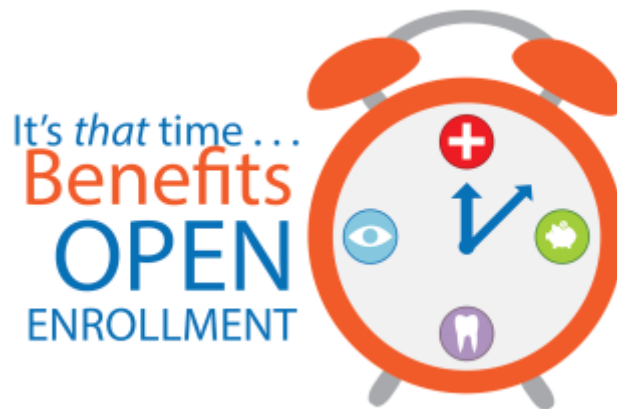


# 2021 BENEFITS

## DIOCESE OF COLUMBUS

### ANNUAL FULL TIME

### OPEN ENROLLMENT



#### **About This Benefit Summary**

This Benefit Summary provides highlights of your benefits as an employee. It is not a summary plan description (SPD). Official plan and insurance documents govern your rights and benefits under each plan. Details about your benefits, including covered expenses, exclusions, and limitations, are included in the individual SPD or plan policy. If any discrepancy exists between this notice or the Benefits Online Portal and the official plan documents, the official plan documents will prevail. You may obtain a copy of the benefit plan descriptions online at <http://columbuscatholic.org/forms-1> (or call the Insurance Office at 614-224-1221).

# WHO IS ELIGIBLE?

## DIOCESAN PRIESTS, RELIGIOUS AND SEMINARIANS

**Diocesan Priests** are eligible for health, dental, vision, group life, voluntary life, and flexible spending account (FSA). **Religious Employees and Seminarians** are eligible for health, dental and vision.

**FULL-TIME EMPLOYEES:** Employees who are **expected** to work 30 or more hours per week are eligible for group benefits, i.e., health, dental, vision, group life, short-term disability, long-term disability, FSA and dependable care account (DCA) available through the Diocesan group plan. Temporary or seasonal employees are not eligible for group benefits. All employees must be a paid employee receiving a W-2 form annually.

**PART-TIME EMPLOYEES:** Employees who are **expected** to work at least 15 hours a week are eligible, and are responsible for 100% of the premium through the Diocesan group plan. This includes **dental, vision, and voluntary life** only—the group health, short-term disability, long-term disability plans, FSA, and DCA are excluded. Temporary or seasonal employees are not eligible for group benefits. All part-time employees must be a paid employee receiving a W-2 form annually.

**AFFORDABLE CARE ACT (ACA) ELIGIBLE EMPLOYEES:** Due to the requirements of the ACA, all employees who **averaged** 30 hours per week or 130 hours per month for the previous 12 months and are still actively working in at least a part-time position (at least 15 hours per week during the months he or she is scheduled to work) may be eligible for health coverage **ONLY**. Those employees identified will be notified individually of his or her eligibility and provided the appropriate information and enrollment paperwork.

## HOW DO I ENROLL?

All employees should use the online Paycor HRP site to enroll. Step-by-step instructions are below. You may change your benefit selections as needed during the Open Enrollment Period. **Once the Open Enrollment Period is closed, your selections will remain in effect through 12-31-21 unless you experience a life-changing event.**

To change your benefit elections for 2021, log into the Paycor website at <https://secure.paycor.com/Accounts/Authentication/Signin>.

- Once you log into Paycor, you will see the HR home page. When Open Enrollment is active, you should be taken directly to a screen where you can start the process. If not, under the “To do List” you will have an “Open Enrollment for benefits” link. Click this and it will direct you to a page for 2021 benefit selections.
- **Please read every page in full as they contain important information regarding each benefit.**
- Once you have elected your benefits, proceed to the Confirmation page and review the benefits you selected. To complete your elections, you **MUST** click on the “**Save & Submit (Elections)**” button at the bottom of the page. You may wish to print your elections for your files. In addition, if you should go back into the Open Enrollment program to make a change, or even to just review your elections, you **MUST** click on the “**Save & Submit (Elections)**” button again at the bottom of the page to complete your elections.

