

Diocese of Columbus



New Hire Part-time* Benefit Enrollment Information & Forms

*** Employee must work at least 15 hours per week and no more than 29 hours per week**

Eligibility Requirements

ELIGIBILITY: All employees who work an average of **15 - 29 hours per week or 65 to 126 hours per month** (during the months scheduled to work) are eligible for part-time employee benefits, i.e., dental, vision, and life insurance available through the diocesan group plan. Temporary or seasonal employees are not eligible for any group benefits. All employees must be a paid employee receiving a W-2 form annually. **The effective date of coverage for new hires is the first day of the month following his or her start date.**

DELAYED EFFECTIVE DATE: Benefit coverage will be delayed if you are not in active employment due to an injury, sickness, leave of absence, or temporary layoff on the date that the insurance coverage would otherwise have been effective.

AVAILABLE BENEFITS: The Diocese of Columbus offers an opportunity for you, as a part-time employee, to purchase certain Diocesan benefits at a group rate for you and/or your family. You can choose to enroll in the following benefits, **paid 100% by you**, through payroll deductions, and provided you meet the current eligibility requirements:

- ✓ *Dental Insurance* – (100% Employee paid)
- ✓ *Vision Insurance* – (100% Employee paid)
- ✓ *Additional Life Insurance* – (100% Employee paid)
- ✓ *Dependent Life Insurance* – (100% Employee paid)
- ✓ 403(b) Plan – (100% Employee paid) - (More information is available at <http://www.columbuscatholic.org/retirement-information>.)

IMPORTANT REMINDERS:

- Unless you have a qualified change in family status, you may add or change coverage in the benefit plans *only* during the annual Open Enrollment period.
- Attached are summaries of benefits for the current calendar year. If you have questions regarding coverage, please contact the Diocesan Insurance Office at 1-614-224-1221.

DIOCESE OF COLUMBUS

PART-TIME EMPLOYEES ONLY

RATES EFFECTIVE - January 1, 2024 through December 31, 2024

Eligibility: All regular part-time employees who are expected to work at least 15 hours a week and average less than 30 hours per week are eligible for partial group benefits through the diocese. This includes Dental, Voluntary Life and Vision. The group health insurance plan is 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.

The following is a list of our carriers and rates that will be charged.

Aetna, P. O. Box 14094, Lexington, KY 40512-4094, 1-877-238-6200, www.aetna.com

Dental Enhanced Plan	Monthly Premium	Employee Share
Single	\$ 49.00	\$ 49.00
Single + One	97.00	97.00
Family	149.00	149.00
Dental Base Plan		
Single	28.00	28.00
Single + One	54.00	54.00
Family	95.00	95.00

Lincoln Financial Group, Cincinnati, Ohio, www.LFG.com; for more information, contact the Insurance Office at (614) 224-1221

Voluntary Life Insurance	Monthly Premium	Employee Share
See Rate Sheet in Benefits Brochure	Based on Age Band	Based on Age Band

Vision Service Plan (VSP), www.vsp.com, 1-800-877-7195; for more information, contact the Insurance Office at (614) 224-1221

Vision Service Plan (VSP) – Enhanced Plan	Monthly Premium	Employee Share	Employer Share
Single	\$ 11.00	\$ 11.00	None
Single + One	21.00	21.00	None
Family	32.00	32.00	None
Vision Service Plan (VSP) – Base Plan			
Single	\$ 6.00	\$ 6.00	None
Single + One	11.00	11.00	None
Family	16.00	16.00	None

Term Life & AD&D Buy-Up _____
 (Up to 7 x Salary or \$250,000, (whichever is less) without evidence of insurability- **Employee Paid-Rate Based on Age of employee**

List Beneficiaries:

