

## Benefits Updates

A life event represents a change in your life that impacts your health coverage options, such as a birth or adoption of a child, marriage, divorce, or loss of health coverage for you or your dependent.

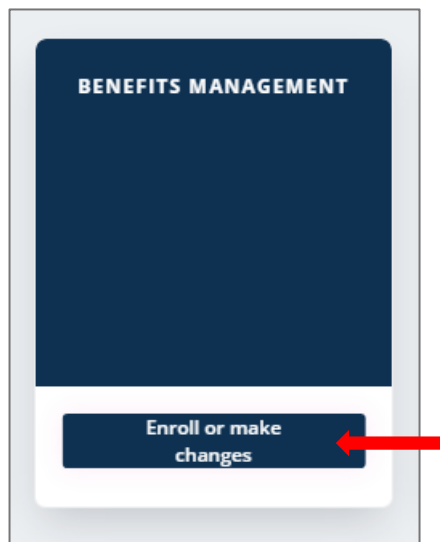
Available Life Events vary based on your eligibility and existing dependents. For instance, if you are married and have listed your spouse in **My Family**, you will not see the Marriage event option.

Use this reference to help you determine the effective date for Life Events.

Event Type	Effective Date
Marriage	Date of Marriage
Divorce/Legal Separation	Date of Divorce/Legal Separation
Birth/Adoption	Date of Birth/Date of Adoption Placement
End Member or Dependent CHP: other coverage/Medicare/Medicaid	Last day of requested CHP coverage
Enroll member or dependent in CHP after loss of coverage	Last day of previous coverage

The birth of a child will be used in this life event example, but the following steps apply for completing any life event mentioned above.

## Benefits Management – Enroll or Make Changes



1. Click the **Enroll or Make Changes** button on the Benefits Management card.

The Enroll & Make Changes screen opens.

## Enroll & Make Changes

**UPDATE YOUR COVERAGE**

To make changes to your current selections and/or personal information, choose the applicable link from the table. In some cases, you may need to make your changes within a certain time period.

**EVENTS**

Description	Eligibility Period	Actions
<b>Life Event</b>		
Birth/Adoption	60 days of the event date	<a href="#">Start &gt;</a>
Divorce	60 days of the event date	<a href="#">Start &gt;</a>
End member or dependent CHP: other coverage/Medicaid/Medicare	30 days of the event date	<a href="#">Start &gt;</a>
Enroll member or dependent in CHP after loss of coverage	60 days of the event date	<a href="#">Start &gt;</a>

- Click the **Start** link in the **Actions** column of the **Birth/Adoption** event. The Birth/Adoption panel displays.

### Birth/Adoption

The time limit within which you may make your changes as a result of Birth/Adoption is **60 days of the event date**.