# **IMPORTANT CONTACT INFORMATION**

## **For Benefit Assistance Contact:**

- **Insurance Office at 614-224-1221 for Teresa DePassio ([tdepassio@columbuscatholic.org](mailto:tdepassio@columbuscatholic.org)), Jan Milner ([jmilner@columbuscatholic.org](mailto:jmilner@columbuscatholic.org)) or Julienne Bialt ([jbialt@columbuscatholic.org](mailto:jbialt@columbuscatholic.org))**
- **Personnel Office: 614-241-2537 for Dominic Prunte ([dprunte@columbuscatholic.org](mailto:dprunte@columbuscatholic.org))**
- **E-mails are preferred and typically have a quicker response time than voicemail. Should you wish to leave a voicemail message, please leave your full name and a phone number where you may be reached; calls will be returned as soon as possible.**

## **MEDICAL PLAN: ADMINISTERED BY AETNA**

The Medical Plans are self-funded. **FEDERAL legislation enables you to cover adult children up to the age of 26.** This legislation states that:

- Children can be married but coverage is not extended to spouse or children of the dependent.
- Children cannot have employer provided benefits available.
- Children do not have to be financially dependent on their parents.
- Children do not have to live with their parents.
- Election for this coverage can be made through the online *Paycor* system: from November 1 through November 15. Election made from November 16 through November 30 may be made through your Business Manager or Bookkeeper. These additional 2 weeks are for dependent children enrollment only.

**Take advantage of all the tools and resources available from Aetna: register at [www.aetna.com](http://www.aetna.com)!** Aetna allows you to view useful information related to you. You can look up your claim status or Explanation of Benefits, look for network providers, review drug formularies, or request a new ID card! You can even “chat” live online with a registered nurse.

**CATHOLIC DIOCESE OF COLUMBUS**  
**SPOUSAL EMPLOYMENT STATEMENT**

This is to verify that my spouse is **NOT** eligible for, **OR** enrolled in, any other group health coverage and/or is **NOT** receiving any cash/credit from an employer to purchase health coverage elsewhere.

Please check the applicable category description, and **ATTACH** any documentation listed as required - (Notary witness is **NOT** required for these categories):

- Group health coverage is not offered to my spouse - **MUST** provide verification letter from spouse's employer
- My Spouse is self-employed - **MUST** provide verification of self-employment: i.e., tax I.D. #, business card, letterhead, invoice, etc.
- Spouse is also an employee of the Diocese
- My Spouse is enrolled at his/her place of employment as primary - A copy of the spouse's group health insurance card (both sides) **MUST** be attached for a spouse to be enrolled as secondary coverage.

\_\_\_\_\_  
Spouse's Employer Name

\_\_\_\_\_  
Spouse's Employer Address

\_\_\_\_\_  
Phone

The following categories **require Notary Witness:**

- Spouse is not employed
- Spouse is retired

**NOTE: The employee is responsible for notifying the individual responsible for payroll at his/her location for any changes that occur during the year in regards to his/her spouse's employment or benefit status before any change will be made to this Program.**

I certify and confirm that this is a true statement by my signature below.

\_\_\_\_\_  
Diocesan Employee Name (please print)

\_\_\_\_\_  
Diocesan Employee Signature

\_\_\_\_\_  
Date

Witness by Notary,

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_

who executed the above Spousal Employment Statement as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal

this day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**PLEASE FAX or RETURN FORM BY FRIDAY, DECEMBER 4, 2020 to the:**

Catholic Diocese of Columbus  
Attention: Insurance Office  
197 East Gay Street  
Columbus, OH 43215-3766  
Scan: [jmilner@columbuscatholic.org](mailto:jmilner@columbuscatholic.org)  
Fax: 614-241-2573

## 2021 ENHANCED MEDICAL PLAN BENEFIT SUMMARY

Administered by Aetna - P. O. Box 981106, El Paso, TX 79998-1106, (800) 238-6716, [www.aetna.com](http://www.aetna.com)

