

# 2016 BENEFITS

## DIOCESE OF COLUMBUS

### ANNUAL FULL TIME

### OPEN ENROLLMENT



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# **Catholic Diocese of Columbus**

Human Resources Office  
614-241-2590

## Memorandum

**TO:** All Benefits Eligible Employees  
**FROM:** Dominic W. Prunte, Director of Human Resources  
**DATE:** October 2015  
**SUBJECT:** 2016 OPEN ENROLLMENT BENEFIT INFORMATION

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The Open Enrollment Period for you to elect your 2016 benefits will be from Sunday, November 1, 2015 through Monday, November 16, 2015. As a reminder, the elections you make will be effective from January 1, 2016 through December 31, 2016, unless you experience a life-changing event, which then requires you to complete a change form through your Business Manager or Bookkeeper.

**Please note that the 2016 Open Enrollment is a “Passive” enrollment this year versus “Active” as in past enrollments.** This means that if you do not want to change anything, you do not need to log into Paycor; we will automatically carryover your 2015 benefit elections to 2016. The exception to this would be if you currently have, or wish to enroll in, the Flexible Savings Account (FSA) or the Dependent Care Account (DCA). Due to IRS regulations that govern these two benefit plans, you **must** log into Paycor and elect the 2016 amount you want.

Also, because this is a “Passive” enrollment, we will not be automatically re-setting your password this year. However, if you have forgotten your password, please send me, Julienne, or Teresa an e-mail requesting the password to be re-set. Once we re-set the password, you will receive an e-mail from Paycor with instructions. If you have never registered a username & password for Paycor, please send me, Julienne, or Teresa an e-mail requesting access to Paycor and once your access is granted, you will receive an e-mail with instructions on how to complete this process.

This memo is a brief summary of the benefit changes reminders for 2016 offered by the Diocese of Columbus. You are asked to please take some time to **CAREFULLY** review the enclosed detailed Open Enrollment brochure and benefit rate sheet that is provided to you in this e-mailing. It is critical that you review the information in the brochure prior to enrolling for your 2016 benefits; changes cannot be made after the open enrollment period is closed on November 16, 2015. It is recommended that employees carefully review last year’s benefits choices, assess their current and future needs, and **NOT** wait until the last minute and make your elections hastily. This will ensure that you make the best choices for you and your family. Please contact the Insurance Office at 614-224-1221 or via e-mail at [SIFMailbox@colsdio.org](mailto:SIFMailbox@colsdio.org) with any questions.

**1. MEDICAL PLANS:** There is one significant change to the medical plan offerings for 2016.

- For 2016, both the Base and Enhanced medical plans will have an increase to the maximum out-of-pocket amount that the employee will be responsible for before the plan will pay 100%. This change is a result of the requirements of the Affordable Care Act (ACA) and the claims experience of the past 12 months. The following chart illustrates this change:

**PLEASE NOTE:** All prescription co-pays **will** go against the out-of-pocket maximum.

<b>IN-NETWORK BENEFIT</b>	<b>CURRENT 2015 ENHANCED PLAN</b>	<b>2016 ENHANCED PLAN</b>	<b>CURRENT 2015 BASE PLAN</b>	<b>2016 BASE PLAN</b>
Out-of-Pocket Maximum (Includes Deductible & Rx)	\$2,000 Single \$4,000 Single + 1 \$4,000 Family	\$2,500 Single \$5,000 Single + 1 \$5,000 Family	\$4,000 Single \$8,000 Single+1 \$8,000 Family	\$4,500 Single \$9,000 Single+1 \$9,000 Family

<b>OUT-OF-NETWORK BENEFIT</b>	<b>CURRENT ENHANCED PLAN</b>	<b>2016 ENHANCED PLAN</b>	<b>CURRENT BASE PLAN</b>	<b>2016 BASE PLAN</b>
Out-of-Pocket Maximum (Includes Deductible & Rx)	\$4,000 Single \$8,000 Single + 1 \$8,000 Family	\$4,500 Single \$9,000 Single + 1 \$9,000 Family	\$8,000 Single \$16,000 Single+1 \$16,000 Family	\$8,500 Single \$17,000 Single+1 \$17,000 Family

