ensuring timely access to preventive services and regular check-ups. They also help explore various treatment options tailored to your individual health needs.

B-WELL AHEAD

This wellness program is designed to help you improve your overall care experience. Through their team of Clinical Pharmacists, BeneCard PBF will conduct a thorough review of your current medications and medical history. In doing so, BeneCard PBF may identify possible drug interactions and side effects, and will work with you and your doctors to optimize dosages, explore safe alternatives, and potentially streamline the use of certain medications that may no longer be effective for their treatment therapy.

MATERNITY MANAGEMENT PROGRAM

Expectant mothers can have one-on-one support from a maternity nurse specialist at no cost. The designated maternity nurse will provide support and expert advice on how to have a healthy pregnancy and healthy baby. We are excited to announce there is a reward for entering and completing the program:

Reward #1: Receive \$50 for enrollment into the program at any stage of your pregnancy; Reward #2: Receive \$100 for completing the Maternity Management program (post-partum).

MINUTECLINIC

MinuteClinic is a High-quality care that's affordable and reliable which makes it easy for you to get the care you need, when and where you need it. And now you can access all eligible services, including general medical MinuteClinic Care visits at any in-network MinuteClinic at little to no cost* to you.

“WHOLE PERSON’S SOLUTIONS” CHRONIC CONDITION MANAGEMENT PROGRAM

EPC Benefit Resources, Inc. offers this chronic condition management program to employees and their dependents. The program focuses on supporting those with high blood pressure, diabetes, and pre-diabetes conditions. Each participant will be provided with a program customized to meet their specific needs, not only focused on managing their primary chronic condition but also addressing co-conditions such as weight management, high cholesterol and the mental stresses that often accompany the management of multiple health challenges. Disease Management and Nurse Health Coaching If you have a chronic health condition, you are far from alone. In addition to the above referenced program, we provide a personalized health management program to address conditions such as chronic pain, heart and coronary artery disease, kidney disease, pulmonary disease, high cholesterol, and weight management concerns. The trained “Coaching for Activation” nurse will develop a plan by setting personal goals and provide free educational materials to help you learn the latest about your condition and give you the motivation and encouragement you need to better manage your condition. You will receive a personal consultation with a Nurse Health Coach who will help you set key health goals, notice warning signs, and know what to do, and assist with following your doctor’s plan of care.

HEALTHCARE BLUEBOOK

Have you ever been shocked by a co-pay amount? Have you ever received an unexpected diagnosis for yourself or a loved one and need immediate advice on the best specialists and best hospitals in your area to turn to for treatment? All of our medical plan participants have access to “Healthcare Bluebook”. This resource provides participants with easy access to quality rankings by procedure in 35 clinical categories for over 4,000 hospitals and 200,000 doctors as well as pricing transparency tools. When any need arises, this tool will enable participants to find providers with the best quality rankings and patient outcomes as well as pricing information for specific procedures. Additionally, you can earn cash incentives of \$35 to \$1,500 by choosing “GREEN providers “for eligible procedures.

Benefit Program Overview

YOUR MAIN CONTACTS:

EPC Administration Office
Benefit Allocation Systems (BAS)
Client Services Contact Information:

Phone Number: 800-945-5513
Email: Service@MyEnroll.com

EPC Benefit Resources, Inc. Office
5850 T.G. Lee Blvd., Suite 510
Orlando, FL 32822

Phone: 407-930-4492 (voice and fax) Email: Benefits@epc.org

BENEFITS OFFERINGS	
Medical/RX Plan	Five plan options through Meritain Health, an Aetna Company: • Platinum POS Plan • Gold POS Plan • Silver POS Plan • Gold HDHP Plan • Bronze HDHP plan Medical plans include: • Telemedicine (98point6) On-demand 24/7 primary care virtual visits via secure in- app messaging from your phone or smart device. • Wellness Programs: Chronic Condition Management, Healthcare Bluebook, Nurse Health Coaching, and Disease Management. Prescription Drug Plans include: • Specialty Medication administered by Accredo Health, Co-pay subsidies for high-cost Specialty Medications.
Dental	Two plan options through Delta Dental: • Low Plan • High Plan
Vision	The National Vision Administrators (NVA) network for vision care.
Basic Accidental Death And Dismemberment And Long-Term Disability	• \$50,000 of coverage for both life and accidental death & dismemberment (AD&D). • 60% of monthly pre-disability earnings up to plan maximum. • Includes the Ability Assist Employee Assistance Program, which provides three face-to-face counseling sessions and online resources for members
Other Voluntary Insurance Options Through Colonial Life	Employees may choose to purchase voluntary benefits through convenient payroll deduction. Four plan options: • Employee & Dependent Life Insurance • Short Term Disability • Accident Coverage • Critical Illness
403(B) Retirement Plan	Save for retirement with pretax or Roth contributions

Benefit Eligibility

EPC participating church employees must meet the minimum service hour requirements outlined in the table below and be a regular employee of an EPC participating church and affiliated entities in order to be eligible for our benefits. Please refer to our medical plan document at www.epc.org/benefits for more information about eligibility requirements. In addition, employees should consult their Church Administrator for eligibility requirements specific to their church offerings.

BENEFIT	SERVICE HOUR REQUIREMENT
Medical, Dental, Vision, Life, AD&D, Long-Term Disability	30+ hours per week
Health Savings Account	30+ hours per week Must be enrolled in HDHP plan
Voluntary Benefits through Colonial Life	20+ hours per week
403(b) Retirement Plan	Eligibility varies by church. Check with your church to see if you are eligible.