<b>PLAN PROVISIONS</b>	<b>NETWORK BENEFITS</b>	<b>NON-NETWORK BENEFITS *</b>
Deductible	\$250 Single; \$500 Family	\$500 Single; \$1,000 Family
Coinsurance	90% Plan; 10% Member	70% Plan; 30% Member
Out-of-Pocket Maximum (O-P-M)	<b>\$3,000 Single; \$6,000 Family</b>	\$4,500 Single; \$9,000 Family
Lifetime Maximum Policy Benefit	<b>NONE</b>	<b>NONE</b>
	<b>YOU PAY:</b>	<b>YOU PAY:</b>
Physician Office Services	Subject to deductible then coinsurance of 10% until O-P-M reached	Deductible then coinsurance of 30% until O-P-M reached
Specialist Physician Office Services	Subject to deductible then coinsurance of 10% until O-P-M reached	Deductible then coinsurance of 30% until O-P-M reached
Well Baby/Child Care	100% paid by Plan	Deductible then coinsurance of 30% until O-P-M reached
Comprehensive Physical Exams, Routine	100% paid by Plan	Deductible then coinsurance of 30% until O-P-M reached
Obstetrical Office Visits (Pre & Post Natal)	100% paid by Plan	Deductible then coinsurance of 30% until O-P-M reached
Allergy Services – Testing, Serum, Injections	Deductible then coinsurance of 10% until O-P-M reached	Deductible then coinsurance of 30% until O-P-M reached
Professional Fees for Surgical/Medical Services	Subject to deductible then coinsurance of 10% until O-P-M reached	Deductible then coinsurance of 30% until O-P-M reached
Inpatient Hospital Services	Subject to deductible then coinsurance of 10% until O-P-M reached	<b>With Prior Notification -</b> Deductible then coinsurance of 30%
Emergency Care	Subject to deductible then coinsurance of 10% until O-P-M	Deductible then coinsurance of 30% until O-P-M
Emergency Ambulance Services	100% of Eligible Expenses paid by Plan	Covered as Network Benefit
Urgent Care Services	Subject to deductible then co-insurance of 10% until O-P-M reached	Deductible then coinsurance of 30% until O-P-M reached
CVS Minute Clinics Non-CVS Minute Clinics	100% paid by Plan 10%; after deductible is met	Deductible then coinsurance of 30%
Outpatient Hospital & Alternate Facility Services	Deductible then coinsurance of 10% until O-P-M reached.	Deductible then coinsurance of 30% until O-P-M reached.
Outpatient Mental Health & Substance Abuse Services	Subject to deductible then coinsurance of 10% until O-P-M reached	Deductible then coinsurance of 30% until O-P-M reached
Inpatient Mental Health & Substance Abuse	Subject to deductible then coinsurance of 10% until O-P-M reached	Deductible then coinsurance of 30% until O-P-M reached
Prosthetic Devices & Durable Medical Equipment	Subject to Deductible then coinsurance of 10% <b>over \$1,000 requires prior approval</b> ; Maximum \$2,500 (except diabetic DME items)	Deductible then coinsurance of 30%; <b>over \$1,000 requires prior approval</b> ; Maximum \$2,500 (except diabetic DME items)

Outpatient Rehabilitation Services (Limitations Apply)	Subject to deductible then coinsurance of 10% until O-P-M reached	Deductible then coinsurance of 30% until O-P-M reached
Prescription Benefit – Retail Pharmacy	Tier I - \$10 Tier II – 25% (min \$50 – max \$100) Tier III – 40% (min \$100 –max \$150)	Deductible then coinsurance of 30%
Prescription Benefit – Mail Order 90-Day Supply	Tier I - \$25 (includes CVS retail stores) Tier II – 25% (min \$125 – max \$225) Tier III –40% (min \$225 – max \$325)	Not Covered

\*Subject to UCR and balance billing

\*\* Benefit change for 2021 \*\*

## 2021 BASE MEDICAL PLAN BENEFIT SUMMARY

Administered by Aetna - P. O. Box 981106, El Paso, TX 79998-1106, (800) 238-6716, [www.aetna.com](http://www.aetna.com)

