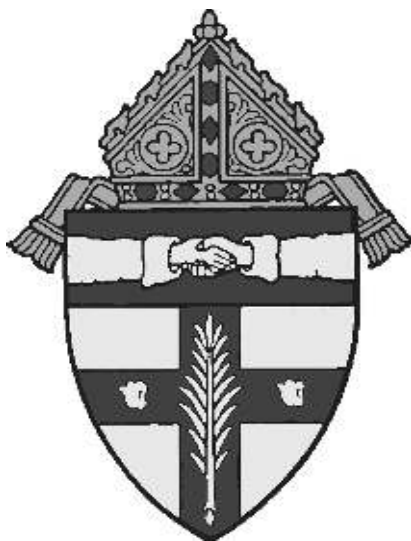


# Diocese of Owensboro Benefit Information Open Enrollment & New Hires



Coverage effective 09/01/2022 – 08/31/2023  
(Open Enrollment Period 08/01/2022 – 08/15/2022)



# Diocese of Owensboro

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McRath Catholic Center

July 1, 2022

Dear Employee of the Diocese of Owensboro,

The Diocese has worked hard to maintain effective and affordable health plans, which has enabled us to keep premium costs relatively flat over the past several years. We will continue to monitor plan premiums in an effort to keep your cost as low as possible. However, the health plan renewal for September 2022 has been one of the more difficult renewals that the Diocese has encountered in a long time. Our health plans are self-funded (i.e., the Diocese and your premium contributions pay the claims) and claims activity has been much higher than normal for the majority of the current fiscal year. We are not alone as many health plans throughout the country have experienced similar increases in medical costs.

After much consideration, there will be increases to the health plan deductibles and out-of-pocket limits, as well as a small change to prescription drug and medical visit copays to help control costs. In addition, there will be premium increases to both the employee and employer. We will continue to monitor the plans performance and encourage you and your family members to continue to make healthy choices. Along that line, the plan's wellness nurse encourages all members to seek a primary care physician, in lieu of using Urgent Care Centers or the Emergency Room.

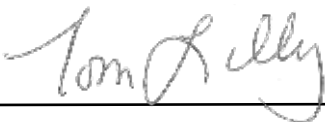
The "Stay Healthy" initiative introduced for the 2021/22 plan year will continue for the upcoming plan year. Employees enrolled in the

single health plan and employees and their spouses enrolled in the family health plan can earn \$50.00 each for a preventive wellness exam billed by their medical provider to Anthem. The Diocese's health plans cover one wellness visit for each member. Our hope is to keep employees and their spouses healthy for the long-term.

In conjunction with Caremark, the Diocese will continue offering the "Next Generation Transform Diabetes Care" program to all health care participants. Caremark will help members customize a care plan to help manage their diabetes. This program is a customized plan that includes blood glucose monitoring, medication review to help make sure plan members are taking the right medications, help with lifestyle changes and comorbidity management.

Jeana Bamberger will continue as the Wellness RN for the medical plan providing employee health education, helping employees implement healthy lifestyle habits, answering health related questions and developing personal goals through group classes and one-on-one coaching. She will also provide annual biometric screening to measure the trending health of an employee in order to determine areas to focus on.

Please review the enclosed materials carefully and decide which options are best for you and your family. A Summary of Benefits and Coverage, along with a rate sheet for the Anthem Blue Cross & Blue Shield insurance options are included along with other mandatory enrollment forms.



Tom Lilly, Chancellor



Ray Purk, Chief Financial Officer

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# Benefit Update Letter





# Diocese of Owensboro

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McRath Catholic Center

## 2022/2023 Health Insurance Open Enrollment Information

Open enrollment begins August 1, 2022 thru August 15, 2022 for eligible Diocesan employees working 20 hours or more per week. **\*\*\*The open enrollment time frame has been changed from the prior year.** The Diocese of Owensboro offers a broad and comprehensive range of benefits, including; health, life, disability, FSA, critical care and a retirement plan. A summary of these benefits have been enclosed for your review.

The Health Plan includes **medical, dental and prescription coverage** and has two deductible options for single and family coverage that a participant may select:

- \$700 deductible plan
- \$2500 deductible plan

The deductible amounts have changed this plan year; please make sure to understand the differences between the \$700 deductible and \$2,500 deductible plans before selecting your health coverage.

**\*\*If you have previously met your deductible or out-of-pocket limits between January 1, 2022 and August 31, 2022, you will now need to satisfy an additional amount up to the new deductible and out-of-pocket limits for claims incurred between September 1, 2022 and December 31, 2022. All deductible and out-of-pocket limits will reset on January 1, 2023, just as they have done in the past at the new deductible limits outlined above.**

Employees who take no action during open enrollment will be enrolled in the same plan coverages they have for the current 21/22 plan year; please note the following:

- Employees currently enrolled in the \$500 deductible plan for 2021/2022 will automatically be enrolled in the \$700 deductible plan for 2022/2023.
- Employees currently enrolled in the \$2,000 deductible for

**2021/2022 plan will automatically be enrolled in the \$2,500 deductible plan for 2022/2023.**

Coverage begins September 1, 2022 and ends August 31, 2023. Open enrollment is held annually in August and employees may only add or change coverage outside the open enrollment time-frame for a **qualifying event**.

The Medical/Dental coverage is provided through **Anthem Blue Cross/Blue Shield**. The Prescription benefit is provided through **Caremark/CVS**. **There is a difference in the prescription copays for the \$700 and \$2,500 deductible plans.**

All eligible employees that want to enroll or make a change must complete enrollment on-line through Employee Navigator. This enrollment information must be submitted online by **Monday August 15, 2022**. Please refer to the attached instructions to complete online enrollment through Employee Navigator.

The Diocese offers a "Voluntary" Employee paid Short Term Disability Plan, Blue View Vision Plan, Flexible Spending Account (FSA), Critical Care Plan and a Term Life Insurance Plan. Open enrollment for the Flexible Spending Account (FSA) begins in **November 2022** with coverage from **January 1, 2023 through December 31, 2023**. Employees do not need to be enrolled in the Anthem health plan to participate with these voluntary benefits.

The Diocese will continue to provide Group Term Life Insurance, an Accidental Death policy, a Long-Term Disability policy and the Christian Brothers retirement plan for full time eligible employees; these benefits are paid for by your location. Please remember to review your annual Christian Brothers retirement statement distributed to employees by your location each fall.

Make sure to review and update your beneficiary forms for the life insurance and retirement plan if needed. The Health Insurance Marketplace Option Notice, the HIPPA notice and the CHIP Notice along with all open enrollment information is located on the Diocese's website at <https://owensborodiocese.org>.

Should you have any questions please feel free to contact the Diocese's Human Resource Department at [mary.hall@pastoral.org](mailto:mary.hall@pastoral.org) or 270-683-1545.

2022/2023  
Employee Navigator  
Online Instructions





## Access Employee Navigator online as follows:

- For **CURRENT** employees:
  - Go to Employee Navigator - <http://bas.employeenavigator.com/>
  - Type your username and password if registered from last year and select "login."
  - Select "Reset a forgotten password" if you have forgotten your password from last year.
  - Select "Register as New User" at the bottom if you are not registered in Employee Navigator.
    - Complete the fields with the following information:
      - o First Name (exactly as shown on W2 form)
      - o Last Name
      - o Company Identifier: Owensboro
      - o PIN: Last 4 digits of SSN
      - o Birth Date: mm/dd/yyyy
      - o Create your own Username and Password, which will allow 24/7 access into the system. The password is a string of six characters, please make note of your user name and password for future reference.
      - o See: START BENEFITS below
- For **NEW** Employees:
  - Go to Employee Navigator - <http://bas.employeenavigator.com/>
  - Select "Register as New User" at the bottom
    - Complete the fields with the following information:
      - o First Name (exactly as shown on W2 form)
      - o Last Name
      - o Company Identifier: Owensboro
      - o PIN: Last 4 digits of SSN
      - o Birth Date: mm/dd/yyyy
      - o Create your own Username and Password, which will allow 24/7 access into the system. The password is a string of six characters, please make note of your user name and password for future reference.
      - o See: START BENEFITS below
- Select "START BENEFITS":
  - **Personal Information** - Verify that ALL information from

this point forward (Name, SSN, DOB, etc.) is EXACTLY as the information provided to the IRS and Social Security Administration as shown on your annual W2 Form. Make sure to update any information that needs a correction: Name, Gender, DOB, State and email (optional to use work or personal email but must enter at least one option), Dependent Information, etc. You will use the EDIT buttons located on the right of screen to make changes. Select "SAVE and CONTINUE" at the bottom of the screen once you have made all your updates.

