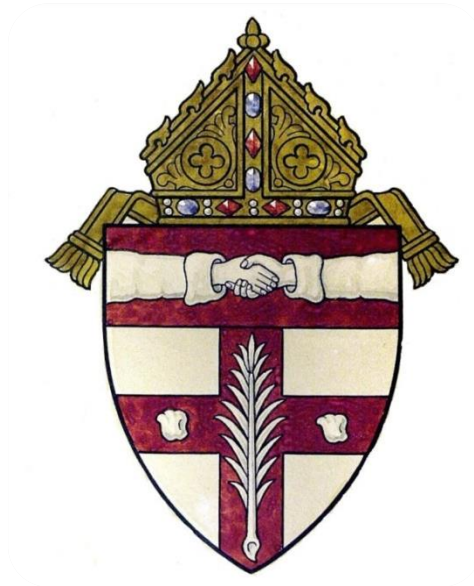


DIOCESE OF OWENSBORO

Open Enrollment Packet



Effective 09/01/2015

Open Enrollment Time Period 08/01/2015 - 08/31/2015



DIOCESE OF OWENSBORO

McRaith Catholic Center

July 16, 2015

Dear Employee of the Diocese of Owensboro,

Over the past few years, the employee benefit committee has consciously attempted to hold health care costs as low as possible. This has generally been accomplished in large part due to your good health (resulting in reduced claims) and our Employee Benefit Fund.

While the average insurance premiums paid by employees have risen at a national average of 52% over the past five years, diocesan employee rates for single coverage have remained stable or dropped. And three years ago the diocese lowered the employee's cost of our family plan coverage by 20% or more (i.e. by \$240/month for the \$500 deductible plan and \$150 for the \$2,000 deductible plan) to make it more affordable. In addition last year the single coverage premium has been reduced by \$25 per month for the employee. During this time, the diocese (through the Employee Benefit Plan) subsidized any additional costs from our insurance provider. We point this out for employees not currently electing the diocesan plan to further encourage you to compare the diocesan plan for competitiveness with your current plan.

We are pleased to let employees know that again this plan year (Sept 2015 - Aug 2016) there will be no increase in employee premiums and actually there will be a slight decrease in the premium (amounting to \$60 per year or \$5.00 per month) for all coverage and deductible levels.

Please take time to study the enclosed materials and decide which options are best for you and your family. An explanation of the benefits available and a rate sheet for Anthem Blue Cross & Blue Shield insurance is included along with additional mandatory forms.

Kevin Kauffeld, Chancellor
Diocese of Owensboro

Ernie Taliaferro, CFO
Diocese of Owensboro



2015/2016 Health Insurance Open Enrollment Information

Please review this information and all the attachments included in the Open Enrollment Packet carefully to learn more about your health insurance options for September 1, 2015 through August 31, 2016.

Open enrollment begins August 1, 2015, for eligible Diocesan employees who want to enroll in the health insurance and did not enroll within the first 31 days of their employment. The Diocese offers full-time employees working 20 hours or more per week health insurance which includes medical, dental and prescription coverage. The Health Plan has two deductible options for single and family coverage that a participant may choose: **\$500 deductible plan and \$2,000 deductible plan**. The coverage begins September 1, 2015 and ends August 31, 2016. Open enrollment is held annually in August.

All eligible employees must complete the Diocese of Owensboro Health Insurance Plan Form to meet the requirements of the Affordable Care Act even if you are waiving coverage. Enrollment Plan forms must be submitted by Monday August 31, 2015 to the person at your location who handles the benefits. The Medical/Dental coverage is provided through Anthem Blue Cross/Blue Shield and the Prescription Benefit is provided through Caremark/CVS as in prior years.

Please continue to try and use the **Caremark/CVS prescription mail order plan** for all ***maintenance medication*** and ask your doctor if any of your medications will work in Generic form and if not, would one of the medications from the Preferred Drug List be acceptable. Good news is that starting this year we are a part of the **CVS Maintenance Choice Program** so that you can now get your mail order medicines through any CVS Pharmacy with the same mail order co-pays. Utilization of the Caremark/CVS mail order prescription program helps reduce our prescription costs. Our prescription costs continue to be a major expense of the benefit plan.

Many employees have asked for a **Vision Plan** and starting this year all employees working 20 hours or more will be able to enroll in a voluntary employee paid Anthem vision plan. There will be options to enroll as an Employee, Employee + Spouse, Employee + Children and Family. The benefits include a co-pay for a routine eye exam and allowances for eye glasses and contacts. **You don't have to be enrolled in the Anthem health plan to participate with the vision plan.**



DIOCESE OF OWENSBORO

Catholic Pastoral Center

We will continue to provide Life Insurance, an AD&D policy and a Long-Term Disability plan to employees. The premiums for these benefits are paid in full by the “Employer”. Additional information on these and other benefits can be found in the enclosed “Diocese of Owensboro Employee Benefit Summary”. All information is also posted on the Diocesan website www.rcdok.org under Human Resources – 2015/2016 Open Enrollment. Please make sure to review and update your beneficiary forms.

We are also encouraging our employees to set up an appointment with Edumedics for a Health Risk Assessment to establish health goals, such as weight loss, better cholesterol management or help setting up preventative screenings. Edumedics will be implementing programs in diabetes, high blood pressure, and high cholesterol management to assist you in your journey. Through education and clinical interaction with trained health care providers, employees should see the benefits of a healthy lifestyle. All of these appointments are ongoing, face-to-face with a clinician and provided to you at *NO COST*.

Lastly we have reviewed the effects of the Affordable Care Act (ACA) on our plan. Enclosed in your open enrollment packet is a copy of the Health Insurance Marketplace Option Notice, the HIPPA notice and the CHIP Notice for your records as required by ACA to be given to employees eligible for health insurance.

Should you have any questions please contact Mary Hall at 270-683-1545, ext. 364.



DIOCESE OF OWENSBORO

HR and Benefit Newsletter-July 2015



Do I select the \$500 deductible health insurance plan or the \$2,000 deductible health insurance plan?

There are several factors that can affect your choice and you need to find what is right for you.

1. **The \$500 deductible plan** is a system of co-pays and deductibles. This plan helps pay your doctor bills and prescriptions from the first day. The copays for this plan do not go toward your deductible and Anthem will start to pay after you have satisfied the \$500 deductible.
2. **The \$2,000 deductible plan** - You must meet the \$2,000 deductible before Anthem will start paying for your medical costs. This plan does not have medical co-pays but this plan has copays for prescriptions from the beginning.
3. **How do I calculate the cost** - The numbers you should add up are the *annual cost of each premium*, the *deductible for each premium*, and the *maximum out of pocket expense for each plan*. Compare the cost of each plan and this will help you decide how much you will ultimately spend and which plan is the best for you. Also consider your current medical expenses and your total future expected medical costs. Review your Medical EOBs from the past year to see how much in health care you have been spending.



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Co-Payment and Coinsurance

Coinsurance and co-payments are not the same thing. A co-payment is a specific amount that you pay at the doctor's office before you meet your deductible. Coinsurance is a percentage of a provider's charge that you may be required to pay after you've met the deductible.

When you've met your deductible, you'll have to pay coinsurance (usually 20 percent of the provider's charge) until you reach your out-of-pocket maximum. After that, the insurance company will pay for all covered services to the policy maximum for the remainder of the year.