<u>PLAN PROVISIONS</u>	<u>NETWORK BENEFITS</u>	<u>NON-NETWORK BENEFITS *</u>
Deductible	\$1,500 Single; \$3,000 Family	\$3,000 Single; \$6,000 Family
Coinsurance	70% Plan; 30% Member	50% Plan; 50% Member
<b>Out-of-Pocket Maximum (O-P-M)</b>	<b>\$5,000 Single; \$10,000 Family</b>	\$8,500 Single; \$17,000 Family
Lifetime Maximum Policy Benefit	<b>NONE</b>	<b>NONE</b>
	<b>YOU PAY:</b>	<b>YOU PAY:</b>
Physician Office Services	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50% until O-P-M reached
Specialist Physician Office Services	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50% until O-P-M reached
Well Baby/Child Care	100% paid by Plan	Deductible then coinsurance of 50% until O-P-M reached
Comprehensive Physical Exams, Routine	100% paid by Plan	Deductible then coinsurance of 50% until O-P-M reached
Obstetrical Office Visits (Pre & Post Natal)	100% paid by Plan	Deductible then coinsurance of 50% until O-P-M reached
Allergy Services – Testing, Serum, Injections	Deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50% until O-P-M reached
Professional Fees for Surgical/Medical Services	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50%
Inpatient Hospital Services	Subject to deductible then coinsurance of 30% until O-P-M reached	<b>With Prior Notification -</b> Deductible then coinsurance of 50%.
Emergency Care	Deductible then coinsurance of 30%	Deductible then coinsurance of 50%
Emergency Ambulance Services	100% of Eligible Expenses paid by plan	Covered as Network Benefit
Urgent Care Services	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50%
CVS Minute Clinics Non-CVS Minute Clinics	100% paid by Plan 30%;after deductible is met	Deductible then coinsurance of 50%
Outpatient Hospital & Alternate Facility Services	Subject to deductible then coinsurance of 30%	Deductible then coinsurance of 50%
Outpatient Mental Health & Substance Abuse Services	Subject to deductible then coinsurance of 30%	Deductible then coinsurance of 50%
Inpatient Mental Health & Substance Abuse	Subject to deductible then coinsurance of 30%	Deductible then coinsurance of 50%



Prosthetic Devices & Durable Medical Equipment	Deductible then coinsurance of 30%; <b>over \$1,000 requires prior approval</b> ; Maximum \$2,500 (except diabetic DME items)	Deductible then coinsurance of 50%; <b>over \$1,000 requires prior approval</b> ; Maximum \$2,500 (except diabetic DME items)
Outpatient Rehabilitation Services (Limitations Apply)	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50% until O-P-M reached
Prescription Benefit – Retail Pharmacy	Tier I - \$10 Tier II – 25% (min \$50 – max \$100) Tier III – 40% (min \$100 –max \$150)	Deductible then coinsurance of 50%
Prescription Benefit – Mail Order 90-Day Supply	Tier I - \$25 (includes CVS retail stores) Tier II – 25% (min \$125 – max \$225) Tier III –40% (min \$225 – max \$325)	Not Covered

\*Subject to UCR and balance billing

\*\* Benefit change for 2021 \*\*

## DENTAL PLANS: ADMINISTERED BY AETNA

**P. O. Box 14094, Lexington, KY 40512-4094, 1-877-238-6200, [www.aetna.com](http://www.aetna.com)**

The **Base Plan** reimburses non-network claims based on a Maximum Allowable Charge fee schedule (MAC), meaning Aetna will not reimburse any amount charged over this set fee schedule. Any amount charged by a provider over this fee schedule will be the responsibility of the member—this is referred to as balance billing.

The **Enhanced (Buy-Up) Plan** reimburses non-network claims based on Usual, Customary, and Reasonable amounts (UCR), reimbursing claims up to 90% UCR. This often results in a higher non-network reimbursement and less out-of-pocket cost for the member if they choose to go out of network.

Neither plan balance bills a member if services are received at a network provider. In addition, neither plan requires a deductible for any services received. Premium rate information will be available on the online Paycor system when completing your benefit elections. **NOTE:** AETNA does not issue dental cards but one can be printed once you register on their website.

