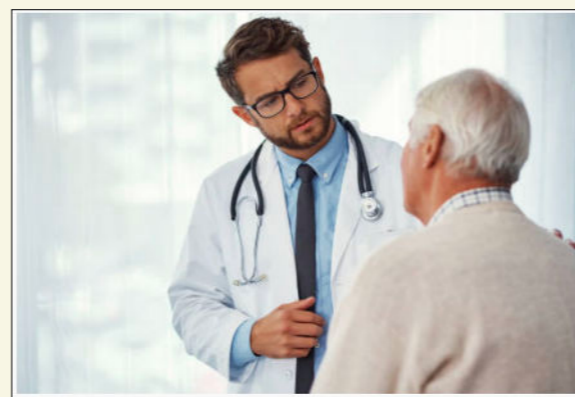
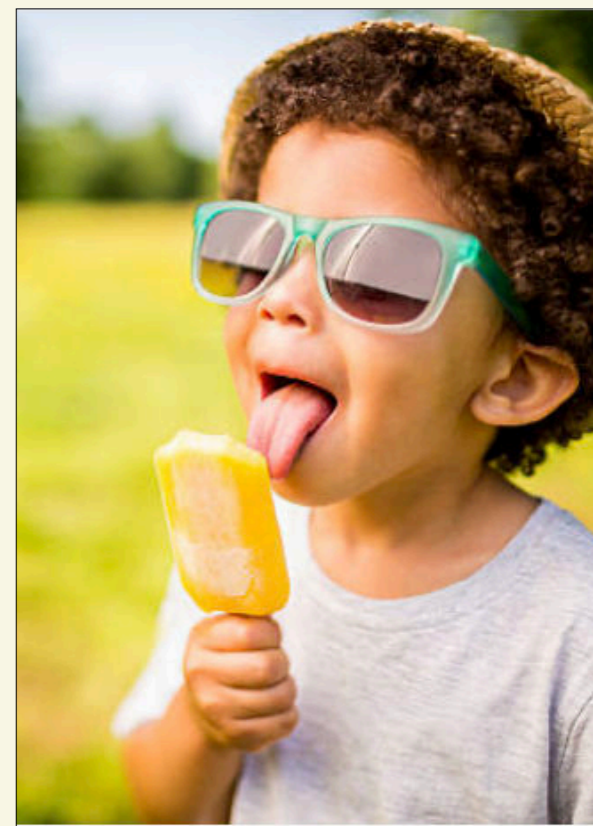
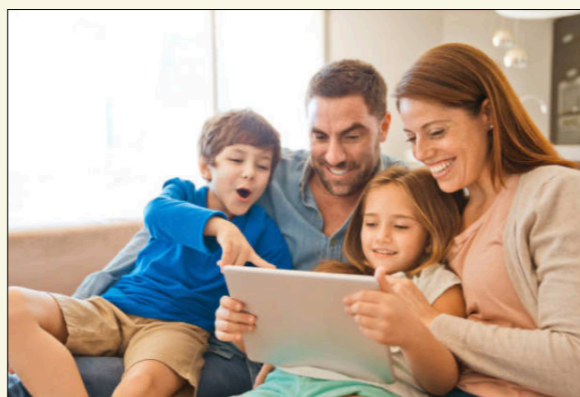


Diocese of OWENSBORO

2023/2024 Open Enrollment Meeting

⛶ Medical 🦷 Dental 🔍 Vision ☂ Life ♿ Disability ⚙ Supplemental 🐷 Retirement

Employee Benefits provided to you and your family as a Full-Time Employee at Diocese of Owensboro



Medical Plan

- Healthcare review process
- Plan Options
- Plan Contributions

Other Benefits

- New Voluntary Dental Option
- New Vision Carrier
- FSA (Flexible Spending Account)
- New Life Insurance Carrier
- New Disability Insurance Carrier
- New Supplemental Colonial Policies

Next Steps

- Open Enrollment



Effective September 1, 2023:

- Received a large increase from Anthem BCBS
- Marketed to several carriers to leverage increase down
- Chose to remain with Anthem BCBS for 2023/2024 Plan Year
- New Pharmacy Benefit Manager TrueScripts
- New International Mail Order Pharmacy Program thru Rx Manage
- Contribution and Plan changes needed to be made to offset increase
- Plan changes won't go into effect until January 1st, 2024

2 Medical plan options to choose from:

- Low Deductible Option
- High Deductible Option





Benefits	In-Network	Out-of-Network
Plan Year Deductible (1/1/24 - 12/31/24)	\$1,000 - Single \$3,000 - Family	\$2,000 - Single \$4,000 - Family
Coinsurance	80% - Plan / 20% - Member	60% - Plan / 40% - Member
Out-of-Pocket Maximum (1/1/24 - 12/31/24) Includes Deductible, Coinsurance & Copay	\$3,250 - Single \$9,750 - Family	\$6,600 - Single \$19,500 - Family
Imaging (CT,PET,MRI)	20% after deductible	40% after deductible
Office Visit Copay (PCP / Specialist)	\$20 / \$20 Copay	40% after deductible
Preventive Services	Covered at 100%	40% after deductible
Urgent Care & Retail Health Clinics	\$20 Copay	40% after deductible
Emergency Room	20% Coinsurance	20% Coinsurance