- **Dependent Information** – Verify or add dependent information, if applicable. If adding dependent information click "add dependent +". You will need Name, DOB and Social Security Number. Click "Save" after adding each dependent. After completing this section click "SAVE and CONTINUE."
- **Medical** – Includes Medical, RX and Dental Coverage. You can enroll in this benefit or decline. If selecting a medical plan, click the appropriate plan or select "I don't want this benefit" and select a reason for declination from the pull down menu. Make sure to pick the dependents at the top of the page if you are enrolling in family coverage. If selecting coverage click "Selected" and click "SAVE and CONTINUE" to go to the next benefit.
- **Vision** – You can enroll in this benefit or decline. If selecting a vision plan, make sure to pick the dependents at the top of the page, if applicable. If selecting coverage click "Selected" and select "SAVE and CONTINUE" to go to the next benefit. This benefit is a voluntary vision plan paid for by the employee.
- **Group Term Life/AD&D** – This benefit is offered at no cost to the Employee but you must click "SAVE" to ensure enrollment in this plan — EmployER Paid. You may add primary and contingent beneficiary information, then select "SAVE and CONTINUE" to go to the next benefit.
- **LTD** – This benefit is offered at no cost to the Employee but you must click "SAVE" to ensure enrollment in this plan— EmployER Paid. Select "SAVE and CONTINUE" to go to the next benefit.
- **Short-Term Disability** – You can enroll in this benefit or decline. This benefit is a Voluntary Short-Term Disability

insurance plan paid for by the employee. Select "SAVE and CONTINUE" to complete your enrollment.

- Voluntary Life – You can enroll in this benefit or decline. If selecting Life Coverage, select the applicable coverage amount for yourself and for your spouse or dependents, if applicable. This benefit is a Voluntary Life insurance plan paid for by the employee. Select "SAVE and CONTINUE" to complete your enrollment.
- Critical Care – You can enroll in this benefit or decline. If selecting Coverage, select the applicable coverage amount for yourself and for your spouse or dependents, if applicable. This benefit is a Voluntary insurance plan paid for by the employee. Select "SAVE and CONTINUE" to complete your enrollment.

Select "Agree" when you are finished with your open enrollment selections. If you are not finished, click "SAVE and Continue" and you can FINISH BENEFITS later.

o Required Tasks: Items that require your immediate attention and verification will be listed under this heading (such as Beneficiary Information).

o Resources: All specific benefit information, such as Summary Plan Documents, will be located under this heading.

\*\*\*Please print all information for your personal records.

\*\*\*You will receive a confirmation email, stating enrollment is complete once all elections have been entered. Should you have difficulty accessing any portion of the online system, please contact your location's business manager.

Please note – You will be able to access the Home Page by clicking this image in the upper left-hand corner of Employee Navigator.



*Roman Catholic Diocese of Owensboro*

Other options, including Home Page and Log Out, are available by clicking on your name in the top right corner.

2022/2023  
Insurance Rates &  
Benefit Summary





**DIOCESE OF OWENSBORO**  
**EMPLOYEE BENEFIT PLAN PREMIUM RATES**  
**MONTHLY RATES EFFECTIVE**  
**SEPTEMBER 1, 2022 to AUGUST 31, 2023**

**Medical - Anthem**

	<b>\$700 Deductible</b>	<b>\$2,500 Deductible</b>
<b>Single Coverage</b>	<b>Monthly Rates</b>	<b>Monthly Rates</b>
Total Premium	965.00	708.00
EmployER pays	530.00	530.00
EmployEE pays	275.00	103.00
Benefit PLAN pays	160.00	75.00
<b>Employee &amp; Family</b>		
Total Premium	1,870.00	1,380.00
EmployER pays	530.00	530.00
EmployEE pays	750.00	475.00
Benefit PLAN pays	590.00	375.00

**Vision - Blue View**

	<b>Monthly Rates</b>
<b>Employee</b>	\$7.57
<b>Employee+Spouse</b>	\$13.24
<b>Employee+Children</b>	\$14.37
<b>Family</b>	\$21.94

## Short Term Disability - Unum

Age	Rate/\$10 of wkly benefits
<25	\$0.812
25-29	\$1.070
30-34	\$0.979
35-39	\$0.738
40-44	\$0.643
45-49	\$0.659
50-54	\$0.750
55-59	\$0.946
60-64	\$1.133
65+	\$1.370
Voluntary Life Rates	See UNUM Life Insurance Enrollment Form for rates

## Anthem Critical Care Rates

### Standard \$10,000 Plan | Monthly Premiums

Age Attained	EE Only	EE+SP	EE+CH	EE+FM
18-24	\$3.70	\$6.08	\$6.52	\$9.36
25-29	\$4.53	\$7.35	\$7.35	\$10.62
30-34	\$5.09	\$8.21	\$7.90	\$11.49
35-39	\$6.42	\$10.21	\$9.23	\$13.49
40-44	\$8.59	\$13.56	\$11.40	\$16.84
45-49	\$12.59	\$19.77	\$15.40	\$23.05
50-54	\$17.35	\$27.18	\$20.16	\$30.46
55-59	\$23.98	\$37.56	\$26.79	\$40.84
60-64	\$33.80	\$52.82	\$36.61	\$56.09
65-69	\$45.51	\$70.77	\$48.33	\$74.05
70-74	\$61.37	\$95.10	\$64.18	\$98.38
75-79	\$83.45	\$128.56	\$86.26	\$131.84
80-84	\$99.19	\$152.36	\$102.00	\$155.64

## UNUM Life Insurance Rates - Monthly

Age	Employee Rate per \$10,000	Spouse Rate per \$5,000
<25	\$.23	\$.25
25-29	\$.27	\$.30
30-34	\$.37	\$.40
35-39	\$.57	\$.46
40-44	\$.84	\$.64
45-49	\$1.34	\$1.00
50-54	\$2.08	\$1.58
55-59	\$3.14	\$2.46
60-64	\$4.69	\$4.33
65-69	\$7.90	\$7.66
70-74	\$14.04	\$13.57
75+	\$20.58	\$26.23
Child life monthly rate is \$.51 per \$2,000	One life premium covers all children	



# DIOCESE OF OWENSBORO

## EMPLOYEE BENEFIT PLAN 2022-2023

Welcome to the Diocese of Owensboro. This booklet contains a brief summary of your benefits. For more information on plan documents, forms and schedule of benefits please visit the Human Resource section on the diocesan website.

The Diocese of Owensboro maintains an update benefit website detailing the benefit information. The web address is: <https://owensborodiocese.org/human-resources/>

### **Benefit Eligibility:**

The Diocese offers full-time employees working 20 hours or more per work week the following benefits: Medical/Dental/Prescription Insurance, Basic Group Term Life Insurance, Long Term Disability, Accidental Death and Dismemberment (AD&D), Retirement Benefits, Employee Voluntary Life, Vision, Short Term Disability Insurance, Flexible Spending Account (FSA), Critical Care Insurance and a 403(B) Retirement Savings Plan.

A full-time employee is eligible for Medical/Dental/Prescription coverage, Long Term Disability, Life Insurance, AD&D, voluntary life, Short-term disability, Voluntary vision benefits, FSA and Critical Care Insurance on the first day of the month following the date of hire. Full-time employees are eligible for all retirement benefits on the first day worked with the Diocese.