**Please note that dependents are covered until the end of the month in which they turn 26.**

	<b>ENHANCED PLAN</b>		<b>BASE PLAN</b>
	<b>Plan Pays</b>		<b>Plan Pays</b>
<b>Non-Network Benefits –</b>	Benefits are based on 90 <sup>th</sup> percentile of UCR (usual, customary & reasonable)		Benefits are based on <b>Network</b> allowable
Dentist can balance bill			
<b>Dental Benefits</b>	<b>Plan Pays</b>		<b>Plan Pays</b>
Annual Deductible	No Deductible		No Deductible
Calendar Year Maximum	\$2,000 per person		\$1,500 per person
Lifetime Ortho Maximum	\$2,500 per person		\$1,500 per person
<b>Preventative Services</b>	<u><b>In Network</b></u>	<u><b>Out of Network</b></u>	<u><b>Network Allowable</b></u>
Oral Examination (2x per Year)	100%	90%	100%
Dental Prophylaxis (2x per Year)	100%	90%	100%
Bitewing X-rays (2x per Year)	100%	90%	100%
Full Mouth X-rays (1x per 3 years)	100%	90%	100%
Fluoride Treatments (2x per Year)	100%	90%	100%
Sealants (1x per 3 years – under 16)	80%	70%	50%
<b>Basic Services</b>			
Amalgam Restorations (Fillings)	80%	70%	50%
Composite Resin Restorations (Fillings) – Anterior Teeth	80%	70%	50%
Space Maintainers	80%	70%	50%
Root Canal Treatment	80%	70%	50%
Periodontal Surgery	80%	70%	50%
Root Planing	80%	70%	50%
Simple Extractions	80%	70%	50%
Surgical Extractions – Impacted Wisdom Teeth	80%	70%	50%
Necessary General Anesthesia	80%	70%	50%
Palliative Treatment (Relief of Pain)	80%	70%	50%
<b>Major Services</b>			
Crowns, Inlays, Onlays	50%	50%	50%
Fixed Bridges	50%	50%	50%
Partial Dentures	50%	50%	50%
Full Dentures	50%	50%	50%
<b>Orthodontic Services (up to 19)</b>	60%	50%	50%

## VISION PLAN: ADMINISTERED BY Vision Service Plan (VSP)

Eye care is a critical component of health benefits, which is why the Diocese offers a Vision plan in order to provide you affordable access. Vision coverage for you and your family are through Vision Service Plan (VSP). To find a VSP provider visit [www.vsp.com](http://www.vsp.com) or call 1-800-877-7195. **NOTE:** VSP does not issue vision.

Please note that dependents are covered until the end of the month in which they turn 26.

<b>Vision Benefits</b>	<b>Base Plan (VSP Provider)</b>	<b>Enhanced Plan (VSP Provider)</b>
Vision Exam	\$15 Co-Pay	\$15 Co-Pay
Vision Exam Frequency	Exam: 12 Months	Exam: 12 Months
Materials	\$25 Co-Pay	\$25 Co-Pay
Diabetic EyeCare	\$20 per visit	\$20 per visit
Materials Frequency: Lenses/Frames	Lenses: 12 months Frames: 24 months	Lenses: 12 months Frames: 12 months
<b>Lenses</b>		
Single Vision	Covered after co-pay	Covered after co-pay
Lined Bifocal	Covered after co-pay	Covered after co-pay
Lined Trifocal	Covered after co-pay	Covered after co-pay
Lenticular	Covered after co-pay	Covered after co-pay
Scratch Resistant Coating	No co-pay	No co-pay
Progressive Lenses	Single – N/A Multifocal - \$55	Single – N/A Multifocal - \$50*
Polycarbonate Lenses for children	No co-pay	No co-pay
Polycarbonate Lenses for adults	Single - \$31 Multifocal - \$35	Single - \$31 Multifocal - \$35
Photochromic – Transition Lenses	Single - \$70 Multifocal - \$82	Single - \$20 Multifocal - \$20
Anti-Reflective Coating	\$41	\$41
<b>Frames</b>		
Frame Allowance	\$150 (\$170 on featured frame brands)	\$175 (\$195 on featured frame brands)
<b>Contacts</b>		
Elective Contact Lenses ( in lieu of spectacles/frames every 12 months)	\$150 (after up to \$60 co-pay for fitting & evaluation)	\$175 (after up to a \$40 co-pay for fitting & evaluation)
Medically Necessary Contact Lenses	Covered after co-pay	Covered after co-pay
<b>Other Services</b>		
Lasik Surgery	15% off regular or 5% off promotional price	15% off regular or 5% off promotional price

**Additional Glasses/Contacts:** 20% off unlimited pairs of prescription glasses and/or non-prescription sunglasses. Mail-in rebates savings up to \$110 on eligible Bausch+Lomb contacts and up to \$125 on eligible ACUVUE Brand contacts.