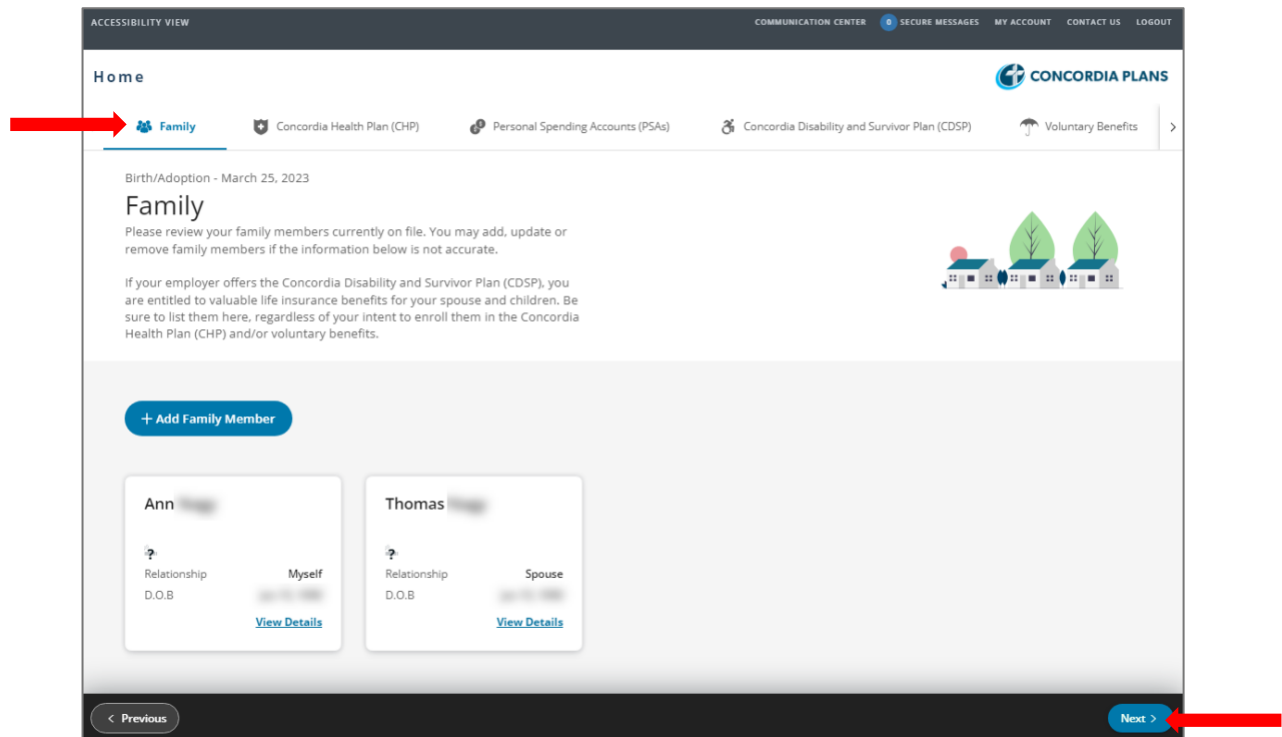
ENTER THE EFFECTIVE DATE \*

MM DD YYYY

[Continue](#) [Cancel](#)

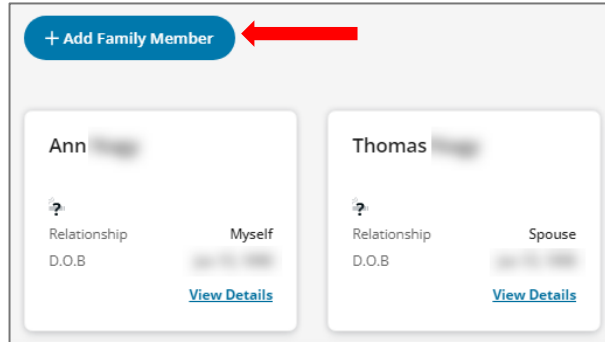
- Enter the date of the event, such as the birth date or marriage date, and then click the **Continue** button.

The system advances to the Family screen.



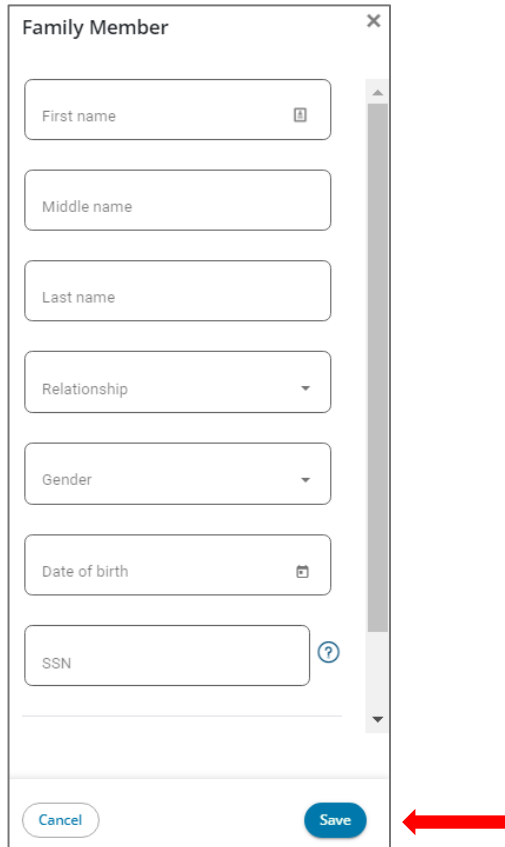
Note the row across the top of the screen that begins with **Family** and the **Next** button in the lower right corner. The Next button advances sequentially across the top row items.