- The pharmacy co-pays will remain the same as the current co-pays in 2016 (see below):

<b>RX – Retail (in-network)</b>	<b>ENHANCED PLAN</b>	<b>BASE PLAN</b>
Tier I	\$10	\$10
Tier II	25% (min \$50 – max \$100)	25% (min \$50 – max \$100)
Tier III	40% (min \$100 – max \$150)	40% (min \$100 – max \$150)

<b>RX – Mail Order (in-network)</b>	<b>ENHANCED PLAN</b>	<b>BASE PLAN</b>
Tier I	\$30	\$30
Tier II	25% (min \$125 – max \$225)	25% (min \$125 – max \$225)
Tier III	40% (min \$225 – max \$325)	40% (min \$225 – max \$325)

- Serious consideration should be made to elect the Flexible Spending Account option to help cover out-of-pocket expenses.
- Coverage is available for dependent children up to age 26 but will exclude adult children who are eligible for other employment-based coverage. Election for this coverage can be made through the online *Human Resources Performer (HRP)* system from November 1<sup>st</sup> through the 16<sup>th</sup>. Elections made from November 17 through November 30 must be made on a change form through your Business Manager/Bookkeeper or the Diocesan website at <http://www.colsdioc.org/Portals/0/Departments/PER/Documents/FrmsOff/2014%20Employee%20Change%20Form.pdf>. **These additional 2 weeks are for dependent children enrollment only.**
- Please note that the “Spousal” Program will remain in effect for 2016. As a reminder, if your spouse is eligible for **group** coverage at his or her place of employment **and/or** your spouse is receiving cash/credit from his or her employer to purchase health coverage elsewhere, then your spouse must enroll in the health plan at his or her place of employment as **primary** coverage to avoid the additional spousal premium. The spouse may remain on the Diocesan health plan as **secondary**. However, if you add your spouse and currently have single coverage, the premium would increase to the single + 1 rate. If you currently have single + 1 coverage, the premium would increase to the Family rate. If you currently have Family coverage, there would be no additional increase to the premium.

Remember you must complete the Spousal Statement form in full and return it to the Insurance Office at 198 E. Broad St., Columbus, OH 43215 or via fax at 614-241-2573. The deadline to return the document is **Friday, December 4, 2015** to avoid the additional spousal premium.

**2. LONG TERM CARE PLAN:** The decision to terminate the Long Term care Plan has been reconsidered and the LTC Plan will remain in effect in its current terms and conditions.

**3. VOLUNTARY LIFE INSURANCE:** Employees who currently have Voluntary Life coverage or added additional coverage during last year's Open Enrollment will have an option to increase their coverage in increments of \$10,000 **up to a maximum of \$100,000, without** completing an Evidence of Insurability form. If an employee already has \$100,000 of coverage or greater, then **the maximum guaranteed increase is \$20,000, without** completing an Evidence of Insurability form. Those employees who currently do not have Voluntary Life coverage will be able to come onto the plan with the option to purchase increments of \$10,000 up to \$100,000, **without** completing an Evidence of Insurability form. If you select coverage above \$100,000, you **will** be required to complete an Evidence of Insurability form. An employee's spouse who currently has Voluntary Life coverage or added additional coverage during last year's Open Enrollment will have an option to increase their coverage in increments of \$5,000 **up to a maximum of \$50,000, without** completing an Evidence of Insurability form. If an employee's spouse already has \$50,000 of coverage or greater, then **the maximum guaranteed increase is \$10,000, without** completing an Evidence of Insurability form. Those employee's spouse who currently do not have Voluntary Life coverage will be able to come onto the plan with the option to purchase increments of \$5,000 (up to \$50,000), **without** completing an Evidence of Insurability form. If you select coverage above \$50,000, you **will** be required to complete an Evidence of Insurability form. **Please note that the spouse's coverage cannot be more than ½ of the employee's coverage amount and the spouse's premium is based on the age of the employee.**