<b>Vision Benefits</b>	<b>Base Plan (Non VSP Provider)</b>	<b>Enhanced Plan (Non VSP Provider)</b>
Examination	\$45 Co-Pay	\$45 Co-Pay
Single Vision lenses	\$30	\$30
Bifocal Lenses	\$50	\$50
Trifocal lenses	\$65	\$65
Lenticular	\$100	\$100
Frames	\$70	\$70
Elective Contact Lenses*	\$105	\$105
Necessary Contact Lenses	\$210	\$210

\* Contact lenses are in lieu of spectacle lenses and frames once every 12 months

## **FLEXIBLE SPENDING ACCOUNT (FSA) & DEPENDENT CARE ACCOUNTS (DCA)**

With a little planning, you can save money on things you normally buy during the year. Take a few moments to learn about a smart, simple way to prepare for expenses you will have in the upcoming year while saving approximately 25% on every dollar you spend. By taking advantage of your Flexible Spending Account (FSA) plan, you get to hold on to more of your paycheck in a special, easy-to-use account. The items listed below are some of the qualified expenses. A worksheet is available as an attachment on the open enrollment FSA election page to help you figure out what to put into your account and what you will save. Then complete your election during Open Enrollment on Paycor and a portion of the money will be deducted automatically from your paycheck before taxes. Please note you must elect at least a minimum of \$240 for the year up to a maximum of \$2,700.

### **USE PRE-TAX MONEY TO SAVE UP TO 25% ON QUALIFIED EXPENSES:**

Typically, Healthcare FSA expenses are automatically approved but in some cases, you may need to submit claims or documentation for FSA Card use. However, always keep your receipts. Although it is a Debit Card, it is treated as a credit card if asked by any cashier when using your FSA Card.

### **INSTRUCTIONS FOR FSA DEBIT CARD DOCUMENTATION & FILING A CLAIM ONLINE:**

Login to the Custom Design Benefits FSA portal at [www.customdesignbenefits.com](http://www.customdesignbenefits.com); select the Request Payment button at the top of the screen and follow prompts to complete your claim form electronically. Then email, fax or mail your receipts to Custom Design Benefits. Retain a copy of the receipts for your records.

**E-MAIL:** Complete your FSA Claim Form and attach scanned receipts to your e-mail to Custom Design Benefits. All other questions and forms should be e-mailed to the Flex email address below.

**FAX:** Complete your FSA Claim Form and fax with receipts to **513-598-2901**.

**MAIL:** Complete your FSA Claim Form and mail with your receipts. (Please retain a copy of your receipts for your records.)

### **FOR QUESTIONS, PLEASE CALL:**

Local Cincinnati - **513.598.2929**

Toll-Free - **800.598.2929**

**FAX:** 513.598.2901

5589 Cheviot Road

Cincinnati, OH 45247

[CustomFlex@CustomDesignBenefits.com](mailto:CustomFlex@CustomDesignBenefits.com)

Website: [www.customdesignbenefits.com](http://www.customdesignbenefits.com)

### **QUALIFIED HEALTHCARE ACCOUNT EXPENSES**

Acupuncture	Medical supplies
Alcoholism treatment	Obstetrical expenses
Artificial limbs/teeth	Orthodontia (braces)
Braces	Orthopedic devices
Chiropractors	Over-the-counter drugs (with prescription)
Contact lenses & solutions	Oxygen
Costs for physical or mental illness	Psychiatric care
Crutches	Psychological services & care
Dental services	Rental of Medical Equipment
Dentures	Smoking cessation drugs*
Diabetic test strips	Smoking cessation programs
Dietary supplements prescribed by a doctor	Sunglasses*
Drug & Medical supplies (syringes, needles, etc.)	Weight loss programs or OTC drugs
Eyeglasses*	(If associated with a specific disease)*
Eye examinations	Wheelchair
Eye surgery (cataracts, LASIK, etc.)	Vitamins*
Hearing devices & batteries	Only healthcare expenses not reimbursed by insurance can be claimed.
Health plan expenses	*if prescribed by a doctor or may require a doctor's letter
Insulin	of medical necessity.
Laser eye surgery	