<u>Name</u>	<u>Relationship</u>	<u>SSN</u>	<u>DOB</u>	<u>Benefit %</u>	
_____	_____	_____	_____	_____	Primary
_____	_____	_____	_____	_____	Primary
_____	_____	_____	_____	_____	Primary
_____	_____	_____	_____	_____	Primary
_____	_____	_____	_____	_____	Contingent
_____	_____	_____	_____	_____	Contingent
_____	_____	_____	_____	_____	Contingent

Spouse Life Insurance: Spouse Life & AD&D Buy-Up: _____
 (\$5,000 up to \$100,000 without (Amount)
 evidence of insurability)

Limit 50% of employee election - **Employee Paid-Rate Based on Age of Employee**

Dependent Child Life: Dependent Life & AD&D Buy-up _____
 (\$25,000 - age over 6 months (Amount)
 \$1,000 - age under 6 months) - **Employee Paid (\$5.00)**

By my signature below, I hereby authorize the Diocese of Columbus to deduct from my pay the established employee premium for the benefits I selected above.

I understand these rates will remain in effect throughout the calendar year unless I experience a life-changing event or my employment is terminated with the Diocese of Columbus.

Employee Signature

Date

DENTAL PLANS:

ADMINISTERED BY AETNA | P. O. Box 14094, Lexington, KY 40512-4094 | 1-877-238-6200 | 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.

	ENHANCED PLAN		BASE PLAN
	Plan Pays		Plan Pays
Non-Network Benefits – Dentist can balance bill	Benefits are based on 90th percentile of UCR (usual, customary & reasonable)		Benefits are based on Network allowable
Dental Benefits	Plan Pays		Plan Pays
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
Preventative Services	In Network	Out of Network	Network Allowable
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%
Basic Services			
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%





Preventative Services	In Network	Out of Network	Network Allowable
Major Services			
Crowns, Inlays, Onlays	50%	50%	50%
Fixed Bridges	50%	50%	50%
Partial Dentures	50%	50%	50%
Full Dentures	50%	50%	50%
Orthodontic Services (up to 19)	60%	50%	50%



VISION PLAN: ADMINISTERED BY Vision Service Plan (VSP)

Vision Benefits	Base Plan (VSP Provider)	Enhanced Plan (VSP Provider)
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
Lenses		
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
Frames		
Frame Allowance	\$150 (\$170 on featured frame brands)	\$175 (\$195 on featured frame brands)
Contacts		
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
Other Services		
Lasik Surgery	15% off regular or 5% off	

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.

Vision Benefits	Base Plan (VSP Provider)	Enhanced Plan (VSP Provider)
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

A Look at Your VSP Vision Coverage

With VSP and Diocese Of Columbus, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

	Preferred private practice and retail in-network choices
private practice doctors	Visionworks

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

vsp.
vision care

More Ways to Save

Additional

\$50

to spend on
Featured Brands†

bebe CALVIN KLEIN
COLE HAAN DRAGON.
FLEXON LACOSTE
and more

See all brands and offers
at vsp.com/offers.

+

Up to
40%

Savings on
lens enhancements‡

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Your VSP Vision Benefits Summary

Diocese Of Columbus and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2024



BENEFIT	DESCRIPTION	COPAY
Base Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$15
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam

PRESCRIPTION GLASSES		\$25
FRAME*	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance Every other calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Scratch-resistant coating Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$0 \$95 - \$105 \$150 - \$175

CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
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EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

BENEFIT	DESCRIPTION	COPAY
Premier Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$15
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam

PRESCRIPTION GLASSES		\$25
FRAME*	<ul style="list-style-type: none"> \$225 featured frame brands allowance \$225 Visionworks frame allowance on any frame \$175 frame allowance 20% savings on the amount over your allowance \$97.50 Walmart*/Sam's Club*/Costco* frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Tinted lenses Scratch-resistant coating Premium progressive lenses Custom progressive lenses Light-reactive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$0 \$0 \$50 \$50 \$20

CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$40
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EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$50 to spend on featured frame brands. Go to vsp.com/framebrands for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TrueHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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GROUP LIFE and VOLUNTARY LIFE (General Open Enroll)

Provided through – Lincoln Financial Group 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 through available 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. 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.