## Add a New Dependent



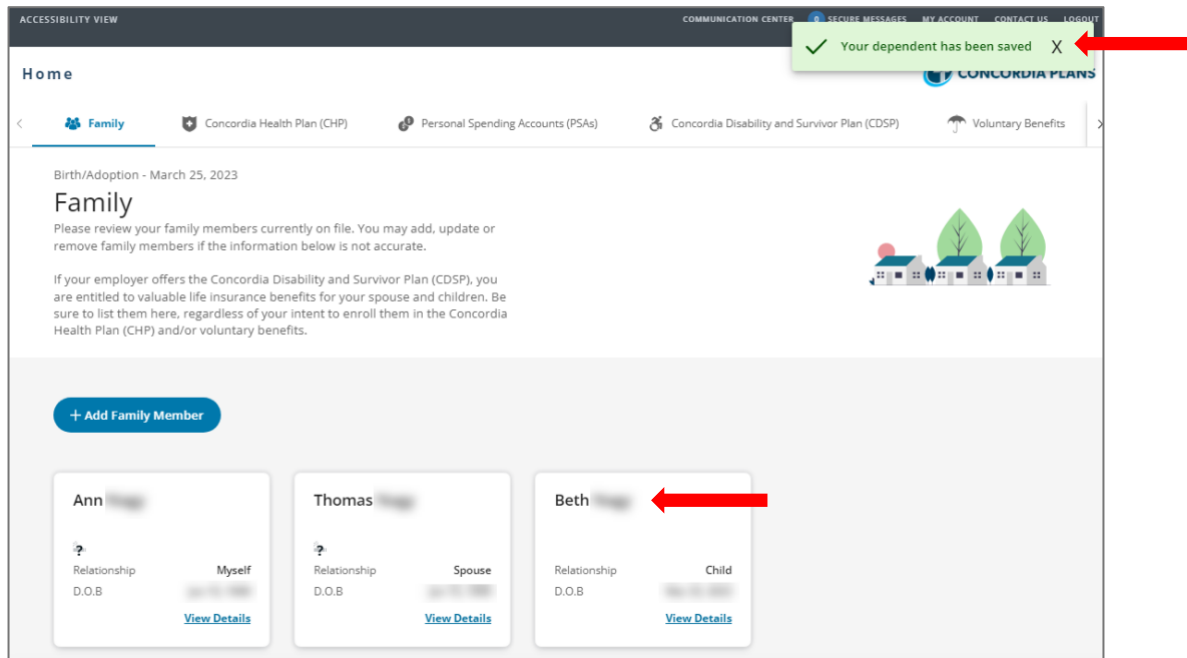
The screenshot shows a panel titled '+ Add Family Member' at the top left, indicated by a red arrow. Below this, there are two cards representing family members: Ann and Thomas. Each card displays a name, a relationship (Myself for Ann, Spouse for Thomas), and a date of birth (D.O.B). There is a 'View Details' link at the bottom of each card.

1. Click the **Add Family Member** button.  
The Family Member panel displays.
2. Enter the First name, Middle name, Last name, Relationship, Gender, Date of birth and click the **Save** button.



The screenshot shows the 'Family Member' form. It contains several input fields: First name, Middle name, Last name, Relationship (dropdown), Gender (dropdown), Date of birth (calendar icon), and SSN (with a help icon). At the bottom, there are 'Cancel' and 'Save' buttons. A red arrow points to the 'Save' button.

The **Your dependent has been saved** message displays at the top of the screen, and the new dependent displays with the original family member(s).



3. Click the **X** to close the **Your dependent has been saved** message.
4. Click the **Next** button at the bottom of the screen.  
The **Concordia Health Plan** screen displays, with the Medical option showing.

## Add and Update Benefits

Continue the event by adding and updating coverages and benefits for you and your dependents.

Birth/Adoption - March 25, 2023

### Concordia Health Plan (CHP)

[Medical](#) [Dental](#) [Vision](#) [Wellness](#)

[Compare Plans](#)

The Concordia Health Plan (CHP) provides medical coverage including office visits, hospital stays and emergency care. It also includes coverage for prescription drugs, mental health, preventive care and more. Select your plan option and the family members you wish to cover below.