**4. FLEXIBLE SPENDING ACCOUNT (FSA):** The option of a flexible spending account (FSA) is also available. This option offers a regular automatic pre-taxed deduction from your pay, totaling up to a maximum of \$2,500 annually. This account can be used for out-of-pocket (co-pays, deductibles, etc.) expenses related to medical, dental & vision services. As a reminder, the account CANNOT be used for purchases of over the counter drugs. You will receive a debit card with the annual dollar amount you selected. **Please check the expiration of your debit card; hold on to your debit card unless it is expiring 12/31/15; a card will be sent to you if you are a new participant or your card expires 12/31/15.** You must utilize all contributions to the account by December 31, 2016 except up to \$500, which can be carried over into the 2017 plan year. Any funds over \$500 remaining in the account will be forfeited. Government regulations require you to re-select your annual deduction amount each year.

**5. DEPENDENT CARE ACCOUNT:** You have the option of participating in a dependent care account. This allows you to deduct up to \$5,000 dollars annually out of your pay, pre-taxed, to use for out-of-pocket expenses related to care for your dependent children or parent. You must utilize all contributions to the account by December 31, 2016 or the funds remaining in the account will be forfeited. Government regulations require you to re-select your annual deduction amount each year.

**6. VISION PLANS:** There are two vision plans through Vision Service Plan (VSP) for you to select from, the **Base Plan** and the **Enhanced (Buy-up) Plan**. The base plan allows for basic, but adequate coverage for frames up to \$150 (\$170 for featured brands), progressive lenses, transition lenses, and contact lenses up to a \$60 co-pay (fitting & evaluation) and \$150 allowance. The Enhanced (Buy-Up) plan will allow for additional coverage for frames up to \$175 (\$195 for featured brands), progressive lenses, transition lenses, and contact lenses up to a \$40 co-pay (fitting & evaluation) and \$175 allowance.

**7. Important Completion of Forms Reminder:** The Spousal form (**if you are enrolling a spouse in the medical plan**) must be completed and sent to the Insurance office at 198 E. Broad Street, Columbus, OH 43215 or via fax at 614-241-2573 no later than **Friday, December 4, 2015**. The form is located in this brochure and also is available on the Paycor Open Enrollment website on the medical election page. Please follow the directions on each form.

The Voluntary Life Insurance Evidence of Insurability form must be completed if either the employee or the spouse elects coverage above the guaranteed amount as detailed above and on the Voluntary Life page in this brochure.

All these forms can be found and downloaded from the specific benefit page on the Paycor Open Enrollment program.

## **IMPORTANT CONTACT INFORMATION**

### **For Benefit Assistance Contact:**

**Insurance Office at 614-224-1221 for Teresa DePassio at ([tdepassio@colsdioc.org](mailto:tdepassio@colsdioc.org)) or Julienne Bialt at ([jbialt@colsdioc.org](mailto:jbialt@colsdioc.org))**

**Personnel Office: 614-241-2537 for Dominic Prunte at ([dprunte@colsdioc.org](mailto:dprunte@colsdioc.org))**

**E-mails are preferred and typically have a quicker response time than voicemail. Should you wish to leave a voicemail message, please leave your full name and a phone number where you may be reached; calls will be returned as soon as possible.**

## About This Benefit Summary

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

## WHO IS ELIGIBLE?

### DIOCESAN PRIESTS, RELIGIOUS AND SEMINARIANS

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

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

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

**AFFORDABLE CARE ACT (ACA) ELIGIBLE EMPLOYEES:** Due to the requirements of the ACA, all employees who **average** 30 hours per week or 130 hours per month (for the months he or she is scheduled to work) may be eligible for health coverage **ONLY**. Those employees identified will be notified individually of his or her eligibility and provided the appropriate information and enrollment paperwork.

## HOW DO I ENROLL?

All employees are required to use the online Paycor HRP site to enroll. Step-by-step instructions are below. Failure to complete your elections will result in benefits automatically being carried over from 2015 to 2016, which **does not** include a FSA or DCA carryover. You may change your benefit selections as needed during the Open Enrollment Period. **Once the Open Enrollment Period is closed, your selections will remain in effect through 12-31-16 unless you experience a life-changing event.**

Should you wish to change your benefit elections for 2016, log into the Paycor website at <https://secure.paycor.com/Accounts/Authentication/Signin>.

