



DIOCESE *of*  
COLUMBUS

**NEW HIRE INSURANCE**  
**and**  
**BENEFITS PACKET**

**REVISED JANUARY 2024**



**Full-Time Employee =** works 30 or more hours per week

Are eligible for: These employer paid benefits:

- Employer Paid \$50,000 Group Life Insurance
- Group STD
- Group LTD
- LTD Buy-Up
- Medical Coverage, Base or Enhanced
- Dental Coverage, Base or Enhanced
- Vision Coverage, Base or Enhanced
- Voluntary Employee Life Insurance, Spousal Life Insurance and Dependent Life Insurance
- Medical flex spending account and Dependent care account

**Part-Time Employee =** works less than 30 hours but at least 15 hours per week

Are eligible for:

- Dental Coverage, Base or Enhanced, employee pays full premium
- Vision Coverage, Base or Enhanced, employee pays full premium
- Voluntary Employee Life Insurance, Spousal Life Insurance, and Dependent Life Insurance

**Part-Time Employee =** works less than 15 hours per week is not eligible for Benefits

**Religious Employee =** Sisters and Priests who are working within the Diocese of Columbus full time

Are eligible for:

- Medical Coverage, Base or Enhanced
- Dental Coverage, Base or Enhanced
- Vision Coverage, Base or Enhanced
- Medical flex spending account

**Diocesan Priest =** Priest under the Diocese of Columbus

Are eligible for:

- Medical Coverage, Base or Enhanced
- Dental Coverage, Base or Enhanced
- Vision Coverage, Base or Enhanced
- Group Priests' Life Insurance
- Voluntary Employee Life Insurance
- Medical flex spending account

**Retired Diocesan Priests**

Are eligible for:

- Dental coverage, Base or Enhanced
- Vision coverage, Base or Enhanced



## Eligibility Requirements

### IMPORTANT REMINDERS:

- Unless you have a qualified change in family status, you may add or change coverage in the benefit plans *only* during the Open Enrollment period.
- You must enroll an eligible dependent within 30 days of a qualifying event by completing the required form(s) and submitting to the parish or school administrator for processing. For example, a newborn child must be enrolled within 30 days of birth in order for that child to be a covered dependent.

If you have questions regarding coverage, please contact the Diocesan Insurance Office at 1.614.224.1221.

# DIOCESE OF COLUMBUS

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

The effective date of coverage for new hires is the first day of the month following his or her hire date.

If a Diocesan employee's spouse is not eligible for medical insurance at his/her place of employment or if a Diocesan employee's spouse is not offered medical insurance at his/her place of employment, then the Diocesan employee must complete a Spousal Employment Statement Form. See below. An eligible employee who chooses single + one or family coverage--- which includes his/her spouse--- and his/her spouse has access to other medical coverage or spouse is receiving any cash/credit from employer to purchase medical coverage elsewhere, the employee must pay the additional spousal premium listed below to receive coverage for the spouse.

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

Health Enhanced Plan (Self - Funded Plan)	Monthly Premium	Employee Share	Employer Share
Single	\$ 1,114.00	\$223.00	\$ 891.00
Single + One	2,404.00	\$480.00	1,924.00
Single + One + Spousal Premium Program	2,404.00	1,513.00	891.00
Family	2,752.00	550.00	2,202.00
Family + Spouse Premium Program	2,752.00	1,596.00	1,156.00
<b>Health Base Plan (Self - Funded Plan)</b>			
Single	\$ 792.000	\$ 108.00	\$ 684.00
Single + One	1,705.00	256.00	1,449.00
Single + One + Spousal Premium Program	1,705.00	1,032.00	673.00
Family	1,950.00	293.00	1,657.00
Family + Spouse Premium Program	1,950.00	1,072.00	878.00

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

Dental Enhanced Plan (Self - Funded Plan)	Monthly Premium	Employee Share	Employer Share
Single	\$ 49.00	\$ 18.00	\$ 31.00
Single + One	97.00	35.00	62.00
Family	149.00	54.00	95.00
<b>Dental Base Plan (Self Funded Plan)</b>			
Single	28.00	4.00	24.00
Single + One	54.00	8.00	46.00
Family	95.00	12.00	83.00





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

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

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

<b>Life Insurance</b>	Monthly Premium	Employee Share	Employer Share
\$50,000 Term Life	\$ 10.00	<b>\$ -0-</b>	\$ 10.00
Voluntary Life Buy-Up (Optional)	Based on Age Band	<b>Payroll deduction</b>	\$ -0-

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

<b>STD - Short Term Disability</b>	Monthly Premium	Employee Share	Employer Share
Plan	\$ 19.00	<b>\$ -0-</b>	\$ 19.00

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

<b>LTD - Long Term Disability</b>	Monthly Premium	Employee Share	Employer Share
Plan 1 (Base)	\$ 5.00	<b>\$ -0-</b>	\$ 5.00
Plan 2 (Optional Buy-Up)	21.00	<b>21.00</b>	\$ -0-

# 2024 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)

PLAN PROVISIONS	NETWORK BENEFITS	NON-NETWORK BENEFITS *
Deductible	\$500 Single; \$1,000 Family	\$1,000 Single; \$2,000 Family
Coinsurance	90% Plan; 10% Member	70% Plan; 30% Member
<b>Out-of-Pocket Maximum (O-P-M)</b>	\$3,500 Single; \$7,000 Family	\$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

**\*\*Specialty Drugs involves process through the Prudent Rx Copay Program\*\***

**What is PrudentRx Copay Program?**

PrudentRx Copay program combines an innovative specialty copay plan design strategy and improved member experience to help optimize savings from non-needs-based manufacturer copay cards and reduce member costs. The program allows members to pay \$0 Out of pocket for all specialty medications on the plan’s Exclusive Specialty drug list dispensed by CVS Specialty, regardless if a copay card is available.