ELIGIBLE DEPENDENTS

Eligible dependents are defined as a legally married spouse or eligible dependent children age 25 or younger. Dependent coverage may continue until the last day of the month in which the Dependent has his/her 26th birthday, unless your dependent has been certified as Totally Disabled. For more information, please refer to our Medical Plan Document found on www.epc.org/benefits.

WHEN TO ENROLL

You can enroll in benefits as a new hire, during our annual enrollment period, or if you experience a qualifying life event. New hires or employees who have a change in employment status that makes them eligible for benefits must enroll within 30 days of their hire date or eligibility date. Coverage is effective on the first of the month following their date of hire or eligibility. If an employee begins employment on the first of the month, that is also their benefits effective date.

CHANGING YOUR BENEFITS

Outside of open enrollment, you may be able to add or remove dependents or change benefit options if you experience a qualifying life event. A qualifying life event is a change in your family status or employment that affects your benefits eligibility. You have 30 days after a qualifying life event to submit your change with supporting documentation. Contact your Church Benefits Administrator to process these changes.

Medical Plan Offerings

EPC Benefit Resources Inc. offers five medical/Rx Plans that include traditional Platinum, Gold, and Silver POS Plans, as well as High Deductible Gold and Bronze Plans with health savings account options. All five plans use the same nationwide unrestricted network of hospitals, doctors, medical practitioners, and pharmacies that are used by major national employers and health plans throughout the country. Every plan includes free health screenings and preventive care from in-network providers, 24/7 telemedicine, special assistance programs to support those with chronic conditions, or who encounter medical emergencies, or who utilize high-cost medications. The various medical plans through EPC Benefit Resources Inc. are available to meet different needs and budgets.

Choosing health coverage is an important decision. Your health coverage is about more than covering your health care — it's about keeping you healthy and peace of mind.

COVERAGE YOU NEED WHEREVER YOU LIVE, WORK, OR TRAVEL

- **Nationwide provider network** – Aetna Choice POS II (Open Access) network of providers, connects you to over 600,000 doctors and ancillary providers nationwide. You can check to see if your doctor is network by visiting: <http://www.aetna.com/docfind/custom/mymeritain/>, enter the zip code for your location and select the mile range for your search, click search. Under “Select a Plan” scroll down to “Broad Medical Networks” and select Aetna Choice POS II (Open Access). Click continue. This will direct you to enter healthcare professional or hospital names to see if they are in our network.
- **If you see that your doctor is not in the network**, you can submit a nomination form, and your doctor will be invited to join the network.
- **A health plan trusted for more than 35+ years** by generations of satisfied members. • Healthcare Bluebook, an online tool that allows you to compare health care services you need to find the best prices. Our Plan offers:
- **24-hour access to online tools and health resources** to make managing your care and coverage easier
- **DocFind** directory to easily find doctors and hospitals in-network with up-to-date listings
- **Disease management program** to help members better manage their disease and maintain and improve their quality of life
- **One-on-one support from a nurse health coach** to support and educate members with chronic health conditions
- **Maternity management program** providing expectant mothers with resources and support needed for a healthy pregnancy
- **Health management solutions** for members with high blood pressure, diabetes, and pre-diabetic conditions
- **Experienced customer service team** to help answer benefit questions, verify eligibility, locate doctors, and check status of claims

With these benefits, you can be confident you're getting the best value for your health care and coverage dollars. Compare the various plans available through EPC Benefit Resources that works best for you, your health, and your budget.



HOW TO ENROLL

Your church benefits administrator can make your enrollment and benefit election changes through our EPC MyEnroll360 platform. Through this online enrollment platform church administrators can manage eligibility and staff enrollment in EPC benefits, and employees can access their own information.

The EPC Medical Plan is administered through



2026 PLATINUM POS MEDICAL/RX* PLAN COVERAGE

AETNA CHOICE POINT OF SERVICE (POS) II PROVIDER NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible		
Individual	\$550	\$1,400
Two Person	\$1,100	\$2,800
Family	\$1,550	\$4,100
Annual Out-of-Pocket Max		
Individual	\$3,500	\$4,500
Two Person	\$7,000	\$9,000
Family	\$7,000	\$9,000
Preventive Services	No charge for preventive care services (Deductible does not apply)	40% coinsurance
Office Visit		
Telemedicine (98point6)	\$0 copay	N/A
Primary Provider	\$25 copay	40% coinsurance
Specialist	\$55 copay	40% coinsurance
Urgent Care	\$55 copay	40% coinsurance
Emergency Room	\$300 copay	\$300 copay
Lab and X-ray	10% coinsurance	40% coinsurance
Inpatient Hospitalization	10% coinsurance with \$250 copay per admission	40% coinsurance with \$250 copay per admission
Outpatient Surgery	10% coinsurance	40% coinsurance

*Please refer to Pages 18-20 for prescription drug coverage information.

This chart is intended to provide summary information only regarding the plan. For a more detailed plan description see www.epc.org/benefits.