- Once you log into Paycor, you will see the HR Performer home page. When Open Enrollment is active, you should be taken directly to a screen where you can start the process. If not, under the “To do List” you will have an “Open Enrollment for benefits” link. Click this and it will direct you to a page for 2016 benefit selections.
- **Please read every page in full as they contain important information regarding each benefit.**
- Once you have selected your benefits, proceed to the Confirmation page and review the benefits you are electing. To complete your elections you **MUST** click on the “**Save & Submit (Elections)**” button at the bottom of the page. Also, if you should go back into the Open Enrollment program to make a change, or even to just review your elections, you **MUST** click on the “**Save & Submit (Elections)**” button again at the bottom of the page to complete your elections.

## MEDICAL PLAN: ADMINISTERED BY UNITED HEALTHCARE OF OHIO

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

- Children can be married but coverage is not extended to spouse or children of the dependent.
- Children cannot have employer provided benefits available.
- Children do not have to be financially dependent on their parents.
- Children do not have to live with their parents.
- Election for this coverage can be made through the online *Paycor HRP* system: from November 1 through November 16. Election made from November 17 through November 30 may be made through your Business Manager or Bookkeeper to request an enrollment form. These additional 2 weeks are for dependent children enrollment only.

**Special Note for Spouses:** The “Spousal” Program will remain in effect for 2016. If your spouse is eligible for group coverage at his or her place of employment **and/or** your spouse is receiving cash/credit from his or her employer to purchase health coverage elsewhere, then your spouse must enroll in the health plan at his or her place of employment as primary coverage to avoid the additional spousal premium. The spouse may be on the Diocesan health plan as secondary and will **not** be subject to the additional spousal premium. Additionally, the employee must complete the Spousal Statement Form (found on the following page) in full and return it to the Insurance Office at 198 E. Broad St., Columbus, OH, 43215 or via fax at 614-241-2573 **by Friday, December 4, 2015** to avoid the additional spousal premium. You are **not required** to complete a spousal statement if you are **NOT** enrolling your spouse on the Diocesan health plan.

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

The screenshot displays the MyUHC.com website interface. At the top, there is a navigation bar with tabs for Home, Claims & Accounts, Physicians & Facilities, Benefits & Coverage, Personal Health Record, and Health & Wellness. To the right of the navigation bar are links for Account Settings, Print, Help, Contact Us, Feedback, and Sign Out. Below the navigation bar, the main content area is divided into several sections. On the left, there is a section for Plan Name: Choice Plus, Group#, and Member#. Below this is a section for My Coverage with a Details button. Under My Coverage, there is a section for Out-of-Pocket Max with fields for individual and family. In the center, there is a large image of a pair of red and white sneakers with the text "Health care with a difference" overlaid. On the right, there is a section titled "What would you like to do today?" with several service options: View My Claims, Look Up My Benefits, Find a Doctor, View Account Balances, Estimate Health Care Costs, Extra Programs & Discounts, Print an ID Card, Look Up Health Topics, and Live Nurse Chat.



## ENHANCED MEDICAL PLAN BENEFIT SUMMARY

<b><u>PLAN PROVISIONS</u></b>	<b><u>NETWORK BENEFITS</u></b>	<b><u>NON-NETWORK BENEFITS *</u></b>
Deductible	\$250 Single; \$500 Family	\$500 Single; \$1,000 Family
Coinsurance	90% Plan; 10% Member	70% Plan; 30% Member
Out-of-Pocket Maximum <b>(O-P-M)</b>	\$2,500 Single; \$5,000 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)	Subject to deductible then coinsurance of 10% until O-P-M reached	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
Outpatient Hosp & 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 - \$30 Tier II – 25% (min \$125 – max \$225) Tier III –40% (min \$225 – max \$325)	Not Covered