During annual open enrollment you can enroll for new coverage or increase your coverage (if not previously declined for coverage by LFG). During open enrollment any amount you are currently enrolled for will carry over to the following year.

- If you are currently enrolled for an amount less than the plan max (the lesser of 7 times your salary or \$500,000), you can increase your coverage by either \$10,000 or \$20,000 with no Evidence of Insurability, any increase over \$20,000 will require Evidence of Insurability.
 - o For example, if you are currently enrolled for \$300,000 and want to increase to \$400,000 you will automatically be enrolled for \$320,000 but will need to submit the Evidence of Insurability for the additional \$80,000.
- If you are currently enrolled for an amount over \$350,000 you can increase your coverage by \$10,000 or \$20,000 without completing Evidence of Insurability. Increases over \$20,000 will require Evidence of Insurability.
- If you are not currently enrolled you can enroll for up to \$20,000 with no medical questions, however if you want to enroll for an amount over \$20,000 you will be required to complete Evidence of Insurability.
 - o For example, if you want to enroll for \$100,000 you will automatically be enrolled for \$20,000 but will need to submit the Evidence of Insurability for the additional \$80,000.

Please note that any change to your life coverage will also change your AD&D coverage. Note: until Lincoln Financial Group approves your Evidence of Insurability, we will not deduct premiums from your pay for the amounts subject to the Evidence of Insurability. You may complete the E of I by clicking this link completing it online. www.mylincolnportal.com . First time user? Please register using Company Code COLSDIO.

Spouse

This benefit allows you to purchase additional insurance for your spouse. However, the spouse's coverage cannot be more than 1/2 of the employee's (Elected) coverage amount (up to \$100,000 guaranteed).

PLEASE NOTE THAT YOU MUST PURCHASE VOLUNTARY LIFE INSURANCE ON YOURSELF TO BE ABLE TO PURCHASE COVERAGE FOR YOUR SPOUSE.

During annual open enrollment you can enroll your Spouse for new coverage or increase their coverage (if not previously declined for coverage). During open enrollment any amount your spouse is currently enrolled for will carry over to the following year.

- If your spouse is currently enrolled for an amount less than the plan max (the lesser of 50% of your benefit or \$250,000), you can increase their coverage by either \$5,000 or \$10,000 with no Evidence of Insurability, any increase over \$10,000 will require Evidence of Insurability.
 - o For example, if your spouse is currently enrolled for \$80,000, and wants to increase to \$100,000 your spouse will automatically be enrolled for \$90,000 but they will need to submit their Evidence of Insurability for the additional \$10,000.



- If your spouse is currently enrolled for an amount over \$100,000, you can increase their coverage by \$5,000 or \$10,000. Increases above \$10,000 will require completion of Evidence of Insurability.
- If your spouse is not currently enrolled, you can enroll them for up to \$10,000 with no medical questions, however if you want to enroll them for an amount over \$10,000, your spouse will be required to complete Evidence of Insurability.
 - o For example, if you want to enroll your spouse for \$50,000, they will automatically be enrolled for \$10,000 but they will need to submit the Evidence of Insurability for the additional \$40,000.

Please note that any change to your life coverage will also change your AD&D coverage. Until Lincoln Financial Group approves your Evidence of Insurability, we will not deduct premiums from your pay for the amounts subject to the Evidence of Insurability.

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 - 99	\$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 and no Evidence of Insurability is required for Child coverage. PLEASE NOTE THAT YOU MUST PURCHASE VOLUNTARY LIFE INSURANCE ON YOURSELF TO BE ABLE TO PURCHASE COVERAGE FOR YOUR CHILD (REN).

A Spouse and/or Children in a Period of Limited Activity are not eligible for Voluntary Spouse or Voluntary Child life insurance. A Period of Limited Activity is when a spouse or a dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and gender.

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