2026 GOLD POS MEDICAL/RX* PLAN COVERAGE

AETNA CHOICE POINT OF SERVICE (POS) II PROVIDER NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible		
Individual	\$1,150	\$2,500
Two Person	\$2,300	\$5,000
Family	\$3,000	\$6,550
Annual Out-of-Pocket Max		
Individual	\$5,500	\$6,500
Two Person	\$11,000	\$13,000
Family	\$11,000	\$13,000
Preventive Services	No charge for preventive care services (Deductible does not apply)	40% coinsurance
Office Visit		
Telemedicine (98point6)	\$0 copay	N/A
Primary Provider	\$25 copay	40% coinsurance
Specialist	\$65 copay	40% coinsurance
Urgent Care	\$65 copay	40% coinsurance
Emergency Room	\$500 copay	\$500 copay
Lab and X-ray	20% coinsurance	40% coinsurance
Inpatient Hospitalization	20% coinsurance with \$250 copay per admission	40% coinsurance with \$250 copay per admission
Outpatient Surgery	20% coinsurance	40% coinsurance

*Please refer to Pages 18-20 for prescription drug coverage information.

This chart is intended to provide summary information only regarding the plan. For a more detailed plan description see www.epc.org/benefits.

2026 SILVER POS MEDICAL/RX* PLAN COVERAGE

AETNA CHOICE POINT OF SERVICE (POS) II PROVIDER NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible		
Individual	\$1,850	\$3,800
Two Person	\$3,700	\$7,600
Family	\$5,350	\$11,400
Annual Out-of-Pocket Max		
Individual	\$7,000	\$8,000
Two Person	\$14,000	\$16,000
Family	\$14,000	\$16,000
Preventive Services	No charge for preventive care services (Deductible does not apply)	40% coinsurance
Office Visit		
Telemedicine (98point6)	\$0 copay	N/A
Primary Provider	\$25 copay	40% coinsurance
Specialist	\$65 copay	40% coinsurance
Urgent Care	\$65 copay	40% coinsurance
Emergency Room	\$500 copay	\$500 copay
Lab and X-ray	30% coinsurance	40% coinsurance
Inpatient Hospitalization	30% coinsurance with \$250 copay per admission	40% coinsurance with \$250 copay per admission
Outpatient Surgery	30% coinsurance	40% coinsurance

*Please refer to Pages 18-20 for prescription drug coverage information.

This chart is intended to provide summary information only regarding the plan. For a more detailed plan description see www.epc.org/benefits.

2026 GOLD HIGH DEDUCTIBLE MEDICAL/RX* PLAN COVERAGE WITH A HEALTH SAVINGS ACCOUNT**

AETNA CHOICE POINT OF SERVICE (POS) II PROVIDER NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible		
Individual	\$3,400	\$3,400
Family	\$6,800	\$6,800
Annual Out-of-Pocket Max		
Individual	\$7,000	\$7,000
Family	\$14,000	\$14,000
Preventive Services	No charge for preventive care services (Deductible does not apply)	40% coinsurance
Office Visit		
Telemedicine (98point6)	\$0 copay	N/A
Primary Provider	20% coinsurance	40% coinsurance
Specialist	20% coinsurance	40% coinsurance
Urgent Care	20% coinsurance	40% coinsurance
Emergency Room	20% coinsurance	40% coinsurance
Lab and X-ray	20% coinsurance	40% coinsurance
Inpatient Hospitalization	20% coinsurance after deductible with \$250 copay	40% coinsurance with \$250 copay per admission
Outpatient Surgery	20% coinsurance	40% coinsurance

*Please refer to Pages 18-20 for prescription drug coverage information.

** Please refer to Pages 26-27 for more information on HSA Accounts.

*** HDHP Plans have a combined Medical/Rx Deductible.

This chart is intended to provide summary information only regarding the plan. For a more detailed plan description see www.epc.org/benefits.

WHAT'S THE PREMIUM FOR COVERAGE?

Go to the online calculator at

<https://epc.org/benefits/2026premiumrates/>

2026 BRONZE HIGH DEDUCTIBLE MEDICAL/RX* PLAN WITH A HEALTH SAVINGS ACCOUNT
OPTION**

AETNA CHOICE POINT OF SERVICE (POS) II PROVIDER NETWORK	IN-NETWORK
Annual Deductible	
Individual	\$6,200
Family	\$12,400
Annual Out-of-Pocket Max	
Individual	\$7,000
Family	\$14,000
Preventive Services	No charge for preventive care services (Deductible does not apply)
Office Visit	
Telemedicine (98point6)	\$0 copay
Primary Provider	40% coinsurance
Specialist	40% coinsurance
Urgent Care	40% coinsurance
Emergency Room	40% coinsurance
Lab and X-ray	40% coinsurance
Inpatient Hospitalization	40% coinsurance after deductible with \$250 copay
Outpatient Surgery	40% coinsurance

*Please refer to Pages 18-20 for prescription drug coverage information.

** Please refer to Pages 26-27 for more information on HSA Accounts.

*** HDHP Plans have a combined Medical/Rx Deductible.

This chart is intended to provide summary information only regarding the plan. For a more detailed plan description see www.epc.org/benefits.

WHAT'S THE PREMIUM FOR COVERAGE?

Go to the online calculator at

<https://epc.org/benefits/2026premiumrates/>

IMPORTANT THINGS TO CONSIDER WHEN COMPARING MEDICAL PLANS...