# 2024 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)

PLAN PROVISIONS	NETWORK BENEFITS	NON-NETWORK BENEFITS *
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>	\$5,000 Single; \$10,000 Family	\$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 - Deductible then coinsurance of 50%.</b>
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	100% paid by Plan 10%;after deductible is met	Deductible then coinsurance of 30%
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
Outpatient Rehabilitation Services (Limitations Apply)	Subject to deductible then coinsurance of 30% 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 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

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# 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.

	ENHANCED PLAN		BASE PLAN
	Plan Pays		Plan Pays
<b>Non-Network Benefits</b> – Dentist can balance bill	Benefits are based on 90th percentile of UCR (usual, customary & reasonable)		Benefits are based on <b>Network</b> allowable
<b>Dental Benefits</b>	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
<b>Preventative Services</b>	<b>In Network</b>	<b>Out of Network</b>	<b>Network Allowable</b>
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>Preventative Services</b>	<b>In Network</b>	<b>Out of Network</b>	<b>Network Allowable</b>
<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%
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	<b>Exam: 12 Months</b>	<b>Exam: 12 Months</b>
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	

**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



# 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.
  - 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.
  - 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](http://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 ½ 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.
  - 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

# 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." 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.

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.



**Flexible Spending Accounts (FSAs) are a benefit that allow you to pay for certain items **TAX-FREE**.**

Save on items not covered by your health insurance by setting aside tax-free deductions from each pay-check to fund your Flexible Spending Accounts.

Two main types of FSAs are for Healthcare and Dependent Care.

You decide on an amount to be set aside each pay period for these expenses. Maximum amount for 2023: \$3,000. With a little planning, you can save more on things you normally purchase.

**Save 25%  
to 40%**

**On the Dollars You Spend  
for Qualified Expenses**

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**Healthcare  
Dependent Care**

Healthcare FSAs are a simple way to save \$25 to \$40 for every \$100 you spend.

Use this worksheet to figure out what to deposit into your Flexible Spending Account for one year\* and what you will save. Then complete an election form. After that, a portion of that amount will be deducted automatically from your paycheck before taxes.

After you enroll, the full amount of annual Healthcare FSAs is available at the beginning of the plan year. Dependent care is available only as funds from your paycheck are deposited. If your plan permits a debit card, your Healthcare FSA election will be on your card the first day of your plan year. Dependent Care elections will be on your card as they become available.

*Funds left over in your Healthcare FSA may rollover into the next plan year, so check with HR to learn if rollover is available on your plan.*

## HEALTHCARE EXPENSES FOR EXPENSES NOT COVERED BY INSURANCE

Copayments to doctors	\$ _____
Eligible over-the-counter items	\$ _____
Prescription drugs	\$ _____
Office visits & checkups	\$ _____
Prescribed sunglasses & eyeglasses	\$ _____
Contact lenses, solutions & supplies	\$ _____
Eye exams, surgery & LASIK	\$ _____
Dental cleanings, fillings & x-rays	\$ _____
Sealants, crowns, bridges & dentures	\$ _____
Braces, spacers & retainers	\$ _____
Wisdom teeth, implants & oral surgery	\$ _____
Psychologist & psychiatrist fees	\$ _____
Obstetrics & fertility	\$ _____
Lab tests & body scans	\$ _____
Chiropractic & podiatrist fees	\$ _____
Oxygen, insulin, syringes & supplies	\$ _____
Hearing aids, batteries & exams	\$ _____
Artificial limbs & braces	\$ _____
Arches & orthopedic shoes	\$ _____
Walkers, canes & wheelchairs	\$ _____
Physical & speech therapy	\$ _____
Weight-loss program (prescribed by doctor)	\$ _____
Quit-smoking program & medications	\$ _____
Alcoholism & drug treatment	\$ _____
Medical alert bracelet & fees	\$ _____
Reconstructive surgery (birth defect, disease)	\$ _____
Wigs for hair loss caused by disease	\$ _____
Special school for disabled child	\$ _____
Travel & mileage to doctor or hospital	\$ _____
<b>TOTAL</b>	<b>1</b> \$ _____

## DEPENDENT CARE EXPENSES SO YOU CAN WORK

Nanny & babysitter thru age 12	\$ _____
Pre-K or nursery school	\$ _____
Before & after-school care thru age 12	\$ _____
Day camp thru age 12	\$ _____
Daycare for a disabled adult or child	\$ _____
Elder daycare for parent or dependent	\$ _____
<b>TOTAL</b>	<b>2</b> \$ _____

Federal Limits:

\* Married Filing Jointly or Single: \$5000 Maximum Allowable per year

\* Married Filing Separately: \$2500 Maximum Allowable per year

## ESTIMATED ANNUAL EXPENSES & TAX SAVINGS

Save between  
25% and 40% on  
FICA, federal &  
state income tax  
(in applicable states)

Enter your tax:

**YOU SAVE:** \_\_\_\_\_

Based on national averages, you'll save 25% if your annual household earnings are less than \$30,000, 36% if you earn \$30,000 to \$60,000 or 40% if you earn more than \$60,000.

