Diocese of
OWENSBORO

2027 Open Enrollment Meeting







Medical Plan

- Plan Options
- Plan Contributions

Other Benefit

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

Next Steps

- Open Enrollment

Effective January 1, 2027:

- Benefits Eligibility changing to 30+ hours for full-time employees
- Received increase from Anthem BCBS
- Pharmacy Benefit Manager - TrueScripts
- International Mail Order Pharmacy Program - DRxA
- Medical contribution increases
- Deductibles and max OOP changes on both plans
- ER Copay added to Low Deductible Plan
- Calendar year deductible resets 1/1/27

Medical plan options to choose from:

- Low Deductible Option
- High Deductible Option

Medical Plan

Low Deductible Option

Anthem

Benefits	In-Network	Out-of-Network
Plan Year Deductible (1/1/26 - 12/31/26)	$1,500 - Single $4,500 - Family	$3,000 - Single $9,000 - Family
Coinsurance	80% - Plan / 20% - Member	60% - Plan / 40% - Member
Out-of-Pocket Maximum (1/1/27 - 12/31/27) **Includes Deductible, Coinsurance & Copay**	$4,000 - Single $12,000 - Family	$6,000 - Single $18,000 - 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	$350 Copay, then ded + coins	$350 Copay, then ded + coins

Diocese of OWENSBORO

Medical Plan

High Deductible Option

Anthem

Benefits	In-Network	Out-of-Network
Plan Year Deductible (1/1/27 - 12/31/27)	$4,000 - Single $8,000 - Family	$8,000 - Single $16,000 - Family
Coinsurance	70% - Plan / 30% - Member	50% - Plan / 50% - Member
Out-of-Pocket Maximum (1/1/27 - 12/31/27) **Includes Deductible, Coinsurance & Copay**	$7,000 - Single $14,000 - Family	$14,000 - Single $28,000 - 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

Diocese of OWENSBORO

Prescription Drug Plan

TrueScripts Amazing Care

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

Program	What is it?	What does it involve?
Specialty Care Programs	Financial assistance programs for select 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	90-day supply of eligible long-term maintenance prescriptions

Prescription Drug Plan

TrueScripts™ Amazing Care

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
Distinct Rx Advantage International Mail Order	No Cost	No Cost

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Prescription Drug Plan

TrueScripts™ Amazing Care

Distinct Rx Advantage International

- 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 Distinct Rx Advantage International are covered at **NO COST** to you or any family member covered on the plan

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Dental Plan

Benefits	Coverage
Deductible	$50 - Single $150 - Family
Annual Benefit	$1,500 Per Member
Preventive Services *(Includes 2 cleanings per year)*	100% Paid by Plan
Minor Services	80% Plan / 20% Member
Major Services	50% Plan / 50% Member
Orthodontia Services *(Child and Adult)*	50% Plan / 50% Member
Orthodontia Lifetime Maximum	$2,000



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

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Medical Plan

Contributions

- Effective January 1, 2027
- Contributions include Medical / Prescription Drug / Dental
- All contributions below are listed as monthly

Coverage Tier	Low Deductible Option	High Deductible Option
Employee Only	$418.00	$132.00
Family	$1128.00	$710.00

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Flexible Spending Account (FSA)

- Pre-tax program for medical care expenses administered through Anthem
- FSA plan year runs 1/1/27 - 12/31/27
- Open enrollment will be held from October 26th - November 6th
- Medical expenses: You may contribute up to $3,500 (projected) per year
- Any unused balances up to $700 (projected) may be carried over
- Election changes may not be made outside of open enrollment

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Voluntary Dental Plan

Benefits	Coverage
Deductible	$50 - Single $150 - Family
Annual Benefit	$1,500 Per Member
Preventive Services *(Includes 2 cleanings per year)*	100% Paid by Plan
Minor Services	80% Plan / 20% Member
Major Services	50% Plan / 50% Member
Orthodontia Services *(Child and Adult)*	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**

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Voluntary Dental Plan

HRI DENTAL &VISION

2027 Monthly Contributions

Coverage Level	Monthly Contributions
Employee Only	$29.57
Employee + Spouse	$62.11
Employee + Child(ren)	$77.57
Family	$109.15

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Vision Plan

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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Vision Plan

HRI DENTAL & VISION

2027 Monthly Contributions

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

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Life Insurance

Employer paid Life and AD&D Insurance

- Each eligible employee is provided a basic term life benefit at no cost.
- Diocese of Owensboro provides all Full Time Employees with 150% of annual salary in Life Insurance
- Accidental Death & Dismemberment (AD&D) coverage is included. In the event of an accidental death the benefit is doubled.

Voluntary Life

- Additional Life insurance available.

A. Employee Benefit:

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

B. Spouse Benefit:

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

C. Child Benefit:

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

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Disability Insurance

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

Diocese of OWENSBORO

Worksite Benefits

Colonial Life℠
Making benefits count.

The Owensboro Diocese offers voluntary worksite benefits through Colonial Life. These benefits provide you with supplemental income due to unforeseen circumstances related to an out of pocket medical expense whether expected or unexpected.

Cancer insurance pays benefits to help pay for some of the direct medical and indirect non-medical costs related to cancer diagnosis and treatment.

Critical Illness insurance pays a lump-sum benefit when you are initially diagnosed with a serious condition like a heart attack, stroke, or major organ failure.

Accident insurance can help offset costs when an unexpected injury happens.

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Open Enrollment:

October 26th - November 6th

Electing Benefits For:

January 1, 2027 - December 31, 2027

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Enrollment Process (What to Expect)

- Enrollment will be held between October 26th - November 6th
- This will be a passive enrollment.
- Enrollment Counselors will be available at certain locations. Please see schedule.
    - 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 International Pharmacy program
- Any new enrollments or changes to existing coverages will go into effect January 1.
- **Reminder - FSA enrollment will be held during open this enrollment.**

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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
- 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

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THANK YOU FOR ATTENDING

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