Here are some important considerations when deciding on which is the right medical plan for you:

- **YOUR DOCTORS** – Do you prefer to see specific doctors? To check that doctors you see regularly are in- network, visit <http://www.aetna.com/docfind/custom/mymeritain/>, enter the zip code for your location and select the mile range for your search, click search. Under “Select a Plan” scroll down to “Broad Medical Networks” and select Aetna Choice POS II (Open Access). Click continue. This will direct you to enter healthcare professional or hospital names to see if they are in our network.
- **If you visit a non-network doctor**, a visit will likely cost you more. A few minutes of research can avoid an expensive surprise.
- **YOUR HEALTHCARE NEEDS** – Do you visit a chiropractor? Do your family members need to see a doctor often or visit urgent care? Do you have regular lab work or X-rays? Do you take medications on an ongoing basis? Do you have surgery planned? Review the benefit tables in this guide to compare your costs.
- **YOUR TOTAL COST** – How much will be deducted from your pay for coverage? Does the plan have a deductible? What is the plan's annual out-of-pocket maximum? Can you offset your costs with a tax- free health account such as an HDHP? Each of these factors can affect your bottom-line cost for healthcare.
- **IMPORTANT WORDS** – Take a few minutes to learn these insurance terms and compare them for each plan available to you. Once you understand the basics, you'll be speaking benefits like a pro!

	ELIGIBLE EXPENSE	A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.
	DEDUCTIBLE	The amount of healthcare costs you have to pay for with your own money before your plan will start to pay.
	COINSURANCE	After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 70%, your coinsurance share of the cost is 30%. You are billed for your coinsurance after your visit.
	COPAY	A set fee you pay instead of coinsurance for some healthcare services, for example, a doctor's office visit. You pay the copay at the time you receive care.
	OUT-OF-POCKET MAXIMUM	Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.
	BALANCE BILLING	In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of- network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference.

Prescription Drug Savings

A LITTLE RESEARCH BEFORE YOU GO TO THE PHARMACY COULD RESULT IN HUGE SAVINGS.



Insider tip



Insider tip	Rock Star!
Your medical plan includes prescription drug coverage. You pay a different amount depending on the “tier” or class of drug.	GENERIC drugs are always the least expensive. Get in the habit of asking your doctor or pharmacist if there’s a generic alternative.
A FORMULARY (Preferred) is a list of drugs that are preferred by the plan. Plans use formularies to encourage the most cost-effective drugs.	If a generic drug is not available, ask your doctor whether there is an effective brand name medication that is on the plan's preferred drug list.
A PARTICIPATING PHARMACY (one that contracts with your medical plan) will usually offer the best price. You can find a participating (in-network) pharmacy on your plan's website or by calling member services.	SHOP AROUND! Even within the same drugstore chain, you may find a better price at a different location. Your medical plan may have an online tool or app to compare prices. Or try websites like goodrx.com or lowestmed.com
You can conveniently fill your maintenance prescriptions under the Retail90 program either by home delivery through the BeneCard Mail Order Pharmacy or at any pharmacy in the Retail90 network. You can submit refills through the Express Scripts website or app, or by phone.	Compare your plan's mail-order copay and shipping against your local pharmacy price and/or other discount programs. If it's less expensive locally, ask if your doctor can write a 90-day prescription rather than a 30-day one.

What’s my cost for coverage?

Go to the online calculator at

<https://epc.org/benefits/2026premiumrates/>

Prescription Drug Savings



PLATINUM POS Plan In-network

GOLD POS Plan In-Network

SILVER POS Plan In-Network

Prescription Drug Deductible			
Individual	\$0	\$250	\$300
Two Person	\$0	\$500	\$600
Family	\$0	\$600	\$800
Short Term Medicine Co-pays			
Generic	\$15	\$15	\$15
Formulary (preferred) Brand	\$45	\$50	\$55
Non-Formulary (non-preferred)	\$90	\$100	\$110
Brand			
Supply Limit	30 days	30 days	30 days
Long Term Medicine			
Generic	\$30	\$35	\$35
Formulary (Preferred) Brand	\$90	\$105	\$110
Non-Formulary (Non-Preferred)	\$180	\$210	\$220
Brand			
Supply Limit	90 days	90 days	90 days
Specialist Medicine Through Accredo	Participant pays 20% up to a Max of \$750 per 30 days' supply	Participant pays 20% up to a Max of \$750 per 30 days' supply	Participant pays 20% up to a Max of \$750 per 30 days' supply
Generic			
Formulary (Preferred) Brand			
Non-Formulary (Non-Preferred)			
Brand			

This chart is intended to provide summary information only regarding the plan. For a more detailed plan description see www.epc.org/benefits.

2026 EPC Prescription Drug Plan



**GOLD HDHP
In-Network**

**BRONZE HDHP
In-Network**

Medical/Rx Combined Deductible		
Individual	\$3,400	\$6,200
Family	\$6,800	\$12,400
Short Term Medicine participant Co-Insurance (After Deductible)		
Generic	20%	40%
Formulary (Preferred) Brand	20%	40%
Non-Formulary (Non-preferred) Brand	20%	40%
Supply Limit	30 days	30 days
Long Term Medicine		
Generic	20%	40%
Formulary (Preferred) Brand	20%	40%
Non-Formulary (non-preferred) brand	20%	40%
Supply Limit	90 days	90 days
Specialty Medicine through Accredo		
Generic	Participant pays 20% up to a max of \$750 per 30 days' supply	Participant pays 20% up to a max of \$750 per 30 days' supply
Formulary (Preferred) Brand		
Non-Formulary (non-preferred) Brand		

This chart is intended to provide summary information only regarding the plan. For a more detailed plan description see www.epc.org/benefits.