### **New Employee - Open Enrollment:**

As a new employee working for the Diocese of Owensboro, your open enrollment period is the first 31 days of your employment. Although you have 31 days to submit your paperwork to your




parish or employer, it is best to submit your enrollment form prior to the date of coverage to ensure there are no problems with your coverage. During this Open Enrollment Period you may enroll in the Anthem Health/Dental/Caremark Prescription coverage, FSA account, the voluntary life, voluntary short-term disability, Critical Care and voluntary vision coverage. You must enroll during the first 31 days of your employment to receive these benefits. If you chose to not enroll during the first 31 days you must wait until next Diocesan Open Enrollment Period or unless you have a "Qualifying Event" which allows you to enroll as a Special Enrollee.

Changes to the Health Coverage can be made throughout the year if preceded by a Qualifying Event.

**The following events "qualify" for a change in coverage:**

- Marriage
- Divorce or Legal Separation of you or your spouse
- Termination/Status change of employment
- Loss of Health Care Coverage
- A court order
- Birth or Placement for adoption of a child
- Death in the Family
- Entitlement to Medicare or Medicaid
- Open enrollment on the Insurance Market
- Ineligibility of a dependent Exchange

# Medical Insurance Benefit


Network – Anthem Blue Cross Blue Shield	Effective Date of Eligibility
	<p><b>Effective Date:</b> 1st day of month following the active date of hire.</p> <p><b>Eligibility:</b> Full time scheduled to work at least 20 hours or more per week.</p> <p>You must enroll in the first 31 days of active employment or you cannot enroll until open enrollment unless you have a qualifying event.</p> <p><i>(Employees will receive an Anthem insurance card for health and dental coverage)</i></p> <p>Premiums shown below include costs for medical, dental and prescription coverage.</p>

	\$700 Deductible	\$2,500 Deductible
Single Coverage	Monthly Rates	Monthly Rates
Total Premium	965.00	708.00
EmployER pays	530.00	530.00
EmployEE pays	275.00	103.00
Benefit PLAN pays	160.00	75.00
Employee & Family		
Total Premium	1,870.00	1,380.00
EmployER pays	530.00	530.00
EmployEE pays	750.00	475.00
Benefit PLAN pays	590.00	375.00

Medical, dental and prescription benefits cease on the last day of the month in which termination occurs. However employees who leave employment with the Diocese may be eligible for continued medical, prescription and dental benefits under the Self-Pay Benefit Privilege. Deductibles run from January thru December. Medical visits, Urgent Care Visits, and tele-health visits are \$20.00 copay under the \$700 plan.

*Both the \$700 and \$2,500 deductible plans include one wellness visit at no cost for all members.*

# Dental Insurance

<p><b>Network – Anthem Blue Cross Blue Shield</b></p> 	<p><b><u>Effective Date:</u></b> 1st day of month following the active date of hire.</p> <p><b><u>Eligibility:</u></b> 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 on the previous page.</p> <p><b><u>Benefit:</u></b> The dental plan allows for 2 cleanings and checkups per year covered at 100% up to the maximum allowed. 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. It does include an Orthodontic rider of 50% up to the Lifetime maximum of \$2,000. The dental deductible is a separate and additional deductible from the medical deductible. Deductibles run from January through December.</p> <p><b><u>Deductible:</u></b> \$50 per member; \$150 per family.</p> <p><b><u>Annual Max per Person:</u></b> \$1,000 In Network and \$1,000 Out of Network</p>
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# Prescription Plan Network - Caremark/CVS

Deductible Plan	\$700 Deductible Retail Pharmacy	\$700 Deductible Mail Service Pharmacy
Employee will Pay	\$15 - generic med \$25 - brand name med \$45 - brand name med not on drug list	\$30 - generic med \$50 - brand name med \$90 - brand name med not on drug list
Day Supply List	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	Copays do not apply towards the \$700 deductible	Copays do not apply towards the \$700 deductible

**RX Card** - Employees will receive a Caremark/CVS RX card to be used for prescriptions which is a separate card from the Anthem Health Insurance Card Employee's Policy Number for the Caremark card is their social security number.



Employees are encouraged to use the **Caremark/CVS prescription mail order plan** for all *maintenance medications* OR use the **CVS Maintenance Choice Program** where employees can get their maintenance medicines through a local CVS pharmacy.

Vaccinations can be administered at Caremark in-network pharmacies with no-co pay to the member, spouse or dependent enrolled in the health plan.




Deductible Plan	\$2,500 Deductible Retail Pharmacy	\$2,500 Deductible Mail Service Pharmacy
Employee will Pay	\$15 - generic med \$30 - brand name med \$55 - brand name med not on drug list	\$30 - generic med \$60 - brand name med \$110 - brand name med not on drug list
Day Supply List	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	Copays do not apply towards the \$2,500 deductible	Copays do not apply towards the \$2,500 deductible





# Diocesan Retirement Benefits

<p>Defined Benefit Retirement Plan</p> <p>Christian Brothers</p> 	<p><b><u>Effective Date:</u></b> 1st day of active employment.</p> <p><b><u>Eligibility:</u></b> Full time scheduled to work at least 20 hours or more per week.</p>	<p><b>Employer Contribution –</b> The Employer contributes 7.8% 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><b>Vesting –</b> The vesting period is 4 years and 9 months.</p> <p><b>Statements –</b> Annually in the fall, employees will receive a copy of their statement of retirement benefits.</p>
<p>403 (B) Pre Tax Savings Plan</p> <p>Christian Brothers</p> 	<p><b><u>Effective Date:</u></b> 1st day of active employment.</p> <p><b><u>Eligibility:</u></b> Full time scheduled to work at least 20 hours or more per week.</p>	<p><b>Employee Contribution –</b> The Employee can save up to the IRS imposed 403 (B) limits. The limit for 2022 is \$20,500. Anyone over the age of 50 can make a catch-up contribution of contribution of \$6,500 in 2022.</p> <p>Employees are eligible on the first day hired and can enroll in the plan on 01/01, 04/01, 07/01 and 10/01. Money is invested with Vanguard and employees direct their investments.</p>

# Other Diocesan Benefits

<p>Accidental Death &amp; Dismemberment Insurance</p> <p>Mutual of Omaha</p> 	<p><b>Effective Date:</b> 1st day of month following the active date of hire.</p> <p><b>Eligibility:</b> Full time scheduled to work at least 20 hours or more per week.</p>	<p><b>Premium Amount</b> - 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><b>Benefit Amount</b> - 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>Group Term Life Insurance</p> <p>UNUM</p> 	<p><b>Effective Date:</b> 1st day of month following the active date of hire.</p> <p><b>Eligibility:</b> Full time scheduled to work at least 20 hours or more per week.</p>	<p><b>Premium Amount</b> - 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 but there are convertible and portable options available.</p> <p><b>Benefit Amount</b> - 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>Long Term Disability Plan</p> <p>UNUM</p> 	<p><b>Effective Date:</b> 1st day of month following the active date of hire.</p> <p><b>Eligibility:</b> Full time scheduled to work at least 20 hours or more per week.</p>	<p><b>Premium Amount</b> - 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><b>Benefit Amount</b> - Pays 60% of monthly earnings with a waiting period of 90 days.</p>

<p>Blue View Vision - Employee Voluntary Plan</p> <p>Anthem</p> 	<p><b>Effective Date:</b> 1st day of month following the active date of hire.</p> <p><b>Eligibility:</b> Full time scheduled to work at least 20 hours or more per week.</p>	<p><b>Employee Contribution -</b> The Blue View Vision Plan is a voluntary employee paid Anthem vision plan. The options to enroll are: Employee, Employee + Spouse, Employee + Children and Family. The benefits include copay 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. Vision benefits cease on the last day of the month in which termination occurs.</p>
<p>Term Life Insurance - Employee Voluntary Plan</p> <p>UNUM</p> 	<p><b>Effective Date:</b> 1st day of month following the active date of hire.</p> <p><b>Eligibility:</b> Full time scheduled to work at least 20 hours or more per week.</p>	<p><b>Employee Contribution -</b> The UNUM Life Insurance is a voluntary term life insurance plan with premiums paid by the employee. Benefits can be obtained for the employee, employee's spouse and employee's dependents. There is a minimum and non-medical maximum benefit amount. At age 65, benefits reduce to 65% of the original amount of coverage; at age 70 benefits further reduce to 50% of the original amount. If an employee does not enroll at their initial eligibility time period they must complete a medical questionnaire for eligibility in the plan. Benefit ceases on the effective date in which the employee is no longer employed with the Diocese but there are convertible and portable options available.</p>