Pros and Cons of Co-pays and Coinsurance

The advantage of a co-pay is that there's no surprise about how much a service will cost you. If your copay is \$40 to see the doctor, you know exactly how much you'll owe before you even make the appointment. On the other hand, if the service actually costs less than the co-pay, you still have to pay the full co-pay. If you're seeing the doctor frequently or filling lots of prescriptions, co-payments can add up quickly.

Coinsurance is riskier for you since you won't know exactly how much you'll owe until the service is performed. For example, you might get an estimate of \$6,000 for your upcoming surgery. Since you have a coinsurance of 20%, your total share of cost after the \$2,000 deductible would be \$2,800. But, what if the surgeon encounters an unexpected problem during the surgery and has to fix that, too? Your surgery bill could come out to \$10,000 rather than the original \$6,000 estimate. Since your coinsurance is 20% of the cost, you now owe \$3,600 rather than the \$2,800 you had planned.

An Example of How the Family Deductible Works

A family of five with the \$500 deductible plan (Family deductible \$1,500.)

January

Dad pays \$500 in deductible costs.
Dad has met his individual deductible.
Family deductible has \$500 credited, \$1,000 to go before it's met.
Health plan now pays for dad's health care
Health plan doesn't pay benefits for mom and kids yet.

February

Child one pays \$500 in deductible costs.
Child one has met her individual deductible.
Family deductible now has \$1,000 credited, \$500 to go before it's met.
Health plan now pays for dad and child one's health care.
Health plan doesn't pay benefits for mom, child two, or child three yet.



March

Mom pays \$200 in deductible costs.
Mom hasn't met her individual deductible yet, \$300 to go.
Family deductible now has \$1,200 credited, \$300 to go before it's met.
Health plan only pays for dad and child one's health care.
Health plan still doesn't pay benefits for mom, child two, or child three.

April

Child two pays \$300 in deductible costs.
Child two hasn't met his individual deductible yet, \$200 to go.
Family deductible of \$1,500 has now been met.
Health plan begins to pay benefits for all family members.

Since the family met its family deductible, the health plan started paying benefits for all of the family members, even though three of them hadn't yet met their individual deductibles.

Health Insurance Definitions

Premium – Your Premium is the amount you pay into your insurance plan on a regular basis through a payroll check deduction.

Co-Pay – Your Co-Pay is the fixed amount you pay for using routine services like visiting your primary doctor or purchasing a prescription. (Note - Only the Diocese's \$500 deductible plan has physician co-pays.)

Co-Insurance – The Co-Insurance is the percentage you must pay for care after you have met your deductible.

Deductible – The Deductible is the amount you must pay for your care first, before your insurer pays.

Out-of Pocket Maximum – The absolute maximum you will pay annually for healthcare.

Explanation of Benefits – Referred to as an EOB is the statement sent by an insurance company explaining what medical treatments and or services were paid for on their behalf.

Out of Network - Refers to when a person seeks care outside the network of doctors, hospitals or other health care providers that the insurance company has contracted with to provide care. Always ask your healthcare provider if they are in-network with your health insurance at the time you schedule your appointment or before scheduling a medical procedure.

Open Enrollment August 1 - 31, 2015

Mark your calendar for Open Enrollment from
August 1 thru August 31, 2015

Open enrollment begins August 1, 2015, for eligible Diocesan employees who want to enroll in the health insurance and did not enroll within the first 31 days of their employment. The Diocese offers full-time employees working 20 hours or more per week health insurance which includes medical, dental and prescription coverage.


The Health Plan has two deductible options for single and family coverage that a participant may choose: **\$500 deductible plan and \$2,000 deductible plan**. Our The coverage begins September 1, 2015 and ends August 31, 2016. Our open enrollment is held annually in August. We are asking that all eligible employees complete a Benefits Enrollment/Change Form this year.

Enrollment forms must be submitted by Friday August 28, 2015 to the person at your location who handles the benefits. The Medical/Dental coverage is provided through Anthem Blue Cross/Blue Shield and the Prescription Benefit is provided through Caremark/CVS as in our current plan year.




Benefit	Effective Date	Eligibility	Cost of Plan	Deductibles/ Other Notes	Carrier
Medical Insurance	1 st day of month following the active date of hire.	Full time scheduled to work at least 20 hours or more per week.	Paid by a combination of the employee and the employer.	There are \$500 and \$2,000 deductible plans available.	Anthem Blue Cross and Blue Shield
Dental Insurance	1 st day of month following the active date of hire.	Full time scheduled to work at least 20 hours or more per week.	Paid by a combination of the employee and the employer.	Deductibles are: \$50 per Member and \$150 per Family. Annual Max \$1,000 in network.	Anthem Blue Cross and Blue Shield
Vision	1 st day of month following the active date of hire.	Full time scheduled to work at least 20 hours or more per week.	Employee Paid	\$10 copay for annual exam, \$130 allowance for frames and contacts	Anthem Blue Cross and Blue Shield
Prescriptions	1 st day of month following the active date of hire.	Full time scheduled to work at least 20 hours or more per week.	Paid by a combination of the employee and the employer.	There are associated copays with the \$500 and \$2,000 deductible plans.	Caremark/CVS
Group Life	1 st day of hire	Full time scheduled to work at least 20 hours or more per week.	Employer Paid	The survivor benefit is 150% of an employee's annual salary.	UNUM
Long Term Disability	1 st day of hire	Full time scheduled to work at least 20 hours or more per week.	Employer Paid	Pays 60% of monthly earnings with a monthly Max and with a waiting period of 90 days.	UNUM
Accidental Death and Dismemberment	1 st day of hire	Full time scheduled to work at least 20 hours or more per week.	Employer Paid	The principal sum is equal to one and half times your annual earnings	Mutual of Omaha
Retirement Plan	1 st day of hire	Full time scheduled to work at least 20 hours or more per week.	Employer Paid	The Employer contributes 6.5% of an employee's gross pay to the Christian Brothers Retirement. Vested after 4 years and 9 months.	Christian Brothers
403(B) Savings	1 st day of hire	Full time scheduled to work at least 20 hours or more per week.	Employee Paid	The Employee can save up to the IRS imposed limits.	Christian Brothers

Medical Insurance Benefit

<i>Network – Anthem Blue Cross Blue Shield</i>	<i>Effective Date of Eligibility</i>	<i>Medical Insurance – Cost and Benefit of Plan</i>				
	<p><i><u>Effective Date</u>– 1st day of month following the active date of hire.</i></p> <p><i><u>Eligibility</u>- Full time scheduled to work at least 20 hours or more per week.</i></p> <p><i>You must enroll in the first 31 days of active employment or you cannot enroll until open enrollment unless you have a qualifying event.</i></p> <p><i>(Employees will receive an Anthem insurance card)</i></p>	Single Coverage	\$500 Deductible	\$2,000 deductible		
		Total Monthly Premium	\$618.82	\$531.56		
		EmployER pays	\$412.50	\$412.50		
		EmployEE pays	\$176.32	\$89.06		
		Benefit Subsidy	\$30.00	\$30.00		
		Employee & Family	\$500 Deductible	\$2,000 deductible		
		Total Monthly Premium	\$1,399.78	\$1,202.41		
		EmployER pays	\$412.50	\$412.50		
		EmployEE pays	\$644.89	\$546.20		
		Benefit Subsidy	\$342.39	\$243.71		
		<p><i>Employees who leave employment with the Diocese may be eligible for continued medical and dental benefits under the Self-Pay Benefit Privilege.</i></p>				