### **INELIGIBLE EXPENSES UNDER THE**

### **HEALTHCARE ACCOUNT**

Cosmetic surgery & procedures  
Dental bleaching  
Marriage or family counseling  
Premiums you or your spouse pays for insurance  
Weight loss for general health or appearance

**Please note a new FSA card will not be issued to all participants in 2021 unless the card expires or individual is new to the program.**

# GROUP LIFE and VOLUNTARY LIFE

Provided through - The Standard Insurance Company

**Basic Group Life Insurance (Employer Paid):** Life Insurance is one of the key elements of your family's income protection planning. Once eligible for this benefit, you will have coverage for \$50,000 of Group Life Insurance. This benefit is provided to you at no cost.

## **Voluntary Life and Accidental Death and Dismemberment (AD&D) (Employee Paid)**

You may purchase Voluntary Life Insurance and AD&D. This benefit allows you to purchase additional insurance for your spouse and/or dependent children. AD&D is a provision that gives additional coverage for accidental death and dismemberments. Should an enrolled person die in a covered accident, the beneficiary would automatically receive double the Life benefit. Regarding dismemberment, different types of dismemberments pay different benefits ranging from one-half of the benefit to double the benefit. The cost of the AD&D provision is included in the Life/AD&D rates.

## **Employee**

Along with the Basic Group Life Insurance the Diocese provides, you can also supplement your Life Insurance with Voluntary Life Insurance and AD&D. This benefit allows you to purchase additional insurance for yourself. AD&D is a provision that gives additional coverage for accidental death and dismemberments. Should an enrolled person die in a covered accident, the beneficiary would automatically receive double the amount of the life benefit. Regarding dismemberment, different types of dismemberments pay different benefits ranging from one-half of the benefit to double the benefit. The cost of the AD&D provision is included in the Life/AD&D rates. Each eligible employee has a good foundation of coverage with the \$50,000 of Life Insurance provided by the Diocese, but many employees will have needs beyond the employer paid coverage. The program offers excellent rates that also include the AD&D provision. Employees will have an option to purchase coverage in increments of \$10,000 up to 7 times their salary or \$500,000, whichever is less, however you will be offered up to \$350,000 without completing an Evidence of Insurability form (if not previously declined). If an employee already has \$350,000 of coverage or greater, then the employee must complete an Evidence of Insurability form to increase coverage beyond the guaranteed amount. Until The Standard Insurance Company approves your application, we will not deduct premiums from your pay.

## **Spouse**

This benefit allows you to purchase additional insurance for your spouse in increments of \$5,000 (up to \$100,000 guaranteed). The spouse's coverage cannot be more than ½ of the employee's (Elected) coverage amount. For those employees that do not currently have coverage for his or her spouse, you will be able to do so with the option to purchase up to ½ of the employee's elected coverage (if not previously declined) up to \$100,000 guarantee. Until The Standard Insurance Company approves your spouse's application, we will not deduct premiums from your pay. PLEASE NOTE THAT YOU MUST PURCHASE VOLUNTARY LIFE INSURANCE ON YOURSELF TO BE ABLE TO PURCHASE COVERAGE FOR YOUR SPOUSE).

Employee and Spouse premiums are calculated separately. However, spouse's premium is calculated based on the following **Employee's** age bands: **Age-Bands Monthly Rate per \$1,000**

< 30	\$ 0.065
30 - 34	\$ 0.075
35 - 39	\$ 0.095
40 - 44	\$ 0.155
45 - 49	\$ 0.205
50 - 54	\$ 0.395
55 - 59	\$ 0.595
60 - 64	\$ 0.615
65 - 69	\$ 1.075
70 - 74	\$ 2.815
75+	\$11.365

**Dependent Children** (up through age 25) Rate = \$5.00 Monthly. Premium covers all eligible dependent children regardless of the number of children. Each eligible child will have \$25,000 of coverage. PLEASE NOTE THAT YOU MUST PURCHASE VOLUNTARY LIFE INSURANCE ON YOURSELF TO BE ABLE TO PURCHASE COVERAGE FOR YOUR CHILD (REN).

How many \$1,000 increments would you like to purchase?