<p>Flexible Spending Account (FSA) - Employee Voluntary Plan</p> <p>Blue Cross</p> 	<p><b>Effective Date:</b> 1st day of month following 90 days after the active date of hire.</p> <p><b>Eligibility:</b> Full time scheduled to work at least 20 hours or more per week.</p> <p><b>Open Enrollment:</b> Occurs annually Nov. 1st - Nov. 30th with coverage starting Jan. 1st thru Dec. 31st.</p>	<p><b>Employee Contribution</b> - Employee maximum contribution limit is \$2,000. This is all that can be contributed. Members can contribute to their own FSA even if spouse has one. Members contributing to the FSA do not need to be enrolled in the Diocesan medical plan.</p> <p><b>Election Changes</b> - Federal regulations state that once you have made an election for a designated contribution amount, you cannot make changes during a plan year except for specific changes in status. The Diocesan Human Resources can provide a list of these changes.</p> <p><b>Carryover Rules</b> - Members are allowed to carryover a maximum of \$500 to the next plan year. (January - December) This plan has a "use-it or lose-it" function.</p> <p>Employees, who leave employment with the Diocese, may submit FSA claims 90 days after termination for eligible expenses occurring prior to termination.</p>
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**Short Term  
Disability -  
Employee  
Volunteer Plan**


Unum



**Effective Date:**  
1st day of month following the active date of hire.  
**Eligibility:**  
Full time scheduled to work at least 20 hours or more per week.

**Employee Contribution**  
– The UNUM Short Term Disability is a voluntary short term disability plan with premiums paid by the employee. Employees will receive gross earnings due to sickness or injury and is limited from performing the material and substantial duties of his or her regular occupation. The weekly benefit percentage is 60%, maximum weekly benefit of \$1,000, elimination period is 14 days and the duration is 11 weeks. A pre-existing condition is an illness or injury for which an employee received treatment within 3 months prior to the coverage effective date. Disabilities that occur during the first 12 months of coverage due to a pre-existing condition are excluded from benefits.

Age	Rate/\$10 of wkly benefits
<25	\$0.812
25-29	\$1.070
30-34	\$0.979
35-39	\$0.738
40-44	\$0.643
45-49	\$0.659
50-54	\$0.750
55-59	\$0.946
60-64	\$1.133
65+	\$1.370

<p>Critical Care Insurance - Employee Voluntary Plan</p> <p>Anthem</p> 	<p><b>Effective Date:</b> 1st day of month following the active date of hire.</p> <p><b>Eligibility:</b> Full time scheduled to work at least 20 hours or more per week.</p>	<p><b>Employee Contribution –</b> The Anthem Critical Care Plan is a voluntary plan with premiums paid by the employee. Critical Care insurance provides lump sum benefits when specific illnesses are diagnosed including invasive cancer, heart attacks and strokes.</p>
<p>Diocese Wellness Benefits</p>	<p><b>Eligibility:</b> Participants enrolled in the health plan.</p>	<p><b>Wellness RN Coordinator Services– New Program</b></p> <ol style="list-style-type: none"> <li>1. <b>Employee Health Education:</b> The health of employees is the primary goal and concern. RN will help employees implement healthy lifestyle habits, answer health related question, and develop personal goals, through group classes or one-on-one coaching</li> <li>2. <b>Planning, Scheduling, and Hosting Wellness Events:</b> RN might sponsor events that include health fairs, fitness day, blood pressure checks, lunch &amp; learns, or participation in community events</li> <li>3. <b>Tracking &amp; Keeping Records, Statistics, and Program Results:</b> The RN will provide annual on-site biometric screenings to measure the trending health of employees in order to determine, not only the efficiency of the program, but also areas to focus on. Other pertinent statistics might</li> </ol>

		<p>include tracking overall program participation, one-on-one health consults etc.</p> <p><b><u>(Contact the Wellness RN at 270-683-1545)</u></b></p> <p><b>Anthem</b> - The Diocese will continue to take steps toward better health for employees by enrolling again this year in a "Stay Healthy" program sponsored by Anthem. Employees enrolled in the single health plan and employees and their spouse enrolled in the family health plan can earn \$50.00 for their preventive wellness exam billed by their medical provider to Anthem. Our hope is to keep employees healthy for the long-term.</p> <p><b><i>Both the \$700 and \$2,500 deductible plans include one wellness visit at no cost for all members.</i></b></p> <p><b>Caremark</b> - Caremark will continue to offer the "Next Generation Transform Diabetes Care" program to all health care participants. Caremark will help members customize a care plan to help manage their diabetes. This program includes a customized food plan of blood glucose monitoring, medication review to help make sure plan members are taking the right medications and help with lifestyle changes and managing comorbidities.</p>
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2022/2023  
Medical, RX & Dental  
Benefit Summary



## Illustration of Deductible changes for the 2022/2023 Plan Year

For the September 1, 2022 renewal, the Diocese of Owensboro has made tough decisions. After many years of stable health plan costs and little to no change to our health plan design, we have been faced with substantial changes in the past 18 months. We have seen a sharp increase in utilization of services (demand) and an increase in the number of large claimants (claims over \$25,000). Due to these increases and the concern for ongoing future claims, the Diocese had to make difficult decisions regarding the future design of our health plan offerings.

For the upcoming plan year, effective September 1, 2022, there will be changes to both the premium and plan design. Our health plans have not had significant design changes since the passage of the Affordable Care Act in 2010. Please see below which demonstrates the changes taking effect 9/1. For those with family coverage, keep in mind that the individual deductible applies per person; however the Family deductible acts as a "cap" to limit your overall expenses to that maximum.

	Low Deductible Option		High Deductible Option	
Plan	Current	Effective 9/1/22	Current	Effective 9/1/22
Deductible	In-Network	In-Network	In-Network	In-Network
Individual	\$500	\$700	\$2,000	\$2,500
Family	\$1,500	\$2,100	\$4,000	\$5,000
Coinsurance	90%/10%	90%/10%	80%/20%	80%/20%
<b>Out-of-Pocket Maximum</b>				
Individual	\$2,500	\$3,250	\$5,000	\$6,500
Family	\$7,500	\$9,750	\$10,000	\$13,000
<b>Office Visit copay</b>				
Primary Care	\$15	\$20	Ded/Coins	Ded/Coins
Specialist	\$15	\$20	Ded/Coins	Ded/Coins
<b>Prescription Drugs</b>				
Generic	\$10	\$15	\$15	\$15
Formulary	\$20	\$25	\$25	\$30
Non-Formulary	\$40	\$45	\$45	\$55
Mail Order	2x copay	2x copay	2x copay	2x copay

If you have previously met your deductible or out-of-pocket limits between January 1, 2022 and August 31, 2022, you will now need to satisfy an additional amount up to the new deductible and out-of-pocket limits for claims incurred between September 1, 2022 and December 31, 2022. All deductible and out-of-pocket limits will reset on January 1, 2023, just as they have done in the past at the new deductible limits outlined in the graph provided on the previous page.

**Example 1 – Low Deductible Option**

Member A is enrolled in the Low Deductible Option, and they have met their deductible of \$500 by March of 2022 along with \$2,000 in coinsurance for a total out-of-pocket limit of \$2,500. In October, Member A incurs a new claim of \$3,000. Due to the plan design change taking effect in September, Member A now has additional out-of-pocket responsibilities. Member A will pay \$200 towards their deductible for a total of \$700. Once the new deductible amount has been satisfied, coinsurance (10%) will be applicable to the remaining \$2,800 of charges. The additional coinsurance amount will be \$280 ( $\$2,800 \times 10\% = \$280$ ). Member A’s total out-of-pocket after this latest claim will be \$2,980 (the additional \$200 deductible and \$280 coinsurance apply to the overall out-of-pocket maximum). Member A’s deductible has now once again been satisfied for the calendar year; however, they will still have coinsurance liability up to the out-of-pocket maximum of \$3,250. Member A’s deductible and out-of-pocket maximum accumulation will reset on January 1, 2023, just as they have in the past.