Dental Insurance

<p>Network - Anthem</p> 	<p><u>Effective Date</u>– 1st day of month following the active date of hire.</p> <p><u>Eligibility</u>– Full time scheduled to work at least 20 hours or more per week.</p>	<p>Premium costs for the dental coverage are included in the health care costs shown above.</p> <p><u>Benefit</u> The dental plan allows for 2 cleanings and checkups per year covered at 100%. The coverage on all other procedures depend on the type of procedure and what will be covered. Refer to the Anthem plan booklet for more information.</p> <p><u>Deductible</u> \$50 Per Member, \$150 per Family</p> <p><u>Annual Max per Person</u> \$1,000 In Network and \$1,000 Out of Network</p>
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Prescription Plan

<u>Deductible Plan</u>	<u>\$500 Deductible Retail Pharmacy</u>	<u>\$500 Deductible Mail Service Pharmacy</u>
Employee will Pay	\$10 – generic med \$20 – brand name med \$40 – brand name med not on drug list	\$20 – generic med \$40 – brand name med \$80 – brand name med not on drug list
Day Supply Limit	Up to a 30 day supply	Up to a 90 day supply
Refill limit	The original fill plus two refills will be regular retail copay. Any subsequent refills will be double the retail copay.	None
Deductible	Co-pays do not go towards the \$500 deductible	Co-pays do not go towards the \$500 deductible
<u>Deductible Plan</u>	<u>\$2,000 Deductible Retail Pharmacy</u>	<u>\$2,000 Deductible Mail Service Pharmacy</u>
Employee will Pay	\$10 – generic med \$20 – brand name med \$40 – brand name med not on drug list	\$20 – generic med \$40 – brand name med \$80 – brand name med not on drug list
Day Supply Limit	Up to a 30 day supply	Up to a 90 day supply
Refill limit	The original fill plus two refills will be regular retail copay. Any subsequent refills will be double the retail copay	None

***RX Card** – Employees will receive a Caremark/CVS RX card which will be a separate card from the Anthem Health Insurance Card. Your Policy Number for the Caremark card is your social security number. We are a part of the **CVS Maintenance Choice Program** so that you can get your mail order medicines through any CVS Pharmacy with the same mail order co-pays.*




Vision Plan

Benefits	Blue View Vision Plan	
	In-Network	Out-of-Network
Employer Contribution	0%	0%
Deductible		
Single	None	None
Family	None	None
Routine Exams	\$10 copay	\$42 Allowance
Lenses		
Single Vision	\$20 copay	\$40 Allowance
Bifocal	\$20 copay	\$60 Allowance
Trifocal	\$20 copay	\$80 Allowance
Frames	\$130 Allowance, then 20% off any remaining balance	\$45 Allowance
Contacts		
Elective Conventional Lenses	\$130 Allowance, then 15% off any remaining balance	\$105 Allowance
Elective Disposable Lenses	\$130 Allowance (no additional discount)	\$105 Allowance
Non-elective Lenses	100%	\$210 Allowance
Coverage for contacts & frames simultaneously?*	No	No
Plan Frequencies		
Eye Exam	Once every 12 months	Once every 12 months
Lens	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
Contacts	Once every 12 months	Once every 12 months
Rate Summary		
Employee		\$7.35
Employee + Spouse		\$12.85
Employee + Children		\$13.95
Family		\$21.30

****The Vision Plan is available to all employees working 20 hours or more per week.**

Other Diocesan Benefits

<p><u>Accidental Death and Dismemberment Insurance</u></p> <p>Mutual of Omaha</p>	<p><u>Effective Date</u> – 1st day of active employment</p> <p><u>Eligibility</u> – Full time, scheduled to work at least 20 hours or more per week.</p>	<p><u>Premium Amount</u> - Premium paid by employer, no cost to the employee. Benefit ceases on the effective date in which the employee is no longer employed with the Diocese.</p> <p><u>Benefit Amount</u> - The Principle Sum is equal to one and half times your annual earnings. The Principal Sum is reduced by 35% at age 65 and reduced by 50% at age 70.</p>
<p><u>Group Term Life Insurance</u></p> <p>UNUM</p>	<p><u>Effective Date</u> – 1st day of active employment</p> <p><u>Eligibility</u> – Full time scheduled to work at least 20 hours or more per week.</p>	<p><u>Premium Amount</u> - Premium paid by employer, no cost to the employee. Benefit ceases on the effective date in which the employee is no longer employed with the Diocese.</p> <p><u>Benefit Amount</u> – The survivor benefit is 150% of an employee’s annual salary. For example - \$10,000 annual salary, the benefit would be \$15,000. The Principal Sum is reduced by 35% at age 65 and reduced by 50% at age 70.</p>
<p><u>Long Term Disability Plan</u></p> <p>UNUM</p>	<p><u>Effective Date</u> – 1st day of active employment</p> <p><u>Eligibility</u> – Full time, scheduled to work at least 20 hours or more per week.</p>	<p><u>Premium Amount</u> - Premium paid by employer, no cost to the employee. Benefit ceases on the effective date in which the employee is no longer employed with the Diocese.</p> <p><u>Benefit Amount</u> – Pays 60% of monthly earnings with a waiting period of 90 days.</p>
<p><u>Defined Benefit Retirement Plan</u></p> <p>Christian Brothers</p> 	<p><u>Effective Date</u> – 1st day of active employment</p> <p><u>Eligibility</u> – Full time, scheduled to work at least 20 hours or more per week.</p>	<p><u>Employer Contribution</u> – The Employer contributes 6.5% of an employee’s gross pay to the Christian Brothers’ Retirement. Benefit ceases on the effective date in which the employee is no longer employed with the Diocese.</p> <p><u>Vesting</u> – The vesting period is 4 years and 9 months</p>
<p><u>403 (B) Pre Tax Savings Plan</u></p> <p>Christian Brothers</p>	<p><u>Effective Date</u> – 1st day of active employment</p> <p><u>Eligibility</u> – Full time, scheduled to work at least 20 hours or more per week.</p>	<p><u>Employee Contribution</u> – The Employee can save up to the IRS imposed 403 (B) limits. The limit for 2015 is \$18,000. Anyone over the age of 50, can make a catch-up contribution of \$6,000 in 2015.</p> <p>You are eligible on the first day you are hired and can enroll in the plan on 01/01, 04/01, 07/01 and 10/01.</p>

*Copies of the Summary Plan Description Booklets for the Diocese’s benefits are located at the Diocese of Owensboro’s website. You may contact the Diocese’s HR Department with questions @ 270-683-1545.



As Christian stewards, we believe that all aspects of our lives are gifts from God, even our personal health. God cares about how we take care of our bodies. It is up to each one of us to tend to our physical needs by getting proper nutrition, rest, exercise and avoid letting harmful habits slip into our lifestyles. The Diocese has partnered with Edumedics, a Kentucky-based company that offers high-touch, interactive care management programs.

The following new programs aim to offer support to employees on the Diocese of Owensboro health plan:

Biometric Screenings

Ever wonder what your cholesterol levels are, or what your BMI is? Any employee on the health plan is eligible to setup an appointment with an Edumedics practitioner for basic body measurements and lipid panel. The process is a simple finger stick blood panel, and the clinician will even help you complete a Health Risk Assessment to help establish health goals, such as weight loss, better cholesterol management, or help with setting up preventative screenings. The appointment is simple, quick, and onsite counseling for your values is provided to you at *NO COST*.