\*Subject to UCR and balance billing

## BASE MEDICAL PLAN BENEFIT SUMMARY

<b>PLAN PROVISIONS</b>	<b>NETWORK BENEFITS</b>	<b>NON-NETWORK BENEFITS *</b>
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>	\$4,500 Single; \$9,000 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)	Deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50% until O-P-M reached
Allergy Services – Testing, Serum, Injections	Deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50% until O-P-M reached
Professional Fees for Surgical/Medical Services	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50%
Inpatient Hospital Services	Subject to deductible then coinsurance of 30% until O-P-M reached	<b>With Prior Notification -</b> Deductible then coinsurance of 50%.
Emergency Care	Deductible then coinsurance of 30%	Deductible then coinsurance of 50%
Emergency Ambulance Services	100% of Eligible Expenses paid by plan	Covered as Network Benefit
Urgent Care Services	Subject to deductible then coinsurance of 30% until O-P-M reached	Deductible then coinsurance of 50%
Outpatient Hosp & Alternate Facility Services	Subject to deductible then coinsurance of 30%	Deductible then coinsurance of 50%
Outpatient Mental Health & Substance Abuse Services	Subject to deductible then coinsurance of 30%	Deductible then coinsurance of 50%
Inpatient Mental Health & Substance Abuse	Subject to deductible then coinsurance of 30%	Deductible then coinsurance of 50%
Prosthetic Devices & Durable Medical Equipment	Deductible then coinsurance of 30%; <b>over \$1,000 requires prior approval</b> ; Maximum \$2,500 (except diabetic DME items)	Deductible then coinsurance of 50%; <b>over \$1,000 requires prior approval</b> ; Maximum \$2,500 (except diabetic DME items)

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

\*Subject to UCR and balance billing

## DENTAL PLANS: ADMINISTERED BY UNITED HEALTHCARE OF OHIO

The **Base Plan** reimburses non-network claims based on a Maximum Allowable Charge fee schedule (MAC), meaning UHC 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. Also, 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.

Please note that dependents are covered until the end of the month in which they turn 24.

	ENHANCED PLAN		BASE PLAN
	Plan Pays		Plan Pays
<b>Non-Network Benefits –</b> Dentist can balance bill	Benefits are based on 90 <sup>th</sup> percentile of UCR (usual, customary & reasonable)		Benefits are based on <b>Network</b> allowable
<b>Dental Benefits</b>	<b>Plan Pays</b>		<b>Plan Pays</b>
Annual Deductible	No Deductible		No Deductible
Calendar Year Maximum	\$1,500 per person		\$1,000 per person
Lifetime Ortho Maximum	\$1,500 per person		\$1,000 per person
<b>Preventative Services</b>	<b><u>In Network</u></b>	<b><u>Out of Network</u></b>	<b><u>Network Allowable</u></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%
Simple Extractions	80%	70%	50%
Surgical Extractions – Impacted Wisdom Teeth	80%	70%	50%
Necessary General Anesthesia	80%	70%	50%
Palliative Treatment (Relief of Pain)	80%	70%	50%
<b>Major Services</b>			
Root Planing	50%	50%	50%
Crowns, Inlays, Onlays	50%	50%	50%
Fixed Bridges	50%	50%	50%
Partial Dentures	50%	50%	50%
Full Dentures	50%	50%	50%
<b>Orthodontic Services (up to 19)</b>	60%	50%	50%

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

Eye care is a critical component of health benefits which is why the Diocese offers a Vision plan in order to provide you affordable access. You and your family are offered vision coverage through Vision Service Plan (VSP). To find a VSP provider visit [www.vsp.com](http://www.vsp.com) or call 1-800-877-7195.

Please note that dependents are covered until the end of the month in which they turn 24.