Preventive Care

Maintaining or improving your health is the best way to prevent disease from happening in the first place. Preventive care, like regular doctor visits and screenings, can find many health conditions before they become serious. Chronic diseases like diabetes, cancer, and heart disease can often be treated if they are found early during an annual exam. An important part of self-care is getting preventive medical exams to check that you're staying healthy or to identify and treat diseases before they become serious.

The Medical plans cover preventive care at 100% when you see in-network providers. Copayments, coinsurance, or deductibles do not apply. When you schedule your appointment, make sure the doctor knows your visit is a preventive exam, such as an annual checkup. This will ensure that you're billed correctly — usually at no cost to you. If you receive care other than preventive care during the same visit, it will be considered diagnostic care. Diagnostic care services treat, diagnose, or check on an illness, injury, or health problem. They are not covered at 100% and will be subject to copayments, deductibles, and coinsurance.

WHAT PREVENTIVE CARE DO YOU NEED?

Visit www.healthfinder.gov and enter your age and sex in the app to get a list of recommended preventive screenings for your stage in life. Talk to your doctor about which are appropriate for you.

WHAT IS PREVENTIVE CARE?

- **Tests** – Blood Pressure, Diabetes, Cholesterol
- **Checkups** – Well Baby, Well Child, Well Woman
- **Cancer Screenings** – Mammograms, Colonoscopies
- **Pregnancy** – Prenatal care for healthy pregnancy and healthy baby.
- **Vaccinations** – Flu, pneumonia, measles, polio, meningitis, and other diseases
- **STD** – screenings for sexually transmitted infections
- **Talk With Your Doctor About** – Tobacco use, healthy weight, exercise, eating habits, alcohol use, depression.

For more resources, visit cdc.gov/prevention

Recommended preventive care and healthy lifestyle choices are key steps to good health and well-being.

Know Where to Go

WHEN YOU GET SICK OR INJURED, WHERE DO YOU TURN?

Because of high cost and long wait times, it's usually best to save ER trips for true emergencies. When you need non-emergency care, try to visit your doctor who can treat you based on a better understanding of your medical history. If your doctor isn't available, you may be able to get the care you need at another facility with shorter wait times and for a lower cost than an ER trip. Here's an at-a-glance overview of different types of providers and when it's most appropriate to visit each one.

Facility Type	How to Recognize it	Visit for...	Typical Hours and Wait Time	Cost Level
Telemedicine (98point6)	Medical consultation via secure in-app messaging from your phone or smart device.	Access board-certified Doctors for many nonemergency illnesses such as flu, sore throat, allergies, order any necessary prescriptions or lab tests, and more!	Available 24/7/365 with no wait time!	\$
Minute Clinic	Retail Clinic with nurse practitioners (NPs) and physician associates (PAs).	MinuteClinic offers a wide range of services across a variety of categories, including: COVID-19 services: Vaccines and testing, Immunizations, Screenings, Physicals, Minor illnesses, Minor injuries, Women and men's services: Including birth control and erectile dysfunction, Pre-travel health: Pre-travel consultations to help prevent you from getting certain illnesses and conditions while traveling	Available 7 days a week, including evenings, or online through	\$
Your doctor	Physician with traditional office hours	Ongoing and more personalized care based on an understanding of your medical history; annual check-ups; routine care, like for a sinus infection, minor allergic reaction, fever, rash, cut, or flu shot	Traditional office hours; call ahead for appointments	\$\$
Urgent Care Center	A stand-alone facility that usually has "urgent care" in the name (and NOT "ER" or "emergency")	Problems that need immediate attention but aren't life-threatening, like stitches, sprains, animal bites and x-rays	Hours include evenings, weekends, and holidays; shorter wait time than ER	\$\$\$

Freestanding ER	Often found in storefronts or small shopping centers and has “ER or “emergency” in the name	Life-threatening or disabling conditions and major injuries (but not trauma care)	Open 24 hours; wait time can be shorter than traditional ER	\$\$\$\$
Traditional ER	ER attached to a hospital	All life-threatening or disabling conditions, trauma care and major injuries	Open 24 hours; long wait for nonemergency	\$\$\$\$\$

Cost Saving Resources

As part of our commitment to help you better your wellness, we are also providing enhanced resources to help you save along the way.

HEALTHCARE BLUEBOOK

Healthcare Bluebook is a powerful source employees need for pricing information to help them choose the most appropriate, cost-effective providers. Healthcare Bluebook is a pricing transparency solution that helps members shop for providers based on costs for common outpatient procedures. Pricing information, such as fees for medical procedures or Fair Price TM, is available to help members compare and select the highest value provider.

Healthcare Bluebook has a Doctor Quality feature to highlight how individual doctors perform on a variety of procedures, including complex surgeries. The Doctor Quality information can help patients make better choices and improve outcomes including decreasing healthcare complications, improving patient safety, lowering readmissions, reducing risk of mortality, etc.

THE DOCTOR QUALITY FEATURE:

- Ranks physicians by national percentile using our signature green-yellow-red colored-coded system
- Enables members to easily navigate to the highest quality physician for their specific healthcare needs
- Includes > 4,000 hospitals, and 200,000 physicians
- Offers individual quality rankings by procedure for 35 clinical categories as well as overall clinical performance.