Disease Management

Living with chronic illness can be challenging and can impact your life at home and at work. We want everyone to be as healthy as possible, and we are committed to providing you the opportunity and assistance to achieve this goal. Edumedics will be implementing programs in diabetes, high blood pressure, and high cholesterol management to assist you in your journey. Through education and clinical interaction with trained health care providers, you should be able to see the benefits immediately. The appointments are ongoing, face-to-face with a clinician, provided to you at *NO COST*.

Your health information is private and confidential, and Edumedics will be held to the highest standard of confidentiality. The Diocese of Owensboro will not be provided individual information regarding participants in the programs; therefore, as your employer, we will not have access to this information.

Roman Catholic Diocese of Owensboro

Employee Benefit Plan

Rates effective September 1, 2015 to August 31, 2016

Medical Rates	\$500	\$2,000
	DEDUCTIBLE	DEDUCTIBLE
SINGLE COVERAGE	Monthly Rates	Monthly Rates
Total Premium	\$618.82	\$531.56
EmployER pays	\$412.50	\$412.50
EmployEE pays	\$176.32	\$89.06
Benefit PLAN pays	\$30.00	\$30.00

EMPLOYEE & FAMILY		
Total Premium	\$1,399.78	\$1,202.41
EmployER pays	\$412.50	\$412.50
EmployEE pays	\$644.89	\$546.20
Benefit PLAN pays	\$342.39	\$243.71

VISION RATES	Monthly Rates
Employee	\$7.35
Employee + Spouse	\$12.85
Employee + Children	\$13.95
Family	\$21.30

DIOCESE OF OWENSBORO

Health and Vision Enrollment Forms



DIocese of OWENSBORO
Benefits Enrollment Form



I. Employee Information (please print clearly):

Social Security Number: _____ - _____ - _____

Date of Hire: ____/____/____

Name: _____
(First) (Middle) (Last)

Date of Birth: ____/____/____

Male: Female:

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

II. Medical and Dental Insurance

Enrollment in the Section 125 Plan allows eligible employees to reduce their taxable income by withholding certain qualifying benefit premiums before taxes. Medical, dental and prescription coverage begins on the first day of the first full month after the date of hire. Employees will receive an Anthem card for medical/dental benefits and a second card from Caremark for Prescription Coverage.

Check one of the following:

I elect to participate in the Section 125 Health Plan and I authorize the Diocese of Owensboro to make deductions from my paycheck necessary to cover the premiums for the coverage which I have elected and which requires my contribution under the Section 125 Plan. I understand that I cannot change my election unless I have a qualifying event per Section 125 of the IRS Code. _____. (please initial)

I decline Medical and Dental coverage in the Health Plan _____. (please initial) If declining coverage please go to the second page and sign and date the form.

III. Check the Appropriate Boxes

<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Family	<input type="checkbox"/> New Hire <input type="checkbox"/> Change of Enrollment Status	Reason for change in status: <input type="checkbox"/> Termination <input type="checkbox"/> Other Insurance <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Newborn Child <input type="checkbox"/> Divorce <input type="checkbox"/> Last Name/Address Change <input type="checkbox"/> Adoption/Legal Custody of Child <input type="checkbox"/> Legal Custody of Parent <input type="checkbox"/> Dependent Child Married/Reached Age Limit <input type="checkbox"/> Loss of Health Insurance
<input type="checkbox"/> \$500 Deductible <input type="checkbox"/> \$2,000 Deductible	<input type="checkbox"/> Open Enrollment	



DIocese OF OWENSBORO
Benefits Enrollment Form



IV. List All Eligible Family Members Below (if electing dependent coverage):

First Name	Last Name	DOB	SSN	Sex
Spouse: _____	_____	____/____/____	____ - ____ - ____	<input type="checkbox"/> M/ <input type="checkbox"/> F
Child _____	_____	____/____/____	____ - ____ - ____	<input type="checkbox"/> M/ <input type="checkbox"/> F
Child: _____	_____	____/____/____	____ - ____ - ____	<input type="checkbox"/> M/ <input type="checkbox"/> F
Child: _____	_____	____/____/____	____ - ____ - ____	<input type="checkbox"/> M/ <input type="checkbox"/> F
Child: _____	_____	____/____/____	____ - ____ - ____	<input type="checkbox"/> M/ <input type="checkbox"/> F

AUTHORIZATION FOR RELEASE OF INFORMATION: I hereby authorize any doctor, hospital, insurance company, employer or organization to release any information regarding history, treatment, disability, or benefits for claims to Roman Catholic Bishop of Owensboro Employee Benefit Plan. A copy of this authorization shall be valid as the original.

I UNDERSTAND THE FOLLOWING: This form will be used for benefit information and as a claim form. The information listed is correct and true. To verify incorrect information for this form is to commit fraud that may be punishable under law. This form will be used as an authorization to deduct from my pay my contribution to the cost of the benefits I have selected. If I am declining enrollment for myself or my family because of other group health coverage, I may, in the future, be able to enroll myself or my dependents in this plan. I must request enrollment within 31 days after that event. In addition, if I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself or my dependents, provided that I request enrollment within 31 days after the event.

Do you have other Medical Insurance or Medicare coverage? Yes No

If yes, name of plan/carrier and effective date of coverage: _____

I work 20 hours or more per week: Yes* No

***Employees working 20 hours or more per work week have the following benefits: Medical and Dental Insurance, Basic Life Insurance, Long Term Disability, Accidental Death and Dismemberment (AD&D), Retirement Benefits, and a 403(B) Retirement Savings Plan (see Christian Brothers Retirement Forms). This Benefit Enrollment form will also enroll employees in the employer paid Basic Life Insurance, Long Term Disability and AD&D.**

Please return this form to the person responsible for collecting the health insurance enrollment forms at your location.

Employee Signature: _____ Date: ____/____/____



DIocese OF OWENSBORO
Benefits Enrollment Form



Enter code #1 -#6 shown below that applies _____

This page for EMPLOYER USE only:

Check the box(es) that apply:

1. New employee ____/____/____ (First day of active employment.) Start coverage date: ____/____/____

2. Enrollment change ____/____/____ (Date change takes effect.) Qualifying Event: _____

3. Name/address change Dependent change Effective Date: ____/____/____

4. Termination Date: ____/____/____ Last coverage date: ____/____/____

5. Retirement Date: ____/____/____ Last coverage date: ____/____/____

6. Location transfer From location # _____ to # _____ Effective Date: ____/____/____

Class:

Lay Religious Priest Medicare coverage: Primary Secondary

No. hours worked each week: _____ Occupation/Title: _____

Earnings:

Annual amount \$ _____ (Determines lay employee's Life and LTD benefits.)