<b>Vision Benefits</b>	<b>Base Plan (VSP Provider)</b>	<b>Enhanced Plan (VSP Provider)</b>
Vision Exam	\$15 Co-Pay	\$15 Co-Pay
Vision Exam Frequency	Exam: 12 Months	Exam: 12 Months
Materials	\$25 Co-Pay	\$25 Co-Pay
Diabetic EyeCare	\$20 per visit	\$20 per visit
Materials Frequency: Lenses/Frames	Lenses: 12 months Frames: 24 months	Lenses: 12 months Frames: 12 months
<b>Lenses</b>		
Single Vision	Covered after co-pay	Covered after co-pay
Lined Bifocal	Covered after co-pay	Covered after co-pay
Lined Trifocal	Covered after co-pay	Covered after co-pay
Lenticular	Covered after co-pay	Covered after co-pay
Scratch Resistant Coating	No co-pay	No co-pay
Progressive Lenses	Single – N/A Multifocal - \$55	Single – N/A Multifocal - \$50*
Polycarbonate Lenses for children	No co-pay	No co-pay
Polycarbonate Lenses for adults	Single - \$31 Multifocal - \$35	Single - \$31 Multifocal - \$35
Photochromic – Transition Lenses	Single - \$70 Multifocal - \$82	Single - \$20 Multifocal - \$20
Anti-Reflective Coating	\$41	\$41
<b>Frames</b>		
Frame Allowance	\$150 (\$170 on featured frame brands)	\$175 (\$195 on featured frame brands)
<b>Contacts</b>		
Elective Contact Lenses ( in lieu of spectacles/frames every 12 months)	\$150 (after up to \$60 co-pay for fitting & evaluation)	\$175 (after up to a \$40 co-pay for fitting & evaluation)
Medically Necessary Contact Lenses	Covered after co-pay	Covered after co-pay
<b>Other Services</b>		
Lasik Surgery	15% off regular or 5% off promotional price	Not covered

**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.

**Hearing Aid Discount Program:** Free membership in TruHearing Member Plus Program (\$108 value); access to national network and saving up to \$1,300 per device.

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

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

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

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

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

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

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

Login to the Custom Design Benefits FSA portal at <https://www.myflexonline.com/Login/Welcome.aspx>; select the Request Payment button at the top of the screen and follow prompts to complete your claim form electronically. Then email, fax or mail your receipts to Custom Design Benefits. Retain a copy of the receipts for your records.

**EMAIL:** Complete your FSA Claim Form and attach scanned receipts to your email to Custom Design Benefits. All other questions and forms should be emailed to the Flex email address below.

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

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

**FOR QUESTIONS, PLEASE CALL: 800.598.2929 Toll-Free 866.598.2939 Toll-Free 24-Hour Balance Inquiry**  
[www.CustomDesignBenefits.com/MyFlexLogin](http://www.CustomDesignBenefits.com/MyFlexLogin)

FlexClaims@CustomDesignBenefits.com

FLEX@CustomDesignBenefits.com

513.598.2901

3737 West Fork Road

Cincinnati, OH 45247

## **QUALIFIED HEALTHCARE ACCOUNT EXPENSES**

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

## **INELIGIBLE EXPENSES UNDER THE HEALTHCARE ACCOUNT**

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

**NOTE: Please check the expiration of your debit card; hold on to your debit card unless it is expiring 12/31/15; a card will be sent to you if you are a new participant or your card expires 12/31/15**

## **GROUP and VOLUNTARY LIFE: 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 offered at no cost to you.

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

Along with the Basic 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 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. 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.

Employees who currently have Voluntary Life coverage or added additional coverage during last year's Open Enrollment will have an option to increase their coverage in increments of \$10,000 **up to a maximum of \$100,000, without** completing an Evidence of Insurability (E of I) form. If an employee already has \$100,000 of coverage or greater, then **the maximum guaranteed increase is \$20,000, without** completing an E of I form. Those employees who currently do not have Voluntary Life coverage will be able to come onto the plan with the option to purchase increments of \$10,000 up to \$100,000, **without** completing an E of I form. If you select coverage above \$100,000, you **will** be required to complete an E of I form. An employee's spouse who currently has Voluntary Life coverage or added additional coverage during last year's Open Enrollment will have an option to increase their coverage in increments of \$5,000 **up to a maximum of \$50,000, without** completing an E of I form. If an employee's spouse already has \$50,000 of coverage or greater, then **the maximum guaranteed increase is \$10,000, without** completing an E of I form. Those employee's spouse who currently do not have Voluntary Life coverage will be able to come onto the plan with the option to purchase increments of \$5,000 (up to \$50,000), **without** completing an E of I form. If you select coverage above \$50,000, you **will** be required to complete an E of I form. **Please note that the spouse's coverage cannot be more than 1/2 of the employee's coverage amount and the spouse's premium is based on the age of the employee.**