Federal and/or plan limits apply to all options. See your summary plan description for plan limits.

Please check with your HR Department if you or your spouse contributed to a Health Savings Account (HSA).

\*Most FSAs cover 12 months, but check with your HR Department to learn if this FSA plan year is more or less than 12 months.



## How Your FSA Card Works

All FSA plans must comply with Internal Revenue Service (IRS) guidelines.

Over 80% of Healthcare FSA expenses are automatically approved so, in most cases, you won't need to submit claims or documentation for FSA Card\* use. However, always keep copies of your receipts and other supporting documentation.

**Your FSA Card can only be used for services rendered in the current plan year.**

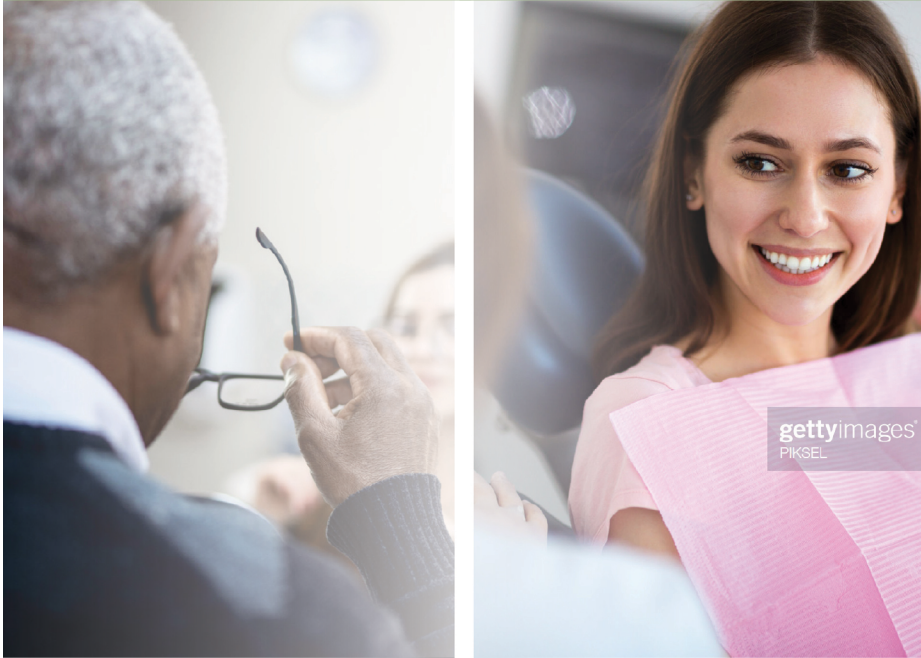
Below is a table to help guide you when using your FSA Debit Card for Healthcare or Dependent expenses. If you have multiple benefits, your funds will be available all on one card and transactions will pull from the appropriate account.

*\* Not all flexible spending plans utilize the debit card. Please disregard this information if your FSA plan does not utilize a debit card.*



FSA CARD ACTION	TYPE OF VENDOR OR TYPE OF SERVICE	HELPFUL HINTS
<p><b>No Substantiation Required</b></p> <p>The FSA Card will work without anything further from you!</p> <p>Please keep a copy of documentation just in case.</p>	<p><b>Healthcare Providers with Copays:</b></p> <ul style="list-style-type: none"> <li>Hospitals Pharmacy Physician's Office</li> <li>Vision Care Providers Urgent Care</li> <li>Outpatient Surgery Centers</li> <li>Prescriptions that can be purchased at participating retailers.</li> <li>Over-the-Counter Medications.</li> </ul>	<p><b>Coinsurance is not the same as Copay.</b></p> <p>With Coinsurance, the employee pays a percentage of the cost. Using your debit card to pay for coinsurance may require you to submit supporting documentation.</p> <p>You will receive a letter if IRS guidelines require supporting documentation.</p> <p>It's important that you keep all of your supporting documentation.</p>
<p><b>May require supporting documentation</b></p>	<p><b>The FSA Debit Card can be used at Healthcare providers like Dentists, Doctors or Vision Care Providers and expenses for Dependent Care.</b> Some expenses may require documentation. You will receive a communication if you use your FSA Card to pay for these common types of expenses:</p> <ul style="list-style-type: none"> <li>Deductibles or Coinsurance</li> <li>Spouse's insurance out-of-pocket expenses</li> <li>Caregivers for Dependents (Dependent Care)</li> </ul>	<p>You will receive a communication if more information is required.</p> <p>Please submit requested documentation* no later than 30 days after the reminder communication is sent to you to avoid having your card suspended.</p> <p><b>*Documentation must include the following items: Provider name, patient name, date of service, amount and description of services. Insurance Explanation of Benefits (EOB) forms or doctor statements are acceptable.</b></p>
<p><b>Cannot use the FSA Card</b></p>	<ul style="list-style-type: none"> <li><b>Any non-qualified expense</b> (such as cosmetic services, teeth bleaching, or pre-payment of services or expenses not incurred in the plan year).</li> <li>Any provider, merchant or retailer that does not accept FSA Debit Cards as a form of payment.</li> </ul>	<p>Use a different form of payment for items that are qualified expenses within the current plan year. Then, submit your claim with the supporting documentation.</p>