***All Plan Changes go into effect 1/1/24**





Benefits	In-Network	Out-of-Network
Plan Year Deductible (1/1/24 - 12/31/24)	\$3,500 - Single \$7,000 - Family	\$7,000 - Single \$14,000 - Family
Coinsurance	70% - Plan / 30% - Member	50% - Plan / 50% - Member
Out-of-Pocket Maximum (1/1/24 - 12/31/24) Includes Deductible, Coinsurance & Copay	\$6,500 - Single \$13,000 - Family	\$13,000 - Single \$26,000 - Family
Imaging (CT,PET,MRI)	30% after Deductible	50% after deductible
Office Visit Copay (PCP / Specialist)	30% after Deductible	50% after deductible
Preventive Services	Covered at 100%	50% after deductible
Urgent Care & Retail Health Clinics	30% after Deductible	50% after deductible
Emergency Room	30% after Deductible	30% after Deductible

***All Plan Changes go into effect 1/1/24**





- New Pharmacy Benefit Manager (PBM) TrueScripts
- Offer various programs to assist Employees and eligible dependents

Program	What is it?	What does it involve?
Brand & Specialty Care Programs	Financial assistance programs for select brand and specialty prescription drugs	TrueScripts helps eligible patients complete enrollment for programs
Step Therapy	Lower-cost generic alternative are required before “stepping up” to higher-cost brands for select drugs	Plan only covers lower-cost alternative unless physician provides evidence of medical necessity for high-cost brand
Prior Authorizations	Review appropriateness for condition for which they are being prescribed	Pharmacy and physician work together with TrueScripts to complete form
90-Day Retail Prescriptions	90-day supply of eligible long-term maintenance prescriptions	Members are required to fill 30-day supply twice before requesting 90-day supply





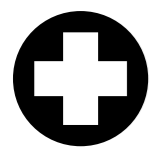
- International mail order pharmacy program
- In partnership with TrueScripts
- Medications being sourced from brick and mortar pharmacies in Tier 1 Countries from Canada, United Kingdom, Australia and New Zealand
- 90 day supply maintenance medications delivered to your doorstep
- Over 700 medications available
- Must be on current medication for 30 days
- Doctor must prescribe medication
- All medications from Rx Manage are covered at **NO COST** to you or any family member covered on the plan





Benefits	Low Deductible Option	High Deductible Option
Retail Co-Pays: Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred	\$15 Copay \$25 Copay \$45 Copay	\$15 Copay \$30 Copay \$55 Copay
Retail 90-Day Co-Pays: Tier 1 Generic Tier 2 Preferred Tier 3 Non-Preferred	\$30 Copay \$50 Copay \$90 Copay	\$30 Copay \$60 Copay \$110 Copay
Rx Manage International Mail Order	No Cost	No Cost





- Pre-tax program for medical care expenses administered through Anthem
- FSA plan year runs 1/1/24 - 12/31/24
- Open enrollment will be held in November
- Medical expenses: You can contribute up to \$2,500 per year
- Any unused balances up to \$610 maximum can be carried over
- Election changes cannot be made outside of open enrollment





Benefits	Coverage
Deductible	\$50 - Single \$150 - Family
Annual Benefit	\$1,000 Per Member
Preventive Services <i>(Includes 2 cleanings per year)</i>	100% Paid by Plan
Minor Services	80% Plan / 20% Member
Major Services	50% Plan / 50% Member
Orthodontia Services <i>(Child and Adult)</i>	50% Plan / 50% Member
Orthodontia Lifetime Maximum	\$2,000





- Effective September 1, 2023
- Contributions include Medical / Prescription Drug / Dental
- All contributions below are listed as monthly

Coverage Tier	Low Deductible Option	High Deductible Option
Employee Only	\$350.00	\$103.00
Family	\$950.00	\$600.00





New Voluntary Dental Plan



Benefits	Coverage
Deductible	None
Annual Benefit	\$1,000 Per Member
Preventive Services <i>(Includes 2 cleanings per year)</i>	100% Paid by Plan
Minor Services	80% Plan / 20% Member
Major Services	50% Plan / 50% Member
Orthodontia Services <i>(Child Only)</i>	50% Plan / 50% Member
Orthodontia Lifetime Maximum	\$2,000



For a complete listing
of Dental Providers:
www.insuringsmiles.com

- Do not have to be enrolled in the medical plan to take coverage
- Can be enrolled in both Anthem and Paramount dental plans
- Anthem plan will be primary if both plans are taken