Dependent Children (up to age 19 or 26 if a fulltime student) 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; a maximum of a \$1,000 policy is available for children whose age is one day to six months. **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.**

Employee and Spouse premiums are calculated separately. Spouse premiums will be 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

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

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

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

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

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

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

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

Long Term Disability has also been referred to as "paycheck protection." Nearly everyone protects their car, home and health with insurance, but many leave their most valuable asset – their income – unprotected. LTD insurance helps employees maintain their lifestyle and it also gives employees the necessary funds to pay important bills while disabled. LTD coverage is designed to help provide you with a level of financial security if you are disabled and unable to work for a long period of time. The Diocese understands the need for this important long term income protection, and that is why a Base LTD Plan is included in your benefit package. If you are disabled for more than 90 consecutive 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 is 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 of 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 82% tax-free.

By choosing to elect the Buy-Up option you will maximize your "paycheck insurance," and you will be protecting your most valuable asset – your paycheck. The Buy-Up Plan has a maximum duration that can go to age 65 or your Social Security Normal Retirement Age. The cost to enhance your "paycheck insurance" with the Buy-up option is a very reasonable \$14.00 per month. **Additionally, the benefits you would receive would be 82% 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 is 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 82% tax-free. If you do not purchase the buy-up option, the benefit is 100% taxable.

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

# LONG TERM CARE (LTC) PLAN: Administered by UNUM

## *Why Long Term Care?*

### *Long Term Care Insurance*

Long term care costs can quickly deplete financial resources. While Long Term Disability is designed to protect income, Long Term Care policies are asset protection. Your location provides you with a base plan and allows you to purchase additional coverage at a reduced group rate. You can purchase a LTC policy on yourself, your spouse, your parents, your in-laws and other extended family members. With Unum's LTC plan, you select a monthly benefit amount and benefit duration. When you qualify for the benefit, you receive a monthly check for the benefit amount you selected. Unlike other traditional LTC plans, Unum does not require the submission of receipts for reimbursement. Unum offers a total home care benefit, which means family members can provide care for you at home and you receive the monthly benefit (even if no actual out-of-pocket costs were incurred). LTC coverage is portable meaning you can take it with you (at the same rate) when you leave employment.

*With Unum's LTC policy, you lock in at the age at which you purchase it* (if you buy it at age 40, you will always pay the 40 year old rate). Rates are age-banded. The plan choices for Diocesan employees and family members are listed in the table below. You can combine any of the duration and benefit levels (i.e. you can buy 6 year duration with a \$4,000 monthly benefit & inflation protection). If you are interested in purchasing a LTC policy or looking at the age-banded rates, you may obtain the options and rate information from the Insurance Office.

## **DIOCESE LTC PROGRAM**

### **Plan Options**

Benefit Amount

Benefit Duration

Level of Care

Enhanced Features

### **Base Plan LTC**

\$2,000 monthly benefit

Maximum 3 years

Covers LTC facility care and 50% of Professional Home Care

N/A

### **LTC Buy-Up**

Up to \$4,000 monthly benefit

Up to maximum of 6 years

Option to add 100% of home care and/or total home care

Option to add a compound inflation rider

**PLEASE NOTE THAT TO MAKE CHANGES OR SELECT LONG TERM CARE BUY-UP COVERAGE, YOU MUST COMPLETE THE LTC FORM ON THE FOLLOWING PAGE ALONG WITH THE EVIDENCE OF INSURABILITY FORM FOR ANY NEW ENROLLMENT OR CHANGE TO A CURRENT POLICY. THE FORMS MAY ALSO BE OBTAINED FROM THE OPEN ENROLLMENT SITE ON THE LONG-TERM CARE BASE PLAN PAGE OR THE INSURANCE OFFICE.**