Employer Signature: _____ Title: _____

Date Signed: ____/____/____ Phone #: (____) _____ - _____

- 1) *Send copy to BAS, Inc., P. O. Box 896, Bluefield WV 24701*
- 2) *Keep copy in employee file*
- 3) *Send copy to –Diocese of Owensboro, ATTN: Mary Hall, 600 Locust St, Owensboro, KY 42301*

Catholic Mutual Group
Employee Benefits Buying Alliance
Diocese of Owensboro
Anthem Health Insurance Benefit Summary
September 1, 2015 - August 31, 2016

BENEFIT	Low Deductible Option		High Deductible Option	
	PPO	NON-PPO	PPO	NON-PPO
DEDUCTIBLE				
INDIVIDUAL	\$500	\$1,000	\$2,000	\$4,000
FAMILY	\$1,500	\$3,000	\$4,000	\$8,000
COINSURANCE	90%	70%	80%	60%
OUT-OF-POCKET MAXIMUM				
INDIVIDUAL	\$2,500	\$5,000	\$5,000	\$10,000
FAMILY	\$7,500	\$15,000	\$10,000	\$20,000
COPAY	\$15	70% after Deductible	N/A	N/A
MAXIMUM LIFETIME BENEFIT	Unlimited		Unlimited	
PHYSICIAN OFFICE VISITS	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
ROUTINE/PREVENTIVE EXAMS	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
WELL WOMAN SERVICES	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
WELL BABY SERVICES				
ROUTINE IMMUNIZATIONS	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
ROUTINE CHECK UPS	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
MATERNITY SERVICES (covered for dependent daughter as well)	Copayments/Coinsurance based on setting where Covered Services are received			
LABORATORY AND X-RAY SERVICES	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
AMBULANCE	90% after Deductible		80% after Deductible	
PERCENTAGE PAYABLE				
EMERGENCY ROOM SERVICES	90% after Deductible	90% after Deductible	80% after Deductible	80% after Deductible
HOSPITAL INPATIENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
OUTPATIENT SURGERY	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
URGENT CARE FACILITY	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible; You are responsible for any amounts charged that exceed the Maximum Allowable Amount
SECOND OPINIONS	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
<small>Applies to second opinions obtained as described under Claims Procedure Precertification Surgery Procedures</small>				
ORGAN TRANSPLANT COVERAGE	Covered	Limited Coverage	Covered	Limited Coverage
HOSPICE CARE	No Copay or Coinsurance		80% after Deductible	
MAXIMUM PAYABLE	Not Specified		Not Specified	
SKILLED NURSING FACILITY	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
MAXIMUM NUMBER OF DAYS	90 days		90 days	
HOME HEALTH CARE	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
MAXIMUM PAYABLE	90 visits per calendar year		90 visits per calendar year	
PRIVATE DUTY NURSING				
Maximum per Member per Benefit Period	\$50,000.00		\$50,000.00	
Lifetime Maximum	\$100,000.00		\$100,000.00	
ALCOHOL & DRUG RELATED SERVICES	Precertification Required		Precertification Required	
INPATIENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
OUTPATIENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible

Catholic Mutual Group
Employee Benefits Buying Alliance
Diocese of Owensboro
Anthem Health Insurance Benefit Summary
September 1, 2015 - August 31, 2016

BEHAVIORAL HEALTH SERVICES				
INPATIENT	10% Coinsurance	30% Coinsurance	20% Coinsurance	40% Coinsurance
OUTPATIENT	10% Coinsurance	30% Coinsurance	20% Coinsurance	40% Coinsurance
Physician Home Visits & Office Services	\$15 Copayment per visit	30% Coinsurance	20% Coinsurance	40% Coinsurance
PROSTHETICS	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
CALENDAR YEAR MAXIMUM	Unlimited		Unlimited	
MEDICAL EQUIPMENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
CALENDAR YEAR MAXIMUM	\$4,000		\$4,000	
OCCUPATIONAL, PHYSICAL & SPEECH THERAPY	20 visits per diagnosis		20 visits per diagnosis	
CALENDAR YEAR MAXIMUM	20 visits per diagnosis		20 visits per diagnosis	
PROSTATE SCREENING	\$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
ALLERGY SHOTS	\$5 Copay	70% after Deductible	80% after Deductible	60% after Deductible
FERTILITY - Standard In or Out-of-Network benefits apply	Coverage includes treatment (including drugs) to restore fertility or promote conception, but limited to the detection and/or correction of abnormal conditions or malfunctioning reproductive organs which prevent natural conception. Coverage does not include reversal of voluntary sterilization and any other treatment for the restoration of fertility or promotion of conception. (Procedures such as, but not limited to, in vitro fertilization, artificial insemination, surrogacy, harvesting eggs, sperm donation, or cryopreservation are not covered.)		Coverage includes treatment (including drugs) to restore fertility or promote conception, but limited to the detection and/or correction of abnormal conditions or malfunctioning reproductive organs which prevent natural conception. Coverage does not include reversal of voluntary sterilization and any other treatment for the restoration of fertility or promotion of conception. (Procedures such as, but not limited to, in vitro fertilization, artificial insemination, surrogacy, harvesting eggs, sperm donation, or cryopreservation are not covered.)	
HEARING EXAMS	Not Covered		Not Covered	
MANIPULATION THERAPY	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
MAXIMUM VISITS	12 Visits		\$50 per day and \$1,000 per year	
BEREAVEMENT COUNSELING	Not Covered		Not Covered	
ALL OTHER COVERED MEDICAL EXPENSES	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
PRE-EXISTING CONDITION (not applicable to children under age 19)	6/12		6/12	
	Your coverage will be limited for a condition for which you received treatment for during 6 months prior to the effective date of coverage for a period of 12 months from the effective date.		Your coverage will be limited for a condition for which you received treatment for during 6 months prior to the effective date of coverage for a period of 12 months from the effective date.	
LATE ENROLLEES	1 enrollment per year during the month of August 12-month pre-existing condition clause will apply.		1 enrollment per year during the month of August 12-month pre-existing condition clause will apply.	
ELIGIBILITY	Non -Academic: An employee of the Diocese who regularly works twenty (20) or more hours per week will be eligible to enroll for coverage under this Plan. Other employees such as temporary or seasonal will not be eligible to enroll for coverage under this Plan. Academic & Academic Half Time Employees: Those employees of the Diocese will be as determined by the contract with the Diocese.		Non -Academic: An employee of the Diocese who regularly works twenty (20) or more hours per week will be eligible to enroll for coverage under this Plan. Other employees such as temporary or seasonal will not be eligible to enroll for coverage under this Plan. Academic & Academic Half Time Employees: Those employees of the Diocese will be as determined by the contract with the Diocese.	
WAITING PERIOD	First of the month following full-time employment		First of the month following full-time employment	
LEAVE OF ABSENCE	No leave besides FMLA		No leave besides FMLA	
RETIREE COVERAGE	Retirees are eligible for coverage (self-pay option) with our plan until they reach Medicare eligibility. The retiree must have attained the age of sixty (60), have four (4) years and nine (9) months or more years of service, have been covered under the insurance plan for one (1) year and be considered eligible for retirement under the Diocese's		Retirees are eligible for coverage (self-pay option) with our plan until they reach Medicare eligibility. The retiree must have attained the age of sixty (60), have four (4) years and nine (9) months or more years of service, have been covered under the insurance plan for one (1) year and be considered eligible for retirement under the Diocese's	

PRESCRIPTION DRUGS				
RETAIL				
GENERIC		\$10		\$10
FORMULARY		\$20		\$20
NON-FORMULARY		\$40		\$40
MAIL ORDER				
GENERIC	\$20	N/A	\$20	N/A
FORMULARY	\$40	N/A	\$40	N/A
NON-FORMULARY	\$80	N/A	\$80	N/A
Retail Refill Limit:	A covered person may fill an initial prescription and up to two (2) refills at the applicable retail Co-pay. For any subsequent refills, the Co-pay will be doubled. This provision will apply to medications that are taken for longer than three (3) months.		A covered person may fill an initial prescription and up to two (2) refills at the applicable retail Co-pay. For any subsequent refills, the Co-pay will be doubled. This provision will apply to medications that are taken for longer than three (3) months.	