**IMPORTANT:** Although it is a Debit Card, please ask cashiers to run your FSA Card as a Credit Card



**With a little planning, you can save money on certain dental and vision expenses this year!**

By taking advantage of a Limited Purpose FSA Plan, you can hold on to more of your paycheck in a special, easy-to-use account while still being eligible for HSA contributions. The table on the right lists the type of items and services that you can pay for tax-free by enrolling in a Limited Purpose FSA.

**Save money by enrolling in a Limited Purpose FSA**

**Examples of Eligible Expenses under a Limited Purpose FSA Plan:**

**DENTAL CARE**

- Examinations
- Dental implants
- Bridges
- Periodontal services
- Crowns
- Fillings
- X-rays
- Occlusal guards to prevent teeth grinding
- Orthodontia
- Dentures

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**VISION CARE**

- Examinations
- Contacts (including materials and equipment)
- Glasses
- Laser eye surgery
- Prescription sunglasses

## What is a Limited Purpose Flexible Spending Account?

It is a plan provided by your employer that lets you set aside a certain amount of your paycheck into an account before paying income taxes. During the year, you can use funds in the account to pay for certain qualified dental and vision expenses. Some employers will allow up to \$500 to be carried over into the next FSA plan year.

## Why am I offered a Limited Purpose FSA instead of a Medical Reimbursement FSA?

The IRS will only allow you to have a “limited” FSA if you are also contributing to an HSA. Limited FSAs can only be used for dental and vision expenses. They cannot be used for medical services, prescriptions or over-the-counter items. If you have a high deductible plan and do not contribute to the HSA during the tax year, you can have a full FSA.

## What if my spouse has a Health Savings Account or I become eligible for an HSA during the plan year?

Special tax rules apply in these situations. Please contact Custom Design Benefits and we will help assess your specific situation. Your tax advisor should also be able to help you make the best decision to stay in compliance with applicable tax law.

## How do I pay for qualified expenses?

There are 2 ways to pay for qualified expenses. The easiest is your VISA debit card. This way, you don't have to reach into your pocket when you use the card to pay for qualified expenses. By paying with the card, your purchase is deducted from the balance in your FSA. Some payments will require further verification, so please hold on to your receipts.

You also have the option of paying out-of-pocket at the time of service and filing a claim form along with the proper expense verification. Custom Design Benefits will mail a reimbursement check or directly deposit the reimbursement into your designated bank account.

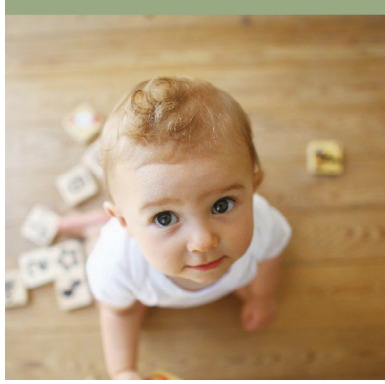
Are there any negatives that I should know about?

Because you may not pay social security tax on the amount of gross pay that you set aside to pay for qualified expenses, your social security benefits at retirement may be slightly reduced. However, most tax advisors recommend taking advantage of current tax savings opportunities like Flexible Spending Accounts.

800.598.2929 | 513.598.2929 | 5589 Cheviot Road, Cincinnati, Ohio 45247

[www.CustomDesignBenefits.com](http://www.CustomDesignBenefits.com)





## **Dependent Care Flexible Spending Account**

*Pay for eligible child or eldercare services  
with pre-tax dollars so you can  
continue to work or look for work*



### **Eligible Child Daycare expenses may include:**

- Nanny, babysitter, housekeeper or nurse’s fees through age 12 for care services provided in your home
- Dependent care expenses incurred for services outside your home
- Daycare facility registration fees
- Pre-K or nursery school expenses
- Before and after school care through age 12
- Day camp expenses through age 12
- Food and incidental expenses (diapers, activities, etc.) may be eligible if part of dependent care charge
- Expenses paid to relative for childcare if 19 years of age or older and not a tax dependent of the participant
- FICA and FUTA payroll taxes of daycare provider

### **The following child dependent are expenses do not quality for reimbursement:**

- Kindergarten fees
- Elementary school expenses
- Overnight camp
- Food, transportation, and incidental expenses (diapers, activities, etc.) if charged separately from dependent care expenses
- Expenses paid to housekeeper, maid, cook, etc. for services not related to childcare
- Mass transit and parking