Member A	Jan. 1 – Aug. 31	Sept. 1 – Dec. 31	Total for 2022
Deductible	\$500 Satisfied	\$200 additional deductible	\$700 satisfied
Out-of-Pocket (OOP)	\$2,500 Satisfied	\$280 additional coinsurance	\$2,980 met
Remaining Deductible			\$0
Remaining OOP			\$270 (up to \$3,250 max)

## Diocese of Owensboro Medical Benefit Summary

BENEFIT	Low Deductible Option - NEW	
	PPO	NON-PPO
<b>DEDUCTIBLE</b>		
INDIVIDUAL	\$700	\$1,400
FAMILY	\$2,100	\$4,200
<b>COINSURANCE</b>	90%	70%
<b>OUT-OF-POCKET MAXIMUM</b>		
INDIVIDUAL	\$3,250	\$6,500
FAMILY	\$9,750	\$19,500
<b>COPAY</b>	\$20	70% after Deductible
<b>MAXIMUM LIFETIME BENEFIT</b>	Unlimited	
<b>LIVE HEALTH ONLINE (TeleHealth)</b>	\$20 copay	70% after Deductible
<b>PHYSICIAN OFFICE VISITS</b>	\$20 copay	70% after Deductible
<b>SPECIALIST VISIT</b>	\$20 copay	70% after Deductible
<b>ROUTINE/PREVENTIVE EXAM</b>	\$0 copay	70% after Deductible
<b>WELL WOMAN VISIT</b>	\$0 copay	70% after Deductible
<b>WELL BABY SERVICES</b>		
<b>ROUTINE IMMUNIZATIONS</b>	\$20 copay	70% after Deductible
<b>ROUTINE CHECK UPS</b>	\$20 copay	70% after Deductible
<b>MATERNITY SERVICES (covered for dependent daughter as well)</b>	In-Network preventive prenatal services are covered at 100%. Copayments/Coinsurance based on setting where Covered Services are received	
<b>LABORATORY AND X-RAY SERVICES</b>	90% after Deductible	70% after Deductible
<b>AMBULANCE</b>		
<b>PERCENTAGE PAYABLE</b>	90% after Deductible	
<b>EMERGENCY ROOM SERVICES</b>	90% -Ded. does not apply	Covered as In-Network
<b>HOSPITAL INPATIENT</b>	90% after Deductible	70% after Deductible
<b>OUTPATIENT SURGERY</b>	90% after Deductible	70% after Deductible
<b>URGENT CARE FACILITY</b>	\$20 copay	70% after Deductible



<b>SECOND OPINIONS</b>	<b>\$20 copay</b>	70% after Deductible
<b>Applies to second opinions obtained as described under Claims Procedure Precertification Surgery Procedures</b>		
<b>ORGAN TRANSPLANT COVERAGE</b>	Covered	Limited Coverage
<b>HOSPICE CARE</b>	No Charge	
<b>MAXIMUM PAYABLE</b>	Not Specified	
<b>SKILLED NURSING FACILITY MAXIMUM NUMBER OF DAYS</b>	90% after Deductible  90 days	70% after Deductible
<b>HOME HEALTH CARE</b>	90% after Deductible	70% after Deductible
<b>MAXIMUM PAYABLE</b>	90 visits per calendar year	
<b>PRIVATE DUTY NURSING</b>		
<b>Maximum per Member per Benefit Period</b>	82 visits	
<b>Lifetime Maximum</b>	164 visits	
<b>ALCOHOL &amp; DRUG RELATED SERVICES</b>	In compliance with Federal Law	
<b>INPATIENT</b>	90% after Deductible	70% after Deductible
<b>OUTPATIENT</b>	90% after Deductible	70% after Deductible
<b>BEHAVIORAL HEALTH SERVICES</b>		
<b>INPATIENT</b>	90% after Deductible	70% after Deductible
<b>OUTPATIENT</b>	90% after Deductible	70% after Deductible
<b>Physician Home Visits &amp; Office Services</b>	<b>\$20 Copayment per visit</b>	70% after Deductible
<b>PROSTHETICS</b>	90% after Deductible	70% after Deductible
<b>CALENDAR YEAR MAXIMUM</b>	Unlimited	
<b>MEDICAL EQUIPMENT</b>	90% after Deductible	70% after Deductible
<b>OCCUPATIONAL, PHYSICAL &amp; SPEECH THERAPY</b>	<b>\$20 copay</b>	70% after Deductible
<b>CALENDAR YEAR MAXIMUM</b>	20 visits	
<b>PROSTATE SCREENING</b>	<b>\$20 copay</b>	70% after Deductible

ALLERGY SHOTS	\$5 Copay	70% after Deductible
HEARING EXAMS	Not Covered	
MANIPULATION THERAPY	\$20 copay	70% after Deductible
MAXIMUMS	12 visits per benefit period. \$50 per day and \$1,000 per year	
BEREAVEMENT COUNSELING	Not Covered	
ALL OTHER COVERED MEDICAL EXPENSES	90% after Deductible	70% after Deductible
LATE ENROLLEES	1 enrollment per year during the month of August	
ELIGIBILITY	<p><b>Non - Academic:</b> 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</p> <p><b>Academic &amp; Academic Half Time Employees:</b> Those employees of the Diocese will be as determined by the contract with the Diocese.</p> <p><b>Retirees:</b> Also eligible is a retiree of the Employer who has attained the age of sixty (60), has four (4) years and nine (9) months or more of service and have been covered under the Plan for one (1) year and is considered eligible under the Diocese's</p>	
WAITING PERIOD	First of the month following full-time employment	
LEAVE OF ABSENCE	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 retirement plan.	
PRESCRIPTION DRUGS		
RETAIL		
GENERIC	\$15	
FORMULARY	\$25	
NON-FORMULARY	\$45	
MAIL ORDER		
GENERIC	\$30	N/A
FORMULARY	\$50	N/A
NON-FORMULARY	\$90	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.	

## Example 2 – High Deductible Option

Member Z is enrolled in the High Deductible Option, and they have met their deductible of \$2,000 by March of 2022 along with \$1,000 in coinsurance for a total out-of-pocket amount of \$3,000. The maximum out-of-pocket limit prior to September 1 was \$5,000. In December Member Z incurs a new claim of \$5,000. Due to the plan design change in September, Member Z now has additional out-of-pocket responsibilities. Member A will pay \$500 towards their deductible for a total of \$2,500. Once the new deductible amount has been satisfied, coinsurance (20%) will be applicable to the remaining \$4,500 of charges. The additional coinsurance amount will be \$900 ( $\$4,500 \times 20\% = \$900$ ). Member Z's total out-of-pocket after this latest claim will be \$4,400 (the additional \$500 deductible and \$900 coinsurance apply to the overall out-of-pocket maximum). Member Z's deductible has now once again been satisfied for the calendar year; however, they will still have coinsurance liability up to the out-of-pocket maximum of \$6,500. Member Z's deductible and out-of-pocket maximum accumulation will reset on January 1, 2023, just as they have in the past.