Member and Employer cost responsibilities vary by LCMS ministry. Please check with your employer if you have questions on any cost responsibility that may impact your paycheck deduction.

If you see the CHP Options A, B, C, D, E, HDHP, HMO, HMO-C or HMO-C2 below, Concordia Plans believes these to be considered "grandfathered health plans" under the Affordable Care Act (ACA) and may not include certain consumer protections of the ACA that apply to other plans. For questions and more information, you may refer to the Grandfathered Health Plan Notice [here](#), call Concordia Plans at 888-927-7526 or contact the U.S. Department of Health and Human Services at [healthreform.gov](http://healthreform.gov).

**Select who is covered**

☒ Ann Myself

☐ Thomas Spouse

☐ Beth Child

**Decline Coverage**

[Select](#)

**Option HDHP (BCBS)**

[Select](#) [View Details](#)

**Healthy Me HSA - A (BCBS)**

[View Details](#)

[Scroll down](#)

Scroll down to see the coverages. An empty checkbox indicates that the named participants do not have Concordia Health Plan coverage.

1. Click the checkbox to select the newly added child.

**Select who is covered**

☒ Ann Myself

☐ Thomas Spouse

☒ Beth Child

**Decline Coverage**

[Select](#)

**Option HDHP (BCBS)**

[Select](#) [View Details](#)

**Healthy Me HSA - A (BCBS)**

[View Details](#)

[Scroll down](#)

The child has the Concordia Health Plan coverage and applicable per month and annual deductions are updated below.

[Previous](#) [Your per pay payroll deduction: \\$0.00](#) [Your annual payroll deduction: \\$0.00](#) [See all benefits and costs](#) [Next >](#)

2. Click the **Next** button and continue to the **Complete Enrollment** screen.

3. Scroll down to view your **Family Members** and **Your Coverage**.

ACCESSIBILITY VIEW COMMUNICATION CENTER SECURE MESSAGES MY ACCOUNT CONTACT US LOGOUT

Home CONCORDIA PLANS

Plans (PSAs) Concordia Disability and Survivor Plan (CDSP) Voluntary Benefits Retirement Beneficiaries **Complete your Enrollment**


Birth/Adoption - March 25, 2023

## Complete Enrollment

Please take a moment to review all of your benefit selections to ensure they are correct.

Your total may contain both pre-tax and post-tax benefit elections. For a detailed breakdown of how your elections affect your paycheck and any cost responsibility you may have, please contact your employer.

If satisfied with your elections, please authorize the terms and conditions and select **Complete Enrollment**.



### Family Members

Below is a summary of yourself and your dependents on file.

Name	Relationship	Coverage	View Details
Ann	Myself	D.O.B. [Redacted]	<a href="#">View Details</a>
Thomas	Spouse	No Coverage	<a href="#">View Details</a>
Beth	Child	Dental, Medical, Vision, Wellness/EAP	<a href="#">View Details</a>

### Your Coverage

All benefits are effective as of March 25, 2023 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

Benefit	Coverage Option	Coverage Detail	Your Per Month Period Cost
<b>Concordia Health Plan (CHP)</b>			
<b>Medical</b>			
<a href="#">Medical</a>	Healthy Me HSA - A (BCBS)	Member + Child(ren)	-

4. Scroll down to view the **Terms and Conditions** section.

### Terms and Conditions

I hereby declare that I have completed my enrollment or modified my coverage, my contribution rate, or other information because of: Birth/Adoption. I understand that the modifications made during this session are effective 3/25/2023, subject to the approval of any required evidence of insurability.

I declare that the information contained on this form is complete and accurate (any false or incomplete declaration may nullify coverage).