### **Eligible Elder and Adult Dependent Care expenses may include:**

- Housekeeper and nurse’s fees for care services provided in your home
- Elder care expenses incurred for services outside your home
- Food and incident expenses may be eligible if part of dependent care charge
- Expenses paid to a relative for care if 19 years of age or older and not a tax dependent of the participant
- FICA and FUTA payroll taxes of the care provider

### **The following are elder and adult care expenses that do not quality for reimbursement:**

- Overnight stays at medical or recreational facilities
- Food, transportation, and incidental expenses are not eligible if charged separately from dependent care expenses
- Expenses paid to housekeeper, maid, cook, etc. are not eligible, except where incidental to adult dependent care
- Mass transit and parking

# Dependent Care Flexible Spending Account Frequently Asked Questions

## Can a Dependent Care FSA be used for care for a child or elder who is physically or mentally incapable of self-care?

Yes, the Dependent Care FSA can be used for eligible expenses for care of a dependent or adult dependent incapable of self-care.

## How much can I contribute to a Dependent Care FSA?

If you are married and file your tax return jointly with your spouse, then you and your spouse are allowed to contribute up to the lesser of \$5000 or the earned income of the lower-paid spouse. (For example, if one spouse had earned income of \$4,500 for the year and the other spouse's earned income was \$25,000, they may only contribute up to \$4,500 to the dependent care FSA.)

If you are married and file separately, you and your spouse are each allowed to contribute up to the lesser of \$2,500 of your respective earned incomes.

## When are funds for my Dependent Care FSA available?

Dependent Care FSA reimbursements are available after incurring qualifying expenses up to the amount you have contributed from your paycheck(s).

## What do I need to do to submit a Dependent Care Claim?

Please submit a signed FSA claim form with the care provider tax identification or social security number and reimbursement to be made. Remember that Dependent Care FSAs can only reimburse up to the amount deposited. The FSA claim form can be found on our website at [customdesignbenefits.com](http://customdesignbenefits.com) on the Member page.

Recurring payments can be set up if the Dependent Care bill is always the same and for the same care provider. This will automatically issue reimbursements as funds become available. The Dependent Care claim form has a box that is checked if you elect this option.

## Are there any limitations with a Dependent Care FSA?

Child and Elder/Adult Dependent Care expenses may not exceed the smaller of the following limits:

- The maximum allowed under the plan
- \$5000 (if you are married and filing a joint tax return, or are filing as single, head of household) and \$2500 if you are married and filing separate returns.
- If you file as single or head of household, you can make annual contributions up to the lesser of \$5000, or the amount of your earned income. Note: Only the custodial parent may participate in a dependent care FSA.
- Your taxable compensation (after all compensation reduction elections). If you are married, your spouse's actual or deemed earned income.

## Using Custom Flex Instructions for Filing a Claim

### FSA CARD USERS

Please do not send documentation unless you receive a communication from CDB. Nearly 80% of FSA Card transactions do not require anything further.

### ONLINE



- Go to [www.CustomDesignBenefits.com](http://www.CustomDesignBenefits.com) and click Member Portal.
- Click on Custom Flex: FSA/HRA/HSA.
- Follow prompts to complete your claim electronically.  
**User Name:** First initialLastNameLast4SSN ... example: jsmith9999  
**Password:** Customflex
- You may file a claim, check account balances, review claims history and shop the FSA Store.
- Upload documentation and submit.
- Retain a copy for your records.

### MOBILE



Mobile app available for Android and Apple devices.

FREE download from the App store (Search for “CustomFlex”).

Use the app’s Eligible Expense Scanner so you know before you buy.



### EMAIL

Complete the FSA Claim Form & attach scanned documentation to the email.

You may also use this email address for all other questions.

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

### FAX

Complete the FSA Claim Form & Fax with documentation.

513.598.2901

### MAIL

Complete the FSA Claim Form & mail with documentation.  
(Please keep copies of your documentation)

5589 Cheviot Road | Cincinnati, OH 45247

### QUESTIONS?

513.598.2929 Local Cincinnati

800.598.2929 Toll-Free

## More Information

To learn more about FSAs, visit our website at [www.CustomDesignBenefits.com](http://www.CustomDesignBenefits.com).

- **Qualified Expenses** – Review a summary of expenses that qualify for FSA savings. A more detailed list is available to FSA participants by logging in to Custom Flex.
- **Forms** – Print forms or download electronic forms that can be emailed with claims.
- **Frequently Asked Questions** – Answers to common questions about FSAs.

Once you become an FSA participant, you can review your account online. From our home page, click on Member Portal, then click on Custom Flex: FSA/HRA/HSA to log into Custom Flex.



## Mobile Payments

Custom Design Benefits is excited to announce that your Custom Flex FSA/HSA Debit Card can now be loaded directly into your Apple Wallet, Google Pay, or Samsung Pay app to allow for contact free payments at participating providers, pharmacies, and merchants.

Contactless,  
convenient, and  
easy to setup!