Member Z	Jan. 1 – Aug. 31	Sept. 1 – Dec. 31	Total for 2022
Deductible	\$2,00 Satisfied	\$500 additional deductible	\$2,500 satisfied
Out-of-Pocket (OOP)	\$3,000	\$900 additional coinsurance	\$4,400 met
Remaining Deductible			\$0
Remaining OOP			\$2,100 (up to \$6,500 max)

## Diocese of Owensboro Medical Benefit Summary

BENEFIT	High Deductible Option - NEW	
	PPO	NON-PPO
DEDUCTIBLE		
INDIVIDUAL	\$2,500	\$5,000
FAMILY	\$5,000	\$10,000
COINSURANCE	80%	60%
OUT-OF-POCKET MAXIMUM		
INDIVIDUAL	\$6,500	\$13,000
FAMILY	\$13,000	\$26,000
COPAY	N/A	N/A
MAXIMUM LIFETIME BENEFIT	Unlimited	
LIVE HEALTH ONLINE (TeleHealth)	80% after Deductible	60% after Deductible
PHYSICIAN OFFICE VISITS	80% after Deductible	60% after Deductible
SPECIALIST VISIT	80% after Deductible	60% after Deductible
ROUTINE/PREVENTIVE EXAM	\$0 copay	60% after Deductible
WELL WOMAN VISIT	\$0 copay	60% after Deductible
WELL BABY SERVICES		
ROUTINE IMMUNIZATIONS	80% after Deductible	60% after Deductible
ROUTINE CHECK UPS	80% after Deductible	60% after Deductible
MATERNITY SERVICES (covered for dependent daughter as well)	In-Network preventive prenatal services are covered at 100%. Copayments/Coinsurance based on setting where Covered Services are received	
LABORATORY AND X-RAY SERVICES	80% after Deductible	60% after Deductible
AMBULANCE		
PERCENTAGE PAYABLE	60% after Deductible	
EMERGENCY ROOM SERVICES	80% after Deductible	Covered as In-Network
HOSPITAL INPATIENT	80% after Deductible	60% after Deductible
OUTPATIENT SURGERY	80% after Deductible	60% after Deductible

URGENT CARE FACILITY	80% after Deductible	80% after Deductible; You are responsible for any amounts charged that exceed the Maximum Allowable Amount
SECOND OPINIONS	80% after Deductible	80% after Deductible
Applies to second opinions obtained as described under Claims Procedure Precertification Surgery Procedures		
ORGAN TRANSPLANT COVERAGE	Covered	Limited Coverage
HOSPICE CARE	No Charge	
MAXIMUM PAYABLE	Not Specified	
SKILLED NURSING FACILITY	80% after Deductible	80% after Deductible
MAXIMUM NUMBER OF DAYS	90 days	
HOME HEALTH CARE	80% after Deductible	80% after Deductible
MAXIMUM PAYABLE	90 visits per calendar year	
PRIVATE DUTY NURSING		
Maximum per Member per Benefit Period	82 visits	
Lifetime Maximum	164 visits	
ALCOHOL & DRUG RELATED SERVICES	In compliance with Federal Law	
INPATIENT	80% after Deductible	80% after Deductible
OUTPATIENT	80% after Deductible	80% after Deductible
BEHAVIORAL HEALTH SERVICES		
INPATIENT	20% Coinsurance	40% Coinsurance
OUTPATIENT	20% Coinsurance	40% Coinsurance
Physician Home Visits & Office Services	20% Coinsurance	40% Coinsurance
PROSTHETICS	80% after Deductible	80% after Deductible
CALENDAR YEAR MAXIMUM	Unlimited	
MEDICAL EQUIPMENT	80% after Deductible	80% after Deductible
OCCUPATIONAL, PHYSICAL & SPEECH THERAPY	80% after Deductible	80% after Deductible
CALENDAR YEAR MAXIMUM	20 visits	
PROSTATE SCREENING	80% after Deductible	80% after Deductible
ALLERGY SHOTS	80% after Deductible	80% after Deductible

MANIPULATION THERAPY MAXIMUMS	80% after Deductible	60% after Deductible
BEREAVEMENT COUNSELING	Not Covered	
ALL OTHER COVERED MEDICAL EXPENSES	80% after Deductible	60% after Deductible
LATE ENROLLEES	1 enrollment per year during the month of August	
ELIGIBILITY	<p><b>Non -Academic:</b> 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.</p> <p><b>Academic &amp; Academic Half Time Employees:</b> Those employees of the Diocese will be as determined by the contract with the Diocese.</p> <p><b>Retirees:</b> Also eligible is a retiree of the Employer who has attained the age of sixty (60), has four (4) years and nine (9) months or more of service and have been covered under the Plan for one (1) year and is considered eligible under the Dioceses's retirement plan.</p>	
WAITING PERIOD	First of the month following full-time employment	
LEAVE OF ABSENCE	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 retirement plan.	
PREScription DRUGS		
RETAIL		
GENERIC		\$15
FORMULARY		\$30
NON-FORMULARY		\$55
MAIL ORDER		
GENERIC	\$30	N/A
FORMULARY	\$60	N/A
NON- FORMULARY	\$110	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.	

# Prescription Information

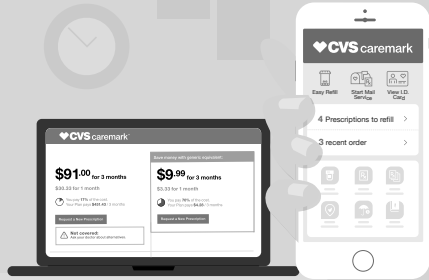


<u>Deductible Plan</u>	<u>\$700 Deductible Retail Pharmacy</u>	<u>\$700 Deductible Mail Service Pharmacy</u>
Employee will Pay	\$15 – generic med \$25– brand name med \$45– brand name med not on drug list	\$30– generic med \$50– brand name med \$90– brand name med not on drug list
Day Supply Limit	Up 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 apply towards the \$700 deductible	Co-pays do not apply towards the \$700 deductible
<u>Deductible Plan</u>	<u>\$2500 Deductible Retail Pharmacy</u>	<u>\$2500 Deductible Mail Service Pharmacy</u>
Employee will Pay	\$15 – generic med \$30 – brand name med \$55 – brand name med not on drug list	\$30 – generic med \$60 – brand name med \$110 – 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 apply towards the \$2500 deductible	Co-pays do not apply towards the \$2500 deductible



Digital Benefits

# Sign in for savings



**Our digital tools make it easy to find ways to save money on your medications, and save time managing them for you and your family. So, be sure to register at [Caremark.com](https://www.caremark.com) and download the CVS Caremark mobile app — that way you won't miss out on any saving opportunities.**

## Check out a few of our favorite cost and time-saving tools:

### Rx delivery by mail

Start filling in convenient 90-day supplies with just a picture of your Rx label – they typically cost less, so you may save money.

### Check drug costs and coverage

View side-by-side cost comparisons of your medications to see where you can save.

### Find a network pharmacy

Rx costs are lowest when you fill at a pharmacy that's part of your network.

### Keep track of your Rx spending

See how close you are to meeting your deductible and max out-of-pocket costs.

### Manage all your Rx in the same place

Easily manage prescriptions you get from your local pharmacy, by mail or through a specialty pharmacy in one place – our mobile app.

### Quick start new orders

Transfer a current Rx, or submit a new one with a picture of the label (or written Rx).

### Quick and easy refills

Scan your Rx label with your smart phone – or enroll in *Text Refill Reminders*.

### Customize notifications and reminders

Choose how to receive information about your prescriptions – by text, email or phone.

**Find more ways to save at [Caremark.com](https://www.caremark.com) and with the CVS Caremark mobile app.**

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106-42431B 071018

TDD: 1-800-863-5488





## Generic Medications

# The same quality at a lower cost



**We're committed to making sure you have access to the medications you need at the lowest possible cost. One way is to consider a generic equivalent to your brand-name medication. Generics are just as safe and effective as brand-name medications, and offer savings of up to 80%. In fact, nearly nine in 10 prescriptions filled through CVS Caremark are for generic medications.\*<sup>1</sup>**

### Generic facts you can trust from the U.S. Food and Drug Administration (FDA)

- The FDA requires generics to have the same active ingredients, strength and dosage form as their brand-name counterparts
- The FDA requires proof that a generic performs the same as its brand-name counterpart
- The FDA monitors adverse effects and conducts ongoing quality control
- Many generic drugs are made in the same manufacturing plants as brand-name drug products and must pass the same quality standards

### Ready to save with generics?

#### Current prescriptions

If you are currently taking a brand-name medication, ask your doctor if a generic is available to replace it. Or you can ask the pharmacist when you are refilling it.