DIocese OF OWENSBORO

Anthem Blue Cross Blue Shield
Blue View VisionSM Enrollment Form



I. Employee Information (please print clearly):

Social Security Number: _____ - _____ - _____

Date of Hire: ____/____/____

Name: _____
(First) (Middle) (Last)

Date of Birth: ____/____/____

Male: Female:

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

II. Check the Appropriate Boxes

Employee Only \$ _____

Employee + Spouse \$ _____

Employee + Child(ren) \$ _____

Employee + Family \$ _____

New Hire

Change of Status

Open Enrollment

Reason for change in status:

Termination Other Insurance

Marriage Death

Newborn Child Divorce

Last Name/Address Change

Adoption/Legal Custody of Child

Legal Custody of Parent

Dependent Child Married/Reached Age Limit

III. List All Eligible Family Members Below (if electing dependent coverage):

First Name	Last Name	DOB	Social Security #	Sex
Spouse: _____	_____	____/____/____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F
Child: _____	_____	____/____/____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F
Child: _____	_____	____/____/____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F
Child: _____	_____	____/____/____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F
Child: _____	_____	____/____/____	_____	<input type="checkbox"/> M/ <input type="checkbox"/> F

I agree to continue enrollment in the vision plan for a period of 12 months

Signature: _____

Date: ____/____/____

Employer Use Only:

Location #: _____

Location Name: _____

City: _____ State: _____ Zip: _____

Blue View Vision Plan Information

Benefits	Blue View Vision Plan	
	In-Network	Out-of-Network
Employer Contribution	0%	0%
Deductible		
Single	None	None
Family	None	None
Routine Exams		
	\$10 copay	\$42 Allowance
Lenses		
Single Vision	\$20 copay	\$40 Allowance
Bifocal	\$20 copay	\$60 Allowance
Trifocal	\$20 copay	\$80 Allowance
Lens Enhancements		
When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the following lens enhancements at no extra cost:		
“Transitions” Lenses (for a child under age 19)	\$0 copay	No allowances on lens enhancements when obtained out-of-network
Standard Polycarbonate (for a child under age 19)	\$0 copay	
Factory Scratch Coating	\$0 copay	
Frames		
	\$130 Allowance, then 20% off any remaining balance	\$45 Allowance
Contacts		
Elective Conventional Contact Lenses	\$130 Allowance, then 15% off any remaining balance	\$105 Allowance
Elective Disposable Contact Lenses	\$130 Allowance (no additional discount)	\$105 Allowance
Non-elective Lenses	100%	\$210 Allowance
Coverage for contacts & frames simultaneously?*		
	No	No
Plan Frequencies		
Eye Exam	Once every 12 months	Once every 12 months
Lens	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
Contacts	Once every 12 months	Once every 12 months
Rate Summary		
Employee		\$7.35
Employee + Spouse		\$12.85
Employee + Children		\$13.95
Family		\$21.30

Additional Savings Available From In-Network Providers

	Options	In-network Member Cost (after any applicable copay)
Retinal Imaging		
	At member's option can be performed at time of eye exam	Not more than \$39
Eyeglass lens upgrades		
<i>When obtaining eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.</i>	“Transitions” lenses (Adults)	\$75
	Standard Polycarbonate (Adults)	\$40
	Tint (Solid and Gradient)	\$15
	UV Coating	\$15
	Progressive Lenses	
	Standard	\$65
	Premium Tier 1	\$85
	Premium Tier 2	\$95
	Premium Tier 3	\$110
	Anti-Reflective Coating	
	Standard	\$45
	Premium Tier 1	\$57
	Premium Tier 2	\$68
	Other Add-ons and Services	20% off retail price
Additional Pairs of Eyeglasses		
<i>Anytime from any Blue Vision network provider</i>	Complete Pairs	40% off retail price
	Eyeglass materials purchased separately	20% off retail price
Eyewear Accessories		
	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up		
Anytime following a comprehensive eye exam	Standard contact lens fitting	Up to \$55
	Premium contact lens fitting	10% off retail price
Conventional Contact Lenses		
After covered benefits have been used	Discount applies to materials only	15% off retail price

Other discount offers on LASIK surgery and much more available through Anthem's SpecialOffers program.

Anthem Disclosure:

This information is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the Certificate of Coverage. Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.

DMCESE OF OWENSBORO

Retirement Beneficiary Forms



Life Insurance Beneficiary Forms



403(b) Enrollment and Beneficiary Forms

Christian Brothers Employee Retirement Plan Beneficiary Designation Form

Please print or type all information and return to:

Christian Brothers Employee Retirement Plan
1205 Windham Parkway, Romeoville, IL 60446-1697
Fax: 630-378-2507 * E-mail: rpscusterservice@cbservices.org

SECTION A - EMPLOYEE INFORMATION

Last Name	First Name	Middle Initial
Street Address: Check if new	City/State:	Zip Code:
Soc. Sec. No.:	Employer:	
Marital Status:	Married (Read and Complete Section B; complete Section D if applicable) Not Married (Read and complete Section C; complete Section D if applicable. Witness must sign in your presence)	

SECTION B - MARRIED

I am married and I understand that my spouse may be entitled to a retirement benefit in the event of my death. If I want to name a contingent beneficiary I should complete Section D below.

Spouse's Name:	Spouse's Birth date:	Date of Marriage:
Spouse's Address:		

SECTION C - NOT MARRIED

I am not married and hereby designate the following person(s) as primary beneficiary(ies) to receive, in the event of my death, any other benefits to which I may be entitled, less any benefits which I and/or any joint pensioner duly designated by me under said Plan may have received, according to the terms and conditions provided in the Plan at the time of death.

Primary Beneficiary(ies): I designate the following as my beneficiaries (revoking any prior designation) to receive benefits payable under the Plan in the event of my death:

Name	Relationship	DOB	Soc. Sec. No.	%
Mailing Address				Allocation
Name	Relationship	DOB	Soc. Sec. No.	%
Mailing Address				Allocation

SECTION D - CONTINGENT BENEFICIARY DESIGNATION (IF APPLICABLE)

Contingent Beneficiary: If living, designate to the above; if not living designate to:

Name	Relationship	DOB	Soc. Sec. No.	%
Mailing Address				Allocation
Name	Relationship	DOB	Soc. Sec. No.	%
Mailing Address				Allocation

The above "Beneficiary(ies) Designation" is subject to my right to change it at any time by filing a new written beneficiary designation form with the Christian Brothers Employee Retirement Plan on a form furnished to me upon request.

Employee Signature: _____ **Date Signed:** _____

Signed In the Presence Of (witness): _____

WITNESS SHOULD NOT BE THE PRIMARY BENEFICIARY



**BENEFICIARY DESIGNATION FORM
GROUP LIFE AND GROUP ACCIDENTAL DEATH
& DISMEMBERMENT INSURANCE**
Unum Life Insurance Company of America
Provident Life and Accident Insurance Company
The Paul Revere Life Insurance Company

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to your employer.**

SECTION 1: Employee Information

Name (Last Name, Suffix, First Name, MI)	Social Security Number
--	------------------------

Employer Name	Check the coverages listed below to which this beneficiary designation applies: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> All
---------------	--

SECTION 2: Primary Beneficiary (ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
				Total Must Equal 100%

SECTION 3: Contingent Beneficiary (ies)

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
				Total Must Equal 100%

SECTION 4: Signature

X

Employee Signature **Date**

Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary.