\$\_\_\_\_\_ X \_\_\_\_\_ (your age band rate) = \_\_\_\_\_ monthly cost

*Example: Employee age 40 wants to purchase \$80,000 of additional coverage. 80 times the rate (.155) = \$12.40*

## **SHORT-TERM (STD) & LONG-TERM DISABILITY (LTD) PLANS: ADMINISTERED BY LINCOLN FINANCIAL GROUP**

### **Short Term Disability (STD) - Employer Paid - This coverage is provided at no cost to you**

All eligible employees have coverage which provides financial support for the employee should the employee become unable to work and is certified by a physician as medically necessary. All eligible employees are **required** to file a claim and participate in the short-term disability program should the employee be unable to work. The elimination period is 7 calendar days (which equates to 5 working days) with a benefit of 65% of the employee's weekly salary up to a maximum benefit of \$2,000 per week paid directly to the employee from the insurance company. Any accrued sick (or Vacation/PTO) time accrued may be used by the employee to supplement the other 35% of the employee's pay, which would be paid under the normal pay cycle by the employee's employer. Regular deductions, such as benefits, including pension contributions, would continue to be taken from the employee's pay received from his or her employer. Because the employer is paying the full premium for short-term disability coverage, all short-term disability days paid by the employer must come out of sick days accumulated by the employee, if available. Remember that to access your sick time your physician must designate your time off as "medically necessary." Additionally, one whole day will be used for each day the employee is off, regardless of whether the employer is paying the employee at 100% or 35%. The maximum number of weeks that are payable, including the one-week elimination period, shall not exceed 13 weeks.

### **Long Term Disability (LTD) - Base Plan - Employer Paid - This coverage is provided at no cost to you**

Long Term Disability has also been referred to as "paycheck protection." Nearly everyone protects their car, home and health with insurance, but many leave their most valuable asset – their income – unprotected. LTD insurance helps employees maintain their lifestyle and it also gives employees the necessary funds to pay important bills while disabled. LTD coverage is designed to help provide you with a level of financial security if you are disabled and unable to work for a long period of time. The Diocese understands the need for this important long-term income protection, and that is why a Base LTD Plan is included in your benefit package. If you are disabled for more than 90 consecutive calendar days, then the Diocesan paid Base Plan will pay **40%** of your pre-disability earnings up to a **\$2,500** monthly maximum. This benefit is payable to a maximum of age 65 or your Social Security Normal Retirement Age (SSNRA). The benefit would be paid for a minimum of 12 months if a claim were made after you reach your SSNRA.

### **Long Term Disability (Buy-up Plan - Employee Paid)**

While the 40% Base Plan is a great foundation for your long-term "paycheck protection," the question is – Can you live off 40% of your earnings after taxes until age 65 or your SSNRA? Most people would agree that a 40% taxable benefit would leave them short of the necessary funds to maintain their lifestyle and meet their future financial goals. This is exactly why your location offers a Buy-Up Plan option. By purchasing the buy-up option, you will enhance your "paycheck insurance" and your coverage will be increased to a **65%** benefit rather than the 40% benefit. Not only will the benefit percentage be increased by electing the Buy-Up option, but your maximum benefit will also be increased from a \$2,500 monthly maximum to a **\$7,500** monthly maximum. Should you purchase the buy-up plan, the benefit would be 80% tax-free.

By choosing to elect the Buy-Up option, you will maximize your "paycheck insurance," and you will be protecting your most valuable asset – your paycheck. The Buy-Up Plan has a maximum duration that can go to age 65 or your Social Security Normal Retirement Age. The cost to enhance your "paycheck insurance" with the Buy-up option is a very reasonable \$21.00 per month. **Additionally, the benefits you would receive would be 80% tax-free, thus a larger net income.** This benefit is payable to a maximum of age 65 or your Social Security Normal Retirement Age (SSNRA). The benefit would be paid for a minimum of 12 months if a claim were made after you reach your SSNRA.

### **Why do you need the Buy-Up option rather than just the Base Plan?**

1. The 65% buy-up benefit is much closer to your normal take home pay.
2. Your maximum monthly benefit increases to \$7,500 rather than \$2,500.
3. Should you purchase the buy-up option, the benefit would be 80% tax-free. If you do not purchase the buy-up option, the benefit is 100% taxable.

For additional information and awareness of just how important disability/paycheck insurance is, please visit the following website: [www.disabilitycanhappen.org](http://www.disabilitycanhappen.org).