Underwritten by:  
 Unum Life Insurance Company of America  
 LTC Department  
 2211 Congress Street, Portland, Maine 04122

**DIOCESE OF COLUMBUS**  
**EMPLOYEE Benefit Election Form**  
**Long Term Care - Policy #552756**

<b>DIVISION #</b>	<b>LOCATION:</b>	
Your Name: (Last Name, First, Middle Initial)	Social Security Number ____ - ____ - ____	Date of Birth (MM/DD/YYYY) ____ / ____ / ____
Street Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire (MM/DD/YYYY) ____ / ____ / ____
City, State, Zip Code	Home Telephone # (      )      -      -      -      -	Work Telephone # (      )      -      -      -      -
<b>Base Plan (Employer Paid) (This Benefit Election Form must be completed for any selection)</b>		
Level of Care:	Long Term Care Facility and 50% Professional Home Care	
Monthly Benefit:	\$2,000 Long Term Care Facility / 50% Professional Home Care	
Benefit Duration:	3 Years Long Term Care Facility / 50% Professional Home Care	

Your employer is paying for the Base Plan. You may purchase additional coverage. Please make your selections below:

<b>Plans</b>				
(Check one)	<input checked="" type="checkbox"/> <b>Plan 1 (Base Plan – Employer Paid)</b>	<input type="checkbox"/> <b>Plan 2</b>	<input type="checkbox"/> <b>Plan 3</b>	<input type="checkbox"/> <b>Plan 4</b>
	<ul style="list-style-type: none"> <li>• Long Term Care Facility</li> </ul>	<ul style="list-style-type: none"> <li>• Long Term Care Facility</li> <li>• Professional Home Care</li> <li>• Total Home Care</li> </ul>	<ul style="list-style-type: none"> <li>• Long Term Care Facility</li> <li>• Compound Inflation</li> </ul>	<ul style="list-style-type: none"> <li>• Long Term Care Facility</li> <li>• Professional Home Care</li> <li>• Total Home Care</li> <li>• Compound Inflation</li> </ul>
<b>Facility Monthly Benefit Amount</b>				
(Check one)	<input checked="" type="checkbox"/> \$2,000 (Base Plan – Employer Paid)		<input type="checkbox"/> \$4,000	
<b>Facility Benefit Duration (Duration of benefits may vary depending on where benefits are received.)</b>				
(Check one)	<input checked="" type="checkbox"/> 3 Years (Base Plan – Employer Paid)		<input type="checkbox"/> 6 Years	

**NOTE TO EMPLOYEES:** All Active Employees & Newly Hired Employees – who enroll 30 days after the initial eligibility period will be required to fill out a medical questionnaire and a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit. **ALL OTHER APPLICANTS** must complete this Benefit Election Form and the Long Term Care Insurance Application (medical questionnaire), and a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit. Coverage will become effective once the medical questionnaire is approved.

Your premium for the buy-up options will be paid through payroll deduction from your paycheck. You must sign below to authorize your employer to make the payroll deduction.

**Caution:** if your answers on this Enrollment Form are incorrect or untrue, we may have the right to deny benefits or rescind your insurance.

By signing below, you signify that you have read and understand that loss of Activities of Daily Living (ADL) or Severe Cognitive Impairment must occur after your effective date of coverage under this Long Term Care plan in order to be covered, and that certain limitations and exclusions apply to your coverage. **MA Residents ONLY:** You also signify that you have received and read the MassHealth eligibility notice entitled “For Massachusetts Residents Only” – Form #7650-04. All information is contained in your kit.

Your Premium: \$ \_\_\_\_\_ (Transfer the premium amount from the calculation on the rate sheet)

_____ Employee's Signature	____ / ____ / ____ Date
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Please sign and mail all required signature forms to your employer.  
 Retain a copy for your records. (J8)

If you have questions about Long Term Care coverage, please call Unum's toll-free number: 1-800-227-4165.