Members can access Healthcare Bluebook any time, day, or night, by visiting their member web portal at www.meritain.com. If reimbursement data is not available for a certain service, a Fair Price will be listed, based on ZIP code. This provides a baseline to compare the costs of providers' services.

Cost Saving Resources

STAY IN-NETWORK AND SAVE!

You will receive the best care at the lowest cost, using an in-network provider under all our plans. Our medical plan gives our members access to the largest health care network in the nation. Your in-network PCP coordinates any care you need from both specialists and facilities in our network, so you're sure to receive the care that's right for you. Keep in mind, your network provider may use an out-of-network provider for some additional services, such as lab work. Please make sure to verify these services are covered under our plan. Use your member ID and register on <http://www.meritain.com> to find in-network doctors, hospitals, and other places for care!

NURSE HEALTH COACHES

The member service team is your one-call resource for all matters relating to your health care coverage. Available 24/7, an advocate's job is to support your interests. Your dedicated nurse health coach is specially trained to help you lower your risk for illnesses, better manage a health condition, provide extensive support for a complex health problems and work with you one-on-one to change lifestyle behaviors. Take a few minutes to call a coach – what you learn could make a real difference in improving your health. Call your Nurse Health Coach today! 1-888-610-0089.

TELEMEDICINE (98POINT6)

Get the care you need from wherever you are – day or night. Whatever slows you down this season, 98point6 is here to help get you back up faster. 98point6 offers US board certified physicians to help you get a diagnosis, treatment, and a prescription when needed. If you are enrolled in our medical plan, 98point6 is already part of your benefits, so make sure your 98point6 account is set up and ready to go! All you need is to create an account by downloading the 98point6 app from the Apple Store or Google Play and sign in to 98point6 with your mobile phone number. Your mobile number serves as your account number each time you sign in. Follow this link to register and learn how to use this service: www.98point6.com/epc.

MINUTE CLINIC

MinuteClinic is a High-quality care that's affordable and reliable which makes it easy for you to get the care you need, when and where you need it. And now you can access all eligible services, including general medical MinuteClinic Care visits at any in-network MinuteClinic at little to no cost* to you. MinuteClinic is a walk-in clinic inside select CVS Pharmacy and Target Stores and is the largest provider of retail health care in the United States—with over 1,100 locations in 35 states and District of Columbia**.

Health Savings Account



WOULD YOU LIKE TO SAVE UP TO 30% ON MEDICAL, DENTAL AND VISION COSTS? USING A HEALTH SAVINGS ACCOUNT SAVES YOU MONEY BECAUSE YOU CAN PAY YOUR HEALTHCARE BILLS WITH TAX-FREE DOLLARS!

Your health savings account (HSA) is a tax-advantaged medical savings plan that is an integral part of the EPC's federally qualified High Deductible Health Plan (HDHP). By selecting an HDHP-qualified plan, you are eligible to contribute tax free money into a health savings account (HSA). Your HSA funds can then be used tax-free to pay for qualified medical expenses. In addition, your HSA contributions earn tax-free interest and carry over from year-to-year, even if you change jobs or retire.

YOU CAN USE A TAX-FREE HEALTH ACCOUNT FOR A WIDE VARIETY OF EXPENSES

- Deductibles, copays, coinsurance
- Medically necessary expenses not covered by your health plan
- Prescription drugs
- Over the counter (OTC) drugs prescribed by your doctor
- Some drugstore items such as diabetic supplies and first aid
- Dental and vision care services
- Certain types of medical equipment
- Other eligible expenses

2026 HAS CONTRIBUTION LIMITS

The amount you can contribute each year depends on whether your health plan covers you (single) or yourself and others (family), as well as your age. Amounts are adjusted annually by the IRS.

- Annual HSA Contribution limits: o Single coverage: \$4,300 o Family coverage: \$8,550
- Catch-up contributions: The IRS allows a \$1,000 catch-up contribution for individuals age 55+ each year.
- Annual out-of-pocket expense maximums:
 - o Single coverage: \$8,300
 - o Family coverage: \$16,600

WHY SHOULD YOU CONSIDER THE HDHP PLANS?

If you enroll in the Gold or Bronze HDHP Plan and meet certain criteria, you are eligible for a Health Savings Account (HSA). An HSA is a special tax-advantaged savings account that allows you to pay for your qualified health expenses.

- Under our Gold HDHP plan— your church contributes \$1,000 for individuals and \$2,000 for families annually to the HSA.
- Under our Bronze HDHP plan— your church contribution amount is up to the employer's discretion.
- Both plans must comply with the IRS annual limits.
- Use your HDHP funds to pay for your deductible and other out-of-pocket costs under the medical plan.
- Many tax advantages.
 - Tax deductible off your gross income.
 - HDHP funds grow tax deferred.
 - Tax-free when you use funds for qualified medical expenses.
- Your money rolls over year after year, so you build savings.
- It's portable — the money stays with you even if you change jobs or retire.
- At age 65, you can use your funds for any expense. You aren't penalized for non-qualified medical expenses, though normal income tax still applies. You may also continue to withdraw money for qualified health expenses tax-free.

IS AN HDHP PLAN RIGHT FOR YOU?

If you want a tax advantaged account to save for current and future health expenses and want to take a more active role in your health care decisions, the Gold or Bronze HDHP plan might be right for you.

Because of the tax advantages, the IRS has rules you must follow to be eligible for an HSA. If you are considering the Gold or Bronze HDHP plan, be sure to familiarize yourself with the regulations.