## My HSA Planner

If you have an HSA, take advantage of our FREE HSA Planning tool by visiting [MyHSAPlanner.com/CUS](http://MyHSAPlanner.com/CUS). This tool allows you to get custom insight on how to manage your HSA contributions whether you want to save for the future, invest funds, or make sure that you are contributing the right amount for your needs. This tool is free to anyone, even if you do not have an HSA with Custom Design Benefits!

GET ORGANIZED!  
Plan  
contributions,  
project expenses,  
and set savings  
goals.

## Manage your Account At Home...

- To Register visit [www.CustomDesignBenefits.com](http://www.CustomDesignBenefits.com)
- Click on Member Portal
- Click on Custom Flex:FSA/HRA/HSA
- First time logging in?
  - **Username:** FirstInitialLastNameLast4SSN
  - **Password:** Customflex

The Custom Flex Portal allows you to:

- File claims
- View account balances
- Request a new debit card
- And more!

## CareBot Offers 24/7 Assistance with your Custom Flex Account

CareBot is available on the Custom Flex Web Portal to offer 24/7 account assistance. With the CareBot chat function, members can now receive help on their own schedule with the help of our automated chat feature.

The CareBot can assist with:

- Balance inquiries
- Claim status
- Debit card status
- Eligible expenses
- And more!

## ...Or On The Go!

Custom Flex is also available as a FREE App with our Eligible Expense Scanner. Available for download in the Apple App Store or Google Play.



## Over the Counter (OTC) Drugs Eligible for Reimbursement through FSA and HSA

The passing of the CARES Act allows some OTC drugs and medications to be considered eligible expenses. This change also allows menstrual products to be covered with FSA and HSA accounts. Some items are still considered dual purpose, and will require additional documentation to be considered eligible.

The Custom Flex Mobile App can help you understand which items are eligible with the Eligible Expense Scanner! Scan items at the store directly from your Mobile App for instant information on what is eligible.

# 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
	

### 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](http://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.

 vision care

More Ways  
to Save

Additional  
\$50

to spend on  
Featured Brands<sup>†</sup>

bebe CALVIN KLEIN  
COLE HAAN DRAGON.  
FLEXON LACOSTE  
 and more

See all brands and offers  
at [vsp.com/offers](http://vsp.com/offers).

+

Up to  
40%  
Savings on  
lens enhancements<sup>‡</sup>

Enroll through your employer today.  
Contact us: **800.877.7195** or [vsp.com](http://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
<b>Base Coverage with a VSP Provider</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$15
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening \$20 per exam
<b>PRESCRIPTION GLASSES \$25</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart*/Sam's Club*/Costco* frame allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Scratch-resistant coating</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$95 - \$105 \$150 - \$175
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>	

BENEFIT	DESCRIPTION	COPAY
<b>Premier Coverage with a VSP Provider</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$15
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening \$20 per exam
<b>PRESCRIPTION GLASSES \$25</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$225 featured frame brands allowance</li> <li>\$225 Visionworks frame allowance on any frame</li> <li>\$175 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$97.50 Walmart*/Sam's Club*/Costco* frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Tinted lenses</li> <li>Scratch-resistant coating</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Light-reactive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$0 \$50 \$50 \$20
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$175 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$40
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$50 to spend on featured frame brands. Go to <a href="http://vsp.com/framebrands">vsp.com/framebrands</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>	

## 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](http://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. TruHearing 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](http://vsp.com).  
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 VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM  
 Classification: Restricted

# Welcome!

## We're so glad you're here.

There's a retirement plan waiting for you. In just a few steps, you'll be on your way. Here's what to expect.



## Get your account set up

Visit [principal.com/Welcome](https://principal.com/Welcome)\* or use the Principal® app. You can also text **ENROLL** to **78259**. Prefer to talk with us on the phone or need paper copies of your plan notice(s) and enrollment forms (free of charge)? Call us at **1-800-547-7754** between 7 a.m.–9 p.m. CT, Monday – Friday.

**We're here to help!**

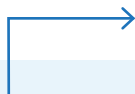
### Begin by:

- Setting security preferences
- Reading important plan notices



## Set your contribution

Contributions are one way to help your savings work hard for you. To learn more, visit [principal.com/MatchEnrollmentWebinar](https://principal.com/MatchEnrollmentWebinar).\*



## Check out the plan's investments

Each investment is different, and you can choose based on your goals and how you feel about risk. You can also pick from the plan's investment options later. If you make your selection later, you understand that until you make a new investment selection, you're directing contributions to the plan's default.\*\*

For a full listing, refer to the **Investment Option Summary**.



\* Sitio web disponible en Español.

\*\*The plan's participant-level default is: Principal LifeTime Hybrid Funds. See your investment option summary and qualified default investment alternative notice for important information. If the default is a target date fund series, the applicable target date fund will be based on your age and the plan's normal retirement date.

# Keep going

You've got this, and we've got your back when it comes to helping you save for retirement.



## See your retirement savings in one place

We'll help you roll eligible outside retirement savings into your retirement account.



## Designate a beneficiary

Don't leave the decision up to someone else if something happens to you. Always designate a beneficiary to ensure the money in your account goes according to your wishes.