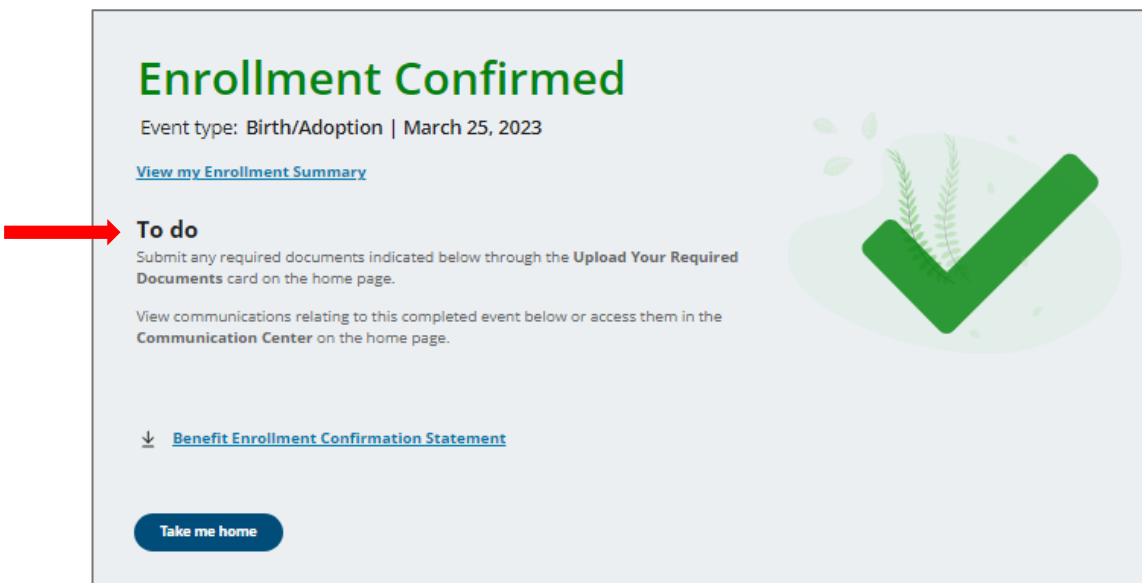
I authorize my employer to deduct from my salary amounts required to pay the cost of coverage and/or contributions plus applicable taxes, if any.

☒ I agree to the Terms and Conditions

[Go back and make changes](#) **Complete Enrollment**

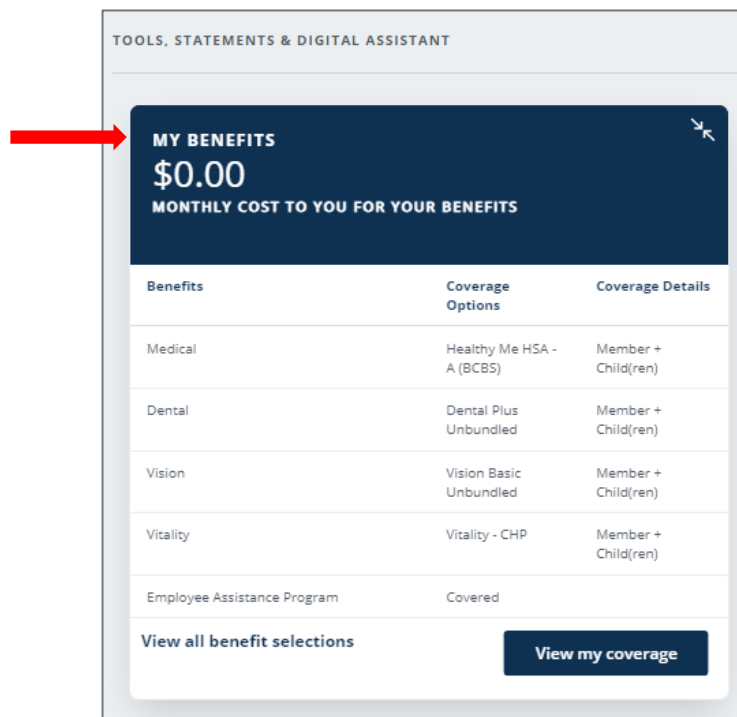
5. Read the Terms and Conditions and click the **I agree to the Terms and Conditions** checkbox to indicate you agree, then click the **Complete Enrollment** button.

The Enrollment Confirmed screen displays.



Note the **To do** section. Here you can view or print your confirmation statement.

5. Click the **Take me home** button.  
The system returns to the Home screen.



Note the My Benefits card on the Home screen. This shows a summary of your benefit selections.