Types of Coverage Information

- **Basic Life** is life insurance provided by your employer for which they pay the premiums.
- **Supplemental Life** is life insurance elected by you for which you pay the premiums.
- **AD&D** is Accidental Death & Dismemberment coverage.
- If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

General Information

- **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.



403(b) Retirement Savings Plan

Plan # 093264

Enrollment/Change

Step 1: Account Information

Check one: New Enrollment Address Change Payroll Change

Social Security #

Name (Last, First, MI)

Home Address

City

Date of Birth (mm/dd/yyyy) M/F

Date of Hire (mm/dd/yyyy)

Plan Entry Date (mm/dd/yyyy)

Location Code

Step 2: Payroll Directions

I authorize my employer to deduct the following amount from my compensation each pay period and contribute that amount to my savings plan account.

% Deferral _____ (indicate from 1% to 100% in whole %'s or _____ fixed whole dollar amount)

- I do not wish to participate in the Christian Brothers Retirement Savings Plan.
- I wish to suspend my contributions to the Plan.

Step 3: Investment Election

Investment of Contributions - Select investment(s) from ONE option ONLY.

Option I. Pick a single Vanguard Target Retirement Fund

Select the ONE Target Retirement Fund closest to your anticipated year of retirement (use age 65 as your guideline). 100% of your contributions will be invested in this fund.

- | | |
|---|---|
| <input type="checkbox"/> Vanguard Target Retirement 2060 Fund | <input type="checkbox"/> Vanguard Target Retirement 2030 Fund |
| <input type="checkbox"/> Vanguard Target Retirement 2055 Fund | <input type="checkbox"/> Vanguard Target Retirement 2025 Fund |
| <input type="checkbox"/> Vanguard Target Retirement 2050 Fund | <input type="checkbox"/> Vanguard Target Retirement 2020 Fund |
| <input type="checkbox"/> Vanguard Target Retirement 2045 Fund | <input type="checkbox"/> Vanguard Target Retirement 2015 Fund |
| <input type="checkbox"/> Vanguard Target Retirement 2040 Fund | <input type="checkbox"/> Vanguard Target Retirement 2010 Fund |
| <input type="checkbox"/> Vanguard Target Retirement 2035 Fund | <input type="checkbox"/> Vanguard Target Retirement Income Fund |

Option II. Core Funds

OR

For the following funds, specify percentages in 1% increments. The total must equal 100%.

	Allocation		Allocation
000030 Vanguard Prime Money Market Fund	<input type="text"/>	000073 Vanguard Windsor II Fund	<input type="text"/>
000084 Vanguard Total Bond Market Index Fund	<input type="text"/>	000213 Vanguard FTSE Social Index Fund	<input type="text"/>
000021 Vanguard Wellington Fund	<input type="text"/>	000085 Vanguard Total Stock Market Index	<input type="text"/>
000023 Vanguard U.S. Growth Fund	<input type="text"/>	000081 Vanguard International Growth Fund	<input type="text"/>
000040 Vanguard 500 Index Fund	<input type="text"/>	001967 Vanguard ST-Protected Secur Indx Fund	<input type="text"/>
000098 Vanguard Extended Market Index Fund	<input type="text"/>	000642 Fidelity Blue Chip Growth Fund	<input type="text"/>
001231 Vanguard Total Int'l Bond Index Fund	<input type="text"/>	000192 Aquinas Value Fund *	<input type="text"/>
006095 Ave Maria Bond Fund *	<input type="text"/>	006324 LKCM Aquinas Small Cap Fund *	<input type="text"/>
006319 Ave Maria World Equity Fund *	<input type="text"/>		<input type="text"/>

Your allocations must total 100%

* There is a purchase and/or a redemption fee for this fund. Please review the fund's prospectus for further details.

Step 4: Acceptance

Please sign the application and return to the Christian Brothers Retirement Services Benefits Office.

Signature of Participant Date

Step 5: To be Completed by Plan Sponsor

Signature of Plan Sponsor Date



CHRISTIAN BROTHERS SERVICES

Retirement Savings 403(b) Plan

Plan # 093264

Beneficiary Designation

Account Information

Form fields for account information including Social Security #, Location Code, Name (Last, First, MI), Home Address, City, State, Zip, Date of Birth (mm/dd/yyyy), Daytime Phone #, and Evening Phone #.

Beneficiary Information

Please indicate the percentage of your balance to be allocated to each beneficiary. Percentages and secondary beneficiaries must each total 100%.

Form fields for Primary Beneficiary information, including Name, Relationship, and Social Security #, repeated for multiple beneficiaries.

Form fields for Secondary Beneficiary information, including Name, Relationship, and Social Security #, repeated for multiple beneficiaries.

Authorization

Signature of Participant

Date

Signature of Plan Sponsor

Date

DIOCESE OF OWENSBORO

Retirement Frequently Asked Questions



Your HIPPA Rights



Healthcare Insurance Marketplace Coverage



Assistance Under Medicaid and CHIP

Christian Brothers Employee Retirement Plan

Summary Plan Description July 1, 2014



CHRISTIAN
BROTHERS
SERVICES

Christian Brothers Retirement Planning Services

1205 Windham Parkway, Romeoville, IL 60446-1679

800.807.0700 / Fax: 630.378.2507

rpscustomerservice@cbservices.org

cbservices.org

Highlights of Your Retirement Income Benefits

Dear Participant:

Your Employer has elected to participate in the Christian Brothers Employee Retirement Plan. The Plan was instituted on July 1, 1964 as a defined benefit pension plan for Catholic organizations. Over the years the Plan has been improved and updated by your Pension Board.

The purpose of your Retirement Plan is to provide you with a dependable income that begins at retirement and continues for the rest of your life. This Retirement Plan is a defined benefit plan. This means your benefit is calculated by a set of formulas.

Regardless of your age, the time for thinking about retirement is today. By planning now, you can make your retirement more enjoyable and a secure time of life for you and your family. The benefits provided by this Plan, in addition to Social Security and personal savings, will form the foundation for your retirement income.

Highlights of the Retirement Plan include:

- Retirement income for you and, if married, continuing benefits to your surviving spouse upon your death
- Retirement as early as age 55
- The right to retirement benefits if you leave the Plan after you are vested, regardless of your age at separation
- Optional payment methods to best suit the needs of you and your beneficiary
- If you previously made contributions to the Plan, a return of at least your contributions plus interest is available upon termination of employment, either in the form of a retirement benefit or in cash. Prior to July 1, 1997, some employees made contributions to the Plan. Beginning July 1, 1997 employees no longer are permitted to make contributions to the Plan.

This booklet takes the place of any prior booklets or other material pertaining to the Retirement Plan which you may have previously received.

Sincerely,

Your Pension Board

Most Frequently Asked Questions about the Retirement Plan

1. **Q: What is the Christian Brothers Employee Retirement Plan (CBERP) and what type of groups can participate?**

A: The CBERP is a defined benefit church plan. Only employers who are listed, have applied for listing or are owned by an entity listed in The Official Kenedy Catholic Directory can participate. (See "Participation" Section.)