#### New prescriptions

Any time you are prescribed a new medication, be sure to ask if a generic is available when it is being written.

**Use the *Check Drug Cost* tool on [Caremark.com](http://Caremark.com) to do a side-by-side cost comparison.**

\*Source: CVS Health Book of Business, Funded Clients, January – April 2017. Provided by Enterprise Analytics, May 2017.

1. Research shows that individuals on average can save 30 to 80 percent by using generics. Your savings will vary based on your plan and/or drug prescribed. Source: Generic Pharmaceutical Association website, 2015. <http://www.gphaonline.org/about/generic-medicines>.

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106-42431C 063017

TDD: 1-800-863-5488



Mail Service Pharmacy

# Rx delivered to your door



**Save on medications you take regularly (such as high blood pressure or diabetes medicine) when you have them delivered by mail, in 90-day supplies, from CVS Caremark Mail Service Pharmacy. It's an easy way to make sure you have the medication you need, when you need it, with one less thing to worry about.**

### Savings

One 90-day supply typically costs less than three 30-day supplies, so you can be sure you're paying a lower price. And we deliver by mail, anywhere you choose, with no-cost shipping.

### Convenience

Mail delivery means no more monthly trips to the pharmacy, and with automatic refills, you won't need to keep track of refill schedules either. We alert you 10 days before a refill in case you need to change the delivery date or location.

### Safety

Every order is filled by a licensed pharmacist, then quality checked before shipping. Our discreet packages are tamper-proof, weather-proof and temperature controlled. Plus, we'll send status alerts by email, phone or text – so there's nothing to worry about.

### Two easy ways to get started

#### Online

Visit [Caremark.com/mailservice](http://Caremark.com/mailservice)

- OR -

#### By phone

Call the number on your member ID card for live help getting set up

**Be sure to have a prescription bottle in hand, all the information needed to get started is on the label.**

**Download the CVS Caremark mobile app to manage mail orders anytime, anywhere.**

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106-42431D 063017

TDD: 1-800-863-5488



Maintenance Choice®

# Save with 90-day supplies.



Maintenance Choice helps keep your medication as affordable as possible. But you may need to make a few changes to enjoy these savings.

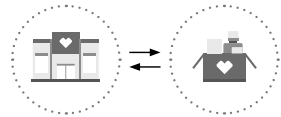
## Make sure your medication is covered.

First, start filling medications you take regularly (such as diabetes, asthma or high blood pressure medications) in 90-day supplies. Second, be sure to fill at CVS Pharmacy® or CVS Caremark® Mail Service Pharmacy. If you fill in 30-day supplies or at another pharmacy, they won't be covered and you'll pay the entire cost.

## How to start saving with 90-day supplies.

If you're filling in 30-day supplies or at another pharmacy, you'll need to transfer your prescriptions. Don't worry, we make it easy.

- For pickup at CVS Pharmacy, visit [Caremark.com/MoveMyMeds](https://www.caremark.com/movemy meds).
- For delivery by mail, visit [Caremark.com/MailService](https://www.caremark.com/mail service).



**Change your mind?**  
New routine? No problem!  
You can switch between pickup at CVS Pharmacy and delivery from CVS Caremark Mail Service Pharmacy anytime.

**Find ways to manage costs and save money at Caremark.com.**

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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**Summary of Benefits**  
**Anthem Dental Essential Choice**  
**Roman Catholic Diocese of Owensboro**  
**Anthem Dental Complete Network**



**WELCOME TO YOUR DENTAL PLAN!**

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

**Powerful and easily accessible member tools.**

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for Android and Apple phones.

**Dentists in your plan network.**

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to [anthem.com](http://anthem.com) or call dental customer service at the number listed on the back of your ID card.

**Ready to use your dental benefits?**

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

**Need to contact us?**

See the back of your ID card for who to call, write or email.

**Your dental benefits at a glance**

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

		In-Network	Out-of-Network
<b>Annual Benefit Maximum</b>	Calendar Year		
- Per insured person		<b>\$1,000</b>	<b>\$1,000</b>
<b>D&amp;P applies to Annual Maximum</b>		<b>Yes</b>	<b>Yes</b>
<b>Annual Maximum Carryover / Carry in</b>		<b>No/No</b>	<b>No/No</b>
<b>Orthodontic Lifetime Benefit Maximum</b>			
- Per eligible insured person		<b>\$2,000</b>	<b>\$2,000</b>
<b>Annual Deductible (Does not apply to Orthodontic Services)</b>			
- Per insured person/Family maximum	Calendar Year	<b>\$50/3X Individual</b>	<b>\$50/3X Individual</b>
<b>Deductible Waived for Diagnostic/Preventive Services</b>		<b>Yes</b>	<b>Yes</b>
<b>Out-of-Network Reimbursement:</b>		<b>Prime (MAC)</b>	

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Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>· Periodic oral exam 2 per 12 months</li> <li>· Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance</li> <li>· Bitewing X-rays: 1 set per 12 months</li> <li>· Full-mouth or Panoramic X-rays: 1 per 60 months</li> <li>· Fluoride application: 1 per 12 months through age 18</li> <li>· Sealants 1 per 60 months; through age 18</li> </ul>	100% Coinsurance	100% Coinsurance	No Waiting Period
<b>Basic Services</b> <ul style="list-style-type: none"> <li>· Consultation (second opinion) 1 per 12 months</li> <li>· Amalgam (silver-colored) Filling 1 per tooth per 24 months</li> <li>· Composite (tooth-colored) Filling 1 per tooth per 24 months</li> <li style="padding-left: 20px;">posterior (back) fillings covered as composites</li> <li>· Brush Biopsy (cancer test) Not Covered</li> <li>· Space Maintainers 1 per lifetime through age 18; posterior teeth</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>· Root Canal and retreatments 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>· Apicoectomy and apexification 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>· Periodontal Maintenance 4 per 12 months; w/teeth cleaning</li> <li>· Scaling and root planing 1 per quadrant per 24 months</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Surgical)</b> <ul style="list-style-type: none"> <li>· Periodontal Surgery (osseous, gingivectomy, graft procedures) 1 per quadrant per 36 months</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Simple)</b> <ul style="list-style-type: none"> <li>· Simple Extractions 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>· Surgical Extractions 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Major (Restorative) Services</b> <ul style="list-style-type: none"> <li>· Crowns, onlays, veneers 1 per tooth per 84 months</li> <li>· Cosmetic teeth whitening Not Covered</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>· Dentures and bridges 1 per tooth per 84 months</li> <li>· Dental Implants Not Covered</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontic Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>· Crown, denture, bridge repairs 1 per 12 months; 6 months after placement</li> <li>· Denture and bridge adjustments: 2 per 12 months; 6 months after placement</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>· Adults &amp; Dependent Children</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Periods

\*Child orthodontic runs through age 18. This means that the child must have been banded prior to their 19th birthday in order to receive coverage.

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## **Additional Services and Programs**

### **Anthem Whole Health Connection -Dental**

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

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### **Accidental Dental Injury Benefit**

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

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### **Extension of Benefits**

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

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### **International Emergency Dental Program**

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

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## **Additional Limitations & Exclusions**

**Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.**

**Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

**Cosmetic dentistry** (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

**Analgesia, analgesic agents, and anxiety nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

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This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail.

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2022/2023  
Vision  
Benefit Summary



# Blue View Vision<sup>SM</sup>

Option 26



## Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at [anthem.com](http://anthem.com), or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at 1-866-723-0515.