Please note that the IRS does not permit you to contribute to an HSA if:

- You have other first-dollar health coverage, such as coverage through your spouse (including a regular Health Flexible Spending Account plan).
- You are enrolled in Medicare.
- You were claimed as a dependent on someone else's tax return.

LEARN MORE

Find more information about HSAs please visit our website www.epc.org/benefits.

Dental

EPC Benefit Resources offers two dental plans through Delta Dental. With Delta Dental PPO plan, you and your family may visit any licensed dentist, but you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider, secondly by seeing a Delta Premier dentist. You are responsible only for your deductible and coinsurance as determined by your plan, as well as any charges for non-covered services up to Delta Dental's approved amount. If you choose to see an out-of-network provider, you have the least coverage and you will be billed for the provider charges above the allowance paid by Delta Dental (called balance-billing). To find a provider call 1-800-521-2651 or go to www.deltadentalins.com/.

Smile Way provides enhanced coverage for participants who have been diagnosed with diabetes, heart disease, HIV/AIDS, rheumatoid arthritis, or stroke. Opting into this program provides added benefits of 100% coverage for periodontal scaling, prophylaxis, or periodontal maintenance procedures. To learn more, see www.deltadentalins.com/individuals/guidance/smileway-wellness-benefits.html



2026 DELTA DENTAL RATES

Monthly Cost of Care	Low Plan	High Plan
Employee Only	\$19.45	\$37.94
Employee + Spouse	\$40.07	\$79.02
Employee + Children	\$58.29	\$99.36
Employee + Family	\$78.94	\$140.43

Vision

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

Our vision plan uses the National Vision Administrators network of providers. It covers an exam and lenses every 12 months, and covers eyeglass frames every 24 months. For the greatest benefit, visit a doctor in the NVA network. To search for a doctor online or for more information, see www.e-nva.com.



2026 NATIONAL VISION ADMINISTRATORS

Benefits	Frequency	In-Network	Out-of-Network
Eye Examination	Once every 12 months	Covered 100%	Up to \$40
Lenses			
Single Vision	Once every 12 months	Covered 100%	Up to \$30
Bifocal	Once every 12 months	Covered 100%	Up to \$30
Trifocal	Once every 12 months	Covered 100%	Up to \$30
Frames			
Retail Frame Allowance	Once every 24 months	Covered up to \$130 and 20% discount on Frame Balance	Up to \$91
Contact Lenses		In Addition to Eyeglasses	
Elective	Once every 12 months	Covered up to \$130	Up to \$130
Medically Necessary	Once every 12 months	Covered 100%	Up to \$201

Monthly Cost of Care	Vision Plan
Employee Only	\$5.56
Employee + Spouse	\$10.57
Employee + Children	\$11.13
Employee + Family	\$16.36

Life, AD&D, and Long-Term Disability Insurance (Bundled) Benefit



Life insurance can fill a number of financial gaps for a family recovering from the death of a loved one. Without enough life insurance, many families may have to reduce their standard of living after the loss of an income. Consider your current and future financial needs when evaluating how much coverage you need. The most common short and long-term financial needs include:

- Medical bills and funeral expenses
- Living expenses for the surviving family (housing, food, clothing, utilities, etc.)
- Taxes and debts that need to be settled.
- Large expenses, e.g., college education, or home mortgage

MAKE SURE THAT YOU HAVE NAMED A BENEFICIARY FOR YOUR LIFE INSURANCE BENEFIT AND UPDATE IT IF YOUR FAMILY OR MARITAL STATUS CHANGES.

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) provides another layer of benefits to either you or your beneficiary if you suffer certain injuries or death from an accident.

2026 HARTFORD INSURANCE GROUP LIFE AND AD&D

Basic Life amount	Up to \$50,000
Basic AD&D amounts	Up to \$50,000

LONG-TERM DISABILITY

If you can't work due to an illness or injury, your financial security may be at risk. Most people underestimate their likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

Long-term disability (LTD) insurance provides partial income replacement should you become disabled and unable to work. If you experience a disability that lasts 90 days or more, the LTD plan will replace 60 percent of your monthly pre-disability salary up to the plan maximum. For EPC staff and pastors, you will be enrolled in \$2,000, \$4,000, or \$6,000 of monthly benefit dependent on your monthly income. This benefit may be reduced by other income sources you may have, so please consult with your plan booklet for more detailed information. Please note that, because the church pays for the LTD premium on your behalf, the IRS requires that you be taxed on the benefit amount upon receipt. For more information visit <https://epc.org/benefits/lifeaddltd/>.

The EPC 403(b)(9) Retirement Plan through Fidelity



The EPC 403(b)(9) Plan is administered through Fidelity Investments. A 403(b)(9) is a defined contribution plan specifically designed for the unique needs of church organizations and is not subject to ERISA requirements. A unique feature of a 403(b)(9) is that ordained ministers may allocate a portion of their retirement withdrawals to tax-exempt housing allowance, subject to IRS limits. To access your investment information, check transactions, and request status information, call 800-343-0860, or log on or register an account at www.netbenefits.com/epc.

Who can participate? All employees are eligible to participate unless the plan specifically excludes them. Employees should consult their Church Administrator for eligibility requirements specific to their church offerings.