.....

2. **Q: Who is eligible to participate?**

A: A non-academic employee who works at least the minimum number of hours set by their employer for Plan eligibility (not less than 20 hours nor more than 30 per week) or an academic employee who teaches at least half of a normal schedule of classes. All eligible employees must participate in the Plan. (See "Participation" Section.)

.....

3. **Q: How is my Retirement Benefit calculated?**

A: The benefits are calculated according to set formulas. If your employer provided a benefit for your years of service before your employer entered the Plan, the benefit is based on a formula of past service compensation multiplied by years of past service credit. The formula for all service after your employer entered the Plan is based on future service compensation. There are a number of examples in the booklet. (See "Retirement Dates" Section.)

.....

4. **Q: What does vesting mean and when do I become vested?**

A: Vesting means you have the right to a benefit. If you had made any contributions to the Plan, you are always 100% vested in those contributions. In order to be vested for a retirement benefit, you must work with a participating employer for 4 years and 9 months. (See "Bases of Benefits" Section.)

.....

5. **Q: When can I retire?**

A: If you are vested, normal retirement is based on your date of participation; however, you can retire with a reduced benefit as early as age 55. (See "Retirement Dates" Section.)

Most Frequently Asked Questions about the Retirement Plan (CONTINUED)

6. Q: What is the Golden Rule of 90?

A: The Golden Rule of 90 is a Plan subsidized early retirement benefit. If you qualify, you will be able to retire any time after age 55 and before your normal retirement date without a benefit reduction for early retirement commencement. To qualify for this benefit you must have been a participant on or before June 30, 2012. (See "Retirement Dates" Section.)

7. Q: What will happen if I become permanently disabled?

A: If you meet the disability requirements under Social Security, you will continue to accrue future service benefits until your normal retirement date, as long as you continue to meet these requirements, without any contributions from your employer. (See "Bases of Benefits" Section)

You also have the option to start receiving your benefit regardless of age, provided you are vested.

8. Q: Can I provide for my spouse after my death in retirement?

A: Yes, with a Joint & Survivor Annuity option. (See "Forms of Benefits" Section.)

9. Q: Are my benefits affected by my Social Security retirement benefit?

A: No, this Plan does not integrate with Social Security; therefore, your benefit is not reduced by Social Security. (See "Forms of Benefits/Modifications of Benefits" Section.)

10. Q: Can I continue working after I start receiving my retirement benefit?

A: Yes, provided that you do not work for a participating employer more than the minimum number of hours per week required by that employer for Plan eligibility. If you work more than the required minimum number of hours per week for a participating employer, you will be an active participant, and therefore your benefits would be suspended. Benefits are not affected if you work for a non-participating employer. (See "Forms of Benefits/Re-Employment Before & After Retirement" Section.)

11. Q: What if I terminate employment before I retire?

A: Your options vary depending upon whether or not you are vested and the value of your benefit. (See "Termination of Employment" Section.)

Most Frequently Asked Questions about the Retirement Plan (CONTINUED)

12. Q: What if I terminate employment and then get rehired at a later date?

A: If you were previously vested and re-employed by a participating employer, and did not receive a distribution, or you received a benefit that you repaid with interest within one year of rehire, all prior service credits will be restored. If not, you will be considered a new participant. (See "Forms of Benefits/Reemployment Before & After Retirement" Section.)

.....

13. Q: What will my beneficiary receive if I die in active service?

A: It depends on your marital status. If you are married, your beneficiary will receive your contributions, if any, plus interest. Also, if certain eligibility requirements are met, your spouse will be eligible for a survivor benefit for his or her life. If you are not married, your beneficiary will receive your contributions (if any) with interest. Also, if certain eligibility requirements are met, your beneficiary may be eligible for a lump sum death benefit. (See "Death Benefits" Section.)

.....

14. Q: How is the Plan financed?

A: By employer contributions and by the investment return on the Plan's assets. (See "Financing the Plan" Section.)

.....

15. Q: What happens to my employer's contributions?

A: Your employer's contributions are used to fund the overall benefits of the Plan. Unlike a defined contribution plan, employer contributions are not added to the individual accounts of employees. Benefits are calculated based on formulas instead of the accumulation of a contribution account. (See "Financing the Plan/Contributions from Employers" Section.)

.....

16. Q: What happens to the assets of the Plan?

A: Funds are held in a Trust for the sole benefit of the participants. Investments are made by professional money managers. (See "Financing the Plan/Trust Fund" Section.)

Most Frequently Asked Questions about the Retirement Plan (CONTINUED)

17. Q: How is the Plan Administered?

A: The Plan is administered by a Pension Board. This Board is comprised of participants and Religious who are affiliated with participating employers. The Board hires professionals to assist in recordkeeping, actuarial and investment services. (See "Administration of the Plan" Section.)

.....

18. Q: Will I be provided with a statement showing the value of my benefit?

A: Yes, all participants receive an annual benefit statement showing the benefits accrued under the Plan, vesting status, and projected benefits at retirement. (See "Administration of the Plan/Annual Reports" Section.)

.....

19. Q: How do I apply for benefits?

A: The Retirement Plan needs official Notice from your employer before any action can be taken. (See "Administration of the Plan/Applying for Benefits" Section.)

.....

20. Q: Can I borrow against my benefits?

A: No. The Plan is designed as a retirement plan, and therefore benefits may not be assigned, sold, transferred, anticipated, garnished or encumbered in any way. (See "Administration of the Plan/When Benefits Are Paid" Section.)

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➤ **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
-

Do research

- We can use or share your information for health research.
-

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
-

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
-

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
-

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
-

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice of Privacy Practices applies to the following organizations.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

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.¹

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 Roman Catholic Diocese of Owensboro, Human Resource Department 270-683-1545.

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

¹ 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 Roman Catholic Diocese of Owensboro		4. Employer Identification Number (EIN) 61-6032455	
5. Employer address 600 Locust Street		6. Employer phone number 270-683-1545	
7. City Owensboro	8. State KY	9. ZIP code 42301	
10. Who can we contact about employee health coverage at this job? Diocese of Owensboro Human Resource Department			
11. Phone number (if different from above) 270-683-1545		12. Email address Mary.Hall@pastoral.org	

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 eligible for health insurance work 20 hours or more per week. For eligible employees coverage begins the first day of the month following active employment or during open enrollment unless an employee has a qualifying event which occurs during the plan year.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

To be an eligible dependent you must be included on the enrollment form completed by the employee, meet all dependent criteria and be the employee's spouse under the laws of the State. All enrolled children will be covered to the end of the calendar year in which the child attains the age of 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? \$ _____

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? _____

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? \$ _____

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)

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
ALASKA – Medicaid	INDIANA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.in.gov/fssa Phone: 1-800-889-9949
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	KANSAS – Medicaid
Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884

<p align="center">KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/of/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075</p>
<p align="center">NEBRASKA – Medicaid</p> <p>Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633</p>	<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p>	<p align="center">RHODE ISLAND – Medicaid</p> <p>Website: www.ohhs.ri.gov Phone: 401-462-5300</p>

<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: http://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282</p>
<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">WEST VIRGINIA – Medicaid</p> <p>Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability</p>
<p align="center">UTAH – Medicaid and CHIP</p> <p>Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531</p>

To see if any other states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)