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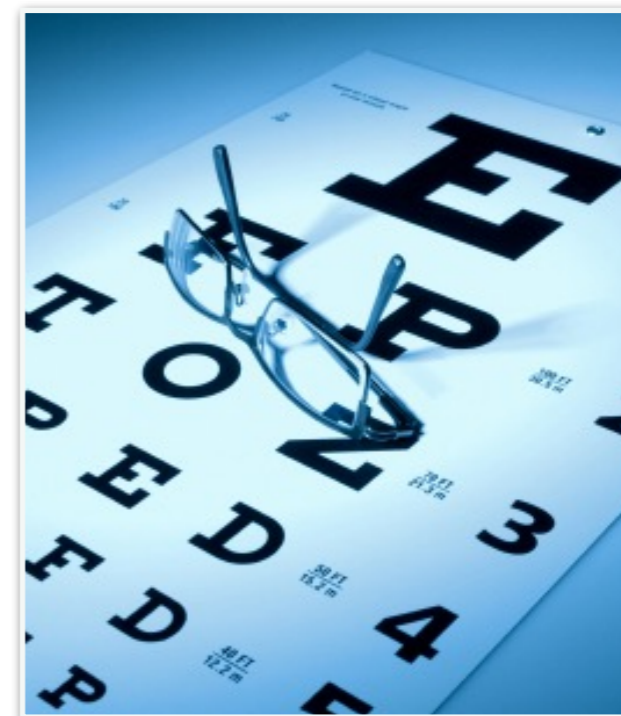


2023 Monthly Contributions

Coverage Level	Monthly Contributions
Associate Only	\$28.24
Associate + Spouse	\$59.31
Associate + Child(ren)	\$74.07
Family	\$104.23



Benefit	Coverage
Annual Eye Exam (12 Months)	\$10 Copay
Contact Lenses (12 months)	\$150 Allowance 15% off amount over allowance
Contact Lense Fitting Exam	\$40 Co-Pay
Lenses (12 months)	\$25 Co-Pay
Frames (24 Months)	\$150 Allowance 20% off amount over allowance



For a complete listing
of Vision Providers:
www.eyemed.com



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2023 Monthly Contributions

Coverage Level	Monthly Contributions
Associate Only	\$6.49
Associate + Spouse	\$12.97
Associate + Child(ren)	\$13.61
Family	\$18.93





Employer paid Life and AD&D Insurance

- Each eligible employee is provided a basic term life benefit
- Diocese of Owensboro provides all Full Time Employees with 150% of annual salary in Life Insurance
- AD&D - benefit is doubled in the event of an accidental death

Voluntary Life and AD&D Insurance

- Additional life and AD&D insurance offered outside of the employer paid policy that Diocese of Owensboro provides

A. Employee Benefit:

- Choice of \$10,000 increments up to 5 x salary to \$500,000 max
- \$180,000 Guarantee Issue

B. Spouse Benefit:

- Choice of \$5,000 increments up to 100% of employees coverage amount
- \$25,000 Guarantee Issue

C. Child Benefit:

- Increments of \$2,000 not to exceed \$10,000 for each child





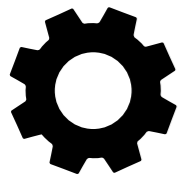
Voluntary Short Term Disability

- Covers both accident and illness
- Benefits start on 15th day for both accident and illness
- Pays 60% of weekly earnings, maximum of \$1,000 per week
- Benefit period is 11 weeks

Employer Paid Long Term Disability

- Covers both accident and illness
- Benefits start on the 91st day of disability
- Pays 60% of monthly income, maximum of \$5,000 per month
- Benefit will pay to age 65 or SSNRA for those less than age 62
- Benefit will pay 60 months for those age 62





New Supplemental Insurance Benefits

Colonial Life

- New supplemental insurance benefits offered thru Colonial
- Colonial offers the following individual policies:
 - Cancer
 - Accident
 - Critical Illness
- Enrollment Counselors will be on-site throughout the next 2 weeks of enrollment. Dates and times will be communicated via email.



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Open Enrollment:
August 1st - August 15th

Electing Benefits For:
September 1st - August 31st 2024





Enrollment Process (What to Expect)

- Enrollment will be held between August 1st and August 15th
- You will be required to meet with an Enrollment Counselor
- Make sure you sign up for a time slot to meet with an Enrollment Counselor
- The Enrollment Counselor will guide you through the enrollment process
 - Provide education about coverage options available to you and your family
 - Make changes to existing coverages
 - Enroll in new coverages
 - Update personal information
 - Update life insurance beneficiaries
 - Obtain additional information about the new International Pharmacy program
- Any new enrollments or changes to existing coverages will go into effect September 1st.
- **Reminder - FSA enrollment will be held in November.**



Qualifying Event

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment. Any Qualifying Event change must be made within 30 days. Qualified changes in status include:

- Marriage
- Divorce / Legal separation
- Status change
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualifying dependent
- Change in residence due to an employment transfer
- Commencement or termination of adoption proceedings
- Change in spouse's benefits or employment status



Open Enrollment from August 1st - August 15th

- Enroll or terminate dependent coverage in the medical plan.
- Enroll or terminate dependent coverage in the voluntary coverages.
- Review dependent eligibility rules
- Enrollment in additional voluntary coverages:
 - Dental
 - Vision
 - Life Insurance
 - Short Term Disability
 - Critical Illness
 - Accident
 - Cancer
- Add or make changes to your beneficiaries for the Life & AD&D

• Deadline to enroll is Tuesday, August 15th.





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THANK YOU FOR ATTENDING