TYPES OF PLAN CONTRIBUTIONS

- Your church may contribute to your 403(b)(9) account to help your savings grow. Employer contributions are deposited on a traditional pretax 403(b)(9) basis. Any amount that the church contributes to your account is fully vested and is yours to keep. Check with your church administrator for more information.
- The EPC terms of call for an ordained minister states that the church must contribute an additional 10% of salary plus housing allowance to the pastor's retirement plan.
- Employees can elect to have their employer withhold funds from their paycheck that can be contributed to the 403(b)(9) Plan, on a pre-tax or Roth contribution. You are encouraged to make contributions to your traditional or Roth 403(b) plan up to the IRS annual limit. Individuals age 50 and older may also make additional "catch up" contributions up to the IRS annual limit.
- Be sure to consult with your financial advisor to see what tax implications may affect your contributions.

INVESTMENT OPTIONS

- In addition to the standard plan lineup of 24 investment choices, our 403(b) Retirement Plan provides participants with access to a "brokerage window" offering an almost unlimited selection of additional investments choices from amongst thousands of publicly traded mutual funds, stocks, ETF's, and other investment options. To learn more about the Brokerage Link features, please call our Fidelity Brokerage Link representative at 800-890-4015.

CONSULTANTS

Fidelity Investments, our retirement plan recordkeeper, offers free and unlimited consultation services to participants in our Plan as part of our agreement with them. These one-on-one personal consultations are with trained financial professionals backed by industry-leading research and analysis. Better yet, if you have

investments or savings held elsewhere, that information can also be included in the consultation and your personalized plan. You can call 800-343-0860 to connect with a trained professional consultant.

Other Voluntary Benefits

Voluntary benefits are offered to employees working 20 hours a week or more. Voluntary benefits allow you to supplement your employer-provided benefits with additional coverages at competitive group rates. Should you choose to purchase one of the voluntary benefits, your premium is paid through convenient payroll deductions. EPC Benefit Resources, Inc. offers the following individual policies through Colonial Life Insurance Company.

TERM LIFE INSURANCE

If you have loved ones who depend on your income, you might need additional life insurance to make sure your family is taken care of should anything unforeseen happen to you. Colonial offers life insurance options for both you and your spouse and allows you to tailor your coverage for your individual needs.

ACCIDENT INSURANCE

This benefit can help you fill the gaps in your medical plan should you have an accidental injury. Accident insurance can help you pay for your deductible, copays, and other out-of-pocket costs related to an injury.

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability (STD) will cover a portion of your paycheck should you become ill or injured and unable to work. You can use the money to pay for your home, groceries, medical bills, or other living expenses. STD is similar to the long-term disability benefit; however, it will cover you for a shorter time period.

CRITICAL ILLNESS INSURANCE

If you have a critical illness, out-of-pocket expenses can add up. This benefit can give you a tax-free payment if you're diagnosed with a serious condition such as Cancer, Heart Attack, and Stroke.

Did you know hearing loss is quite common? 1 in 9 Americans experience it and it's why we want to make sure you're covered. Amplifon is committed to helping you find the right solution for your hearing health by providing personalized service, high-quality care, and exceptional products. If you are enrolled in either our EPC benefit plans or our Retirement Plan, you have access to the Amplifon hearing aid program including a nationwide network of over 5,500 hearing healthcare providers. Their program offers low price guarantee on hearing aids as well as...

- Ten hearing aid brands are available, including Miracle-Ear, Starkey, Signia, Phonak, GN Resound, Oticon, Unitron, Rexton, Widex, and Sonic Innovations
- 60-day trial period with money-back guarantee to ensure your satisfaction
- Continuous care - one-year free follow-up, two years free batteries, and a three-year warranty
- Convenient locations near you

It's EASY to access your benefit, Call Amplifon today at 888-819-3416 for more information.

Plan Contacts

Plan Type	Carrier	Member Portal	Phone	Website
Medical	Meritain Health	www.meritain.com	800-925-2272	www.meritain.com Check out their mobile app!
Telemedicine On-demand text-based Primary Care	98point6	Download 98point6 app.	866-657-7991	https://www.98point6.com/epc
Prescription Drug	BeneCard PBF	https://benecardpbf.com/	888-907-0070	www.benecardpbf.com Check out their mobile app!
Health Savings Account	Health Equity	my.healthequity.com/HE.asp	866-346-5800	https://healthequity.com Check out their mobile app!
Dental PPO	Delta Dental	http://www.deltadentalins.com/	800-521-2651	www.deltadentalins.com Check out their mobile app!
Vision	National Vision Administrators, L.L.C.	www.e-nva.com Go to Member login	800-672-7723	www.e-nva.com Check out their mobile app!
Life, AD&D, and Long-term Disability	The Hartford	http://www.thehartford.com/	800-523-2233	http://www.thehartford.com/
403(b) Retirement Plan	Fidelity Investments	http://www.netbenefits.com/EPC	1-970-262-0282	http://www.coloniallife.com/
Other Voluntary Benefits	Colonial Life - Melissa Koll	Melissa.Koll@coloniallife.com	1-970-262-0282	http://www.coloniallife.com/
Hearing Aid Discount Program	Amplifon	http://www.amplifonusa.com/epc	1-877-846-7074	http://www.amplifonusa.com/epc

Get help with your benefits. You have many different ways to get answers to your questions and assistance with coverage and claims issues. Use the resources on the following pages freely!

Check out our website at www.epc.org/benefits for 24/7 access to general benefits information and benefit-related documents and forms. Questions? Contact our admin office at 877-578-8707.