**Out-of-Network** – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$10 copay	Up to \$42 allowance	Once every 12 months
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$45 allowance	Once every 24 months
<b>Eyeglass Lenses (instead of contact lenses)</b>			
One pair of standard plastic prescription lenses: <ul style="list-style-type: none"> <li>o Single vision lenses</li> <li>o Bifocal lenses</li> <li>o Trifocal lenses</li> </ul>	\$20 copay \$20 copay \$20 copay	Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance	Once every 12 months
<b>Eyeglass Lens Enhancements</b>			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none"> <li>o Transitions Lenses (for a child under age 19)</li> <li>o Standard polycarbonate (for a child under age 19)</li> <li>o Factory scratch coating</li> </ul>	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
<b>Contact Lenses (instead of eyeglass lenses)</b>			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none"> <li>o Elective conventional (non-disposable)</li> </ul> OR <ul style="list-style-type: none"> <li>o Elective disposable</li> </ul> OR <ul style="list-style-type: none"> <li>o Non-elective (medically necessary)</li> </ul>	\$130 allowance, then 15% off any remaining balance  \$130 allowance (no additional discount)  Covered in full	Up to \$105 allowance  Up to \$105 allowance  Up to \$210 allowance	Once every 12 months

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

### EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

**Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Plano sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Orthotics.** Orthotics or vision training and any associated supplemental testing.



OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> - at member's option can be performed at time of eye exam		Not more than \$39
<b>Eyeglass lens upgrades</b>		
When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>• Transitions<sup>®</sup> lenses (Adults)</li> <li>• Standard Polycarbonate (Adults)</li> <li>• Tint (Solid and Gradient)</li> <li>• UV Coating</li> <li>• Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>• Standard</li> <li>• Premium Tier 1</li> <li>• Premium Tier 2</li> <li>• Premium Tier 3</li> </ul> </li> <li>• Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>• Standard</li> <li>• Premium Tier 1</li> <li>• Premium Tier 2</li> </ul> </li> <li>• Other Add-ons</li> </ul>	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
<b>Additional Pairs of Eyeglasses</b>		
Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> <li>• Complete Pair</li> <li>• Eyeglass materials purchased separately</li> </ul>	40% off retail price 20% off retail price
<b>Eyewear Accessories</b>		
	<ul style="list-style-type: none"> <li>• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.</li> </ul>	20% off retail price
<b>Contact lens fit and follow-up</b>		
A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> <li>• Standard contact lens fitting<sup>3</sup></li> <li>• Premium contact lens fitting<sup>4</sup></li> </ul>	Up to \$55 10% off retail price
<b>Conventional Contact Lenses</b>		
	<ul style="list-style-type: none"> <li>• Discount applies to materials only</li> </ul>	15% off retail price

<sup>1</sup> Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the available coating brands by tier.

<sup>3</sup> Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

<sup>4</sup> Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:

GLASSES<sup>®</sup>

contactsdirect



PEARLE  
VISION

OPTICAL



JCPenney | optical

**ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM \***

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at [anthem.com](http://anthem.com), select discounts, then Vision, Hearing & Dental.

\* Discounts cannot be used in conjunction with your covered benefits.

**OUT-OF-NETWORK**

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at [anthem.com](http://anthem.com), or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

To Fax: 866-293-7373  
 To Email: [conclaims@eyewearspecialoffers.com](mailto:conclaims@eyewearspecialoffers.com)  
 To Mail: Blue View Vision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

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# 2022/2023 Short Term Disability





### Short Term Disability Insurance

can pay you a weekly benefit if you have a covered disability that keeps you from working.

Note: Teachers must be working at least 1/2 of a normal academic workload as determined by the institution in order to be eligible.

#### How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

#### Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

#### What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:<sup>1</sup>

- Normal pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

#### Consider your weekly expenses

	<b>Food</b>	\$ _____
	<b>Transportation</b> (gas, car payments, repairs)	_____
	<b>Child care/elder care</b>	_____
	<b>Mortgage/rent</b>	_____
	<b>Utilities</b> (electric, water, cable, phone)	_____
	<b>Medical costs</b> (co-pays, medications)	_____
	<b>Insurance</b> (health, life, car, home)	_____
	<b>Total weekly expenses</b>	\$ _____

<sup>1</sup> Unum internal data, 2015



## Short Term Disability Insurance

### How much coverage can I get?

#### You\*

You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.

#### Coverage amounts

Cover 60% of your weekly income, up to a maximum benefit of \$1,000 per week.

\*See the Legal Disclosures for more information

! Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may have to answer medical questions.

#### Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

#### Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 11 week benefit duration.

### Calculate your cost

#### For step 2:

Enter your rate from the Rate Chart, based on your age.  
(Choose the age you will be when your coverage becomes effective on 09/01/2018.)

#### Disability worksheet

##### 1 Calculate your weekly disability benefit.

$\$ \text{_____} \div 52 = \$ \text{_____} \times 60\% = \$ \text{_____}$   
 Your annual earnings      Your weekly earnings      (Max % of income covered)      Max weekly benefit available (if the amount exceeds the plan max of \$1,000, enter \$1,000.)

##### 2 Calculate your cost per paycheck.

$\$ \text{_____} \div 10 = \$ \text{_____} \times \$ \text{_____} = \$ \text{_____} \times 12 = \$ \text{_____} \div 12 = \$ \text{_____}$   
 Your weekly benefit amount      Your rate      Your monthly cost      Your annual cost      Number of paychecks per year      Your cost per paycheck

Age	Rates
15-24	\$0.812
25-29	\$1.070
30-34	\$0.979
35-39	\$0.738
40-44	\$0.643
45-49	\$0.659
50-54	\$0.750
55-59	\$0.946
60-64	\$1.133
65+	\$1.370

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band. \* The maximum covered annual income is \$86,666.

### Exclusions and limitations

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Diocese of Owensboro for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

“Substantial and material acts” means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

#### Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

#### Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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# 2022/2023 Voluntary Life Insurance





**Roman Catholic Diocese of Owensboro  
Life Insurance  
Plan Highlights  
#691207**

Who is eligible for this coverage?	All active lay employees who are working at least <b>20</b> hours per work, and teachers who are working at least half of a normal work load as determined by the institution, and their eligible spouses and children (up to age to 26).
What are the coverage amounts?	<p><b>Employee:</b> Up to <b>5 times</b> salary in increments of <b>\$10,000</b>; not to exceed <b>\$500,000</b>.</p> <p><b>Spouse:</b> Up to 100% of employee amount in increments of <b>\$5,000</b>; not to exceed <b>\$500,000</b>.</p> <p><b>Child:</b> Up to 100% of employee coverage amount in increments of <b>\$2,000</b>; not to exceed <b>\$10,000</b>. The maximum death benefit for a child between the ages of live birth and six months is \$1,000.</p>
Can I be denied coverage?	<p><b>Initial enrollment 9/1/2016:</b> If you and your eligible dependents enroll during this enrollment period <b>August 1-August 31, 2016</b>, you may apply for any amount of coverage up to <b>\$180,000</b> for yourself and any amount of coverage up to <b>\$25,000</b> for your spouse, without answering any medical questions.</p> <p>If you want coverage over the amount you are guaranteed, you will need to provide answers to health questions. In addition, if you and your eligible dependents do not enroll during this enrollment period, you will have to wait for a future annual enrollment period or a change in status to apply — and then you will need to answer health questions for the entire amount of coverage you apply for.</p> <p><b>New employees:</b> To apply for coverage, complete your enrollment within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the amount you are guaranteed, you will need to complete a medical questionnaire which you can get from your plan administrator. You may also be required to take certain medical tests at Unum's expense.</p>
Why buy now?	As long as you buy \$10,000 of life coverage now, you can buy more coverage later - up to \$180,000 - without answering any medical questions.
How do I apply?	<p><b>Initial enrollment 9/1/2016:</b> To apply for coverage, complete your enrollment form by <b>August 31, 2016</b>.</p> <p>If you were hired after 9/1/2016, complete your enrollment form within 31 days of your eligibility date determined by your employer.</p> <p>If you apply for coverage after your effective date or if you choose coverage over the guaranteed issue amount, you will need to complete a medical questionnaire, which you can get from your plan administrator. You may also be required to take certain medical tests at Unum's expense.</p>
When is coverage effective?	<p><b>Initial enrollment 9/1/2016:</b> Your coverage is effective 9/1/2016 or the date your application is approved by underwriting, if health questions were required.</