## Keep in touch

Staying in the know when it comes to retirement planning can help to keep you on track for your future. We'll send you educational information about what's important to you.

### Investing involves risk, including possible loss of principal.

**Asset allocation** and diversification does not ensure a profit or protect against a loss. **Equity** investment options involve greater risk, including heightened volatility, than fixed-income investment options. **Fixed-income** investments are subject to interest rate risk; as interest rates rise their value will decline. **International and global investing** involves greater risks such as currency fluctuations, political/social instability, and differing accounting standards. These risks are magnified in **emerging markets**.

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Beneficiary designations are legal designations that are needed whenever a qualified retirement plan provides benefits to beneficiaries of deceased participants. They state who is to receive the benefits and how benefits are to be paid in the event of a plan participant's death. Certain beneficiary designations cannot be completed online. Instead, a paper form must be completed and signed. If needed, you will be given the option to print the paper beneficiary form from the website. Based on your marital status, your designation may require spousal approval.

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# Annual 403(b) Plan Universal Availability Participant Notice

Principal Life Insurance Company  
Des Moines, IA 50392-0001  
1-800-986-3343  
[www.principal.com](http://www.principal.com)  
A member of Principal Financial Group®



This Notice provides important information regarding the 403(b) plan in which you may be or are eligible to participate.

Your retirement plan offers you the opportunity to participate and save by making elective deferral contributions. Whether you are enrolling in the Plan for the first time or are already enrolled and wish to make a change to your elective deferral agreement, please review the Summary Plan Description and/or the Retirement Plan Document along with any other retirement plan materials provided to you that explain the terms of the retirement plan.

## Who Is Eligible?

A 403(b) plan must generally allow all employees to make elective deferrals to the retirement plan. Under the universal availability rule, you may be immediately eligible however there could be some exceptions. Please refer to your Summary Plan Description (SPD), plan document, &/or other plan materials to determine your eligibility.

You may make elective deferral contributions as early as the date in which you become an eligible employee unless otherwise specified in the plan document. Please refer to your SPD, plan document, &/or other plan materials, for the date in which you may enter the plan for the purpose of elective deferrals.

## How do I enroll in the retirement plan or make a change to my elective deferral contributions?

Whether you are enrolling in the retirement plan for the first time or making a change to your elective deferral contribution you may do so either by logging onto [principal.com](http://principal.com), completing enrollment materials or a salary deferral agreement form provided online &/or by the plan sponsor before the date on which it is effective.

If interested in making a change to increase or decrease your existing elective deferral agreement, generally you may do so on any date unless otherwise indicated in the plan document. Please refer to your SPD, the plan document, &/or other plan materials for the specific time in which you can make salary deferral agreement changes. You may stop at any time.

## Are there limits to my contributions?

Contribution limitations, if applicable, will be indicated in the retirement plan document and/or the SPD.

Catch-up Contributions may also be available to participants meeting certain requirement(s). The retirement plan document or SPD will indicate whether the special section 403(b) catch-up and/or age 50 catch-up is available to you.

Your maximum contribution percentage and/or dollar amount may also be limited by the Internal Revenue Code. Current employee contribution limits may be found by searching for 403(b) contribution limits on the Internal Revenue Service website at [www.irs.gov](http://www.irs.gov).

## Who do I contact if I need more information?

Please contact your plan sponsor with questions and/or additional information regarding your retirement plan, go online at [principal.com](http://principal.com), or call us at 1-800-547-7754.

For more information on 403(b) plans search Publication 571 on the Internal Revenue Service website site at [www.irs.gov](http://www.irs.gov).

The legal plan document governs the employer's plan. If any discrepancies, the legal plan document will govern. Contact your plan sponsor if you have any questions regarding applicable retirement plan provisions.

The subject matter in this communication is educational only and provided with the understanding that Principal® is not rendering legal, accounting, investment advice or tax advice. You should consult with appropriate counsel or other advisors on all matters pertaining to legal, tax, investment or accounting obligations and requirements.

Insurance products and plan administrative services provided through Principal Life Insurance Co., a member of the Principal Financial Group®, Des Moines, IA 50392.

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# Important Participant Notice Regarding Qualified Default Investment Alternative

You have the right to direct the investment of retirement plan contributions among the investment options offered under the retirement plan. Properly investing retirement contributions is important for planning your future retirement income. You should consider your investment direction decision carefully. This notice provides information regarding where contributions submitted to the retirement plan for your benefit will be directed in the absence of your investment election. You may direct the investment of the retirement funds by visiting [principal.com](http://principal.com).

## Investment Option Default

If you have not provided complete, up-to-date direction as to how the account set up for you under the retirement plan is to be invested, the account will be invested under automatic rules. You need to understand these rules and make sure that you are comfortable with them or that you take action to direct the investment of the account according to your preferences. These rules state that, if we do not have complete investment directions from you, the retirement funds in the account and new contributions for which we do not have direction will be directed to Principal LifeTime Hybrid Income R6 Fund, sub advised by Principal Global Investors. Your directions must be received at the Corporate Center of Principal Life Insurance Company®.

See the table below to identify the Principal LifeTime Hybrid Income R6 Fund that will apply based on your current age and when you will reach the plan's normal retirement date. For information on how you may make an investment direction election, please see the "Right to Direct" section below.

Normal Retirement Date	Principal LifeTime Hybrid Income R6 Fund
2012 or earlier	Principal LifeTime Hybrid Income R6 Fund
Between 2013 and end of 2017	Principal LifeTime Hybrid 2015 R6 Fund
Between 2018 and end of 2022	Principal LifeTime Hybrid 2020 R6 Fund
Between 2023 and end of 2027	Principal LifeTime Hybrid 2025 R6 Fund
Between 2028 and end of 2032	Principal LifeTime Hybrid 2030 R6 Fund
Between 2033 and end of 2037	Principal LifeTime Hybrid 2035 R6 Fund
Between 2038 and end of 2042	Principal LifeTime Hybrid 2040 R6 Fund
Between 2043 and end of 2047	Principal LifeTime Hybrid 2045 R6 Fund
Between 2048 and end of 2052	Principal LifeTime Hybrid 2050 R6 Fund
Between 2053 and end of 2057	Principal LifeTime Hybrid 2055 R6 Fund
Between 2058 and end of 2062	Principal LifeTime Hybrid 2060 R6 Fund
Between 2063 and end of 2067	Principal LifeTime Hybrid 2065 R6 Fund
2068 or later	Principal LifeTime Hybrid 2070 R6 Fund

**Asset allocation/diversification does not guarantee a profit or protect against a loss.**



For assistance with your 403b plan at Principal Financial Group, contact:

**JAMES M. GLEASON**

*Financial Advisor*

**Principal Financial Group**

**Ameriprise Financial Services**

400 West Wilson Bridge Road

Suite 280

Worthington, OH 43085

614.848.3437 | [james.m.gleason@ampf.com](mailto:james.m.gleason@ampf.com)



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1.866.628.6446

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Columbus, Ohio 43215

**Reynoldsburg Office**  
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Columbus, Ohio 43213

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# Member Benefits Guide

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We offer a variety of products and services to help you meet your needs and help you achieve your financial goals

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Competitive Rates

### Checking Accounts

Premium, Value, and Student

### Visa Platinum & Visa Rewards

### Credit Card

No Annual Fee & Great Rates

### Classroom Supply Loans

An Affordable Way to Supply Your Room for Teachers Only

### Health Savings Account

Free Debit Card, Competitive Dividend Rates, No Monthly Maintenance Fee & No Annual Fee



## Loans

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### Home Equity

Great Rates & Low Fees

### New & Used Auto Loans

Outstanding Rates & Flexible Terms

## Connect With Us!



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YouTube: Education First

## Family Membership

When you become a member of the credit union your family becomes eligible to join as well.



## Now your bank goes where you go.

It's like your own personal branch. With mobile banking, it's easier than ever to keep up with your finances.

## Get The App!

Our Mobile Banking App EDUCU Access allows you to conduct banking transactions securely from your mobile phone/device. Allowing you to access your credit union accounts safely at any time and from just about any-where from your mobile phone/device.

Download the App on your phone! It's easy, search: EDUCU Access Mobile Banking or sign in to Home Banking from [educu.org](https://www.educu.org) and choose 'mobile settings' and follow the easy steps to complete your mobile banking.



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## *Products*

We are a full-service, member-owned, financial institution offering **checking & savings** products and lending options, including **credit cards, car loans, and home loans**.



## *Services*

We offer numerous services for your convenience, including **bill pay, direct deposit, e-statements, mobile and online banking**. We are also part of the **Shared Branching Network and Alliance One and STAR ATM networks** so that you can access your accounts anywhere, anytime.



## *Partners*

Our members have access to our great partners for **free!** **GreenPath** is our individualized **financial wellness** provider offering debt management counseling. **Banzai** is our **financial literacy** partner that has courses and calculators.

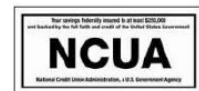
### CONTACT US!

Downtown                      Reynoldsburg  
510 E. Mound St.              5950 Carnaby Way  
Columbus, OH 43215        Columbus, OH 43213

614-221-9376

[www.educu.org](http://www.educu.org)

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# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 9-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Teresa DePassio, Insurance Manager at [tdepassio@columbuscatholic.org](mailto:tdepassio@columbuscatholic.org) or 614-224-1221, ext. 1640

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Diocese of Columbus</b>		4. Employer Identification Number (EIN) <b>31-4379603</b>	
5. Employer address <b>197 E. Gay St.</b>		6. Employer phone number <b>614-224-1221</b>	
7. City <b>Columbus</b>	8. State <b>Ohio</b>	9. ZIP code <b>43215</b>	
10. Who can we contact about employee health coverage at this job? <b>Teresa DePassio</b>			
11. Phone number (if different from above)		12. Email address <b>tdepassio@columbuscatholic.org</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

**Employees working 30 or more hours per week**

- With respect to dependents:

We do offer coverage. Eligible dependents are:

**Opposite sex spouses and children up to age 26**

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*?

Yes (Go to question 15)  No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 108.00

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? 1/1/2024

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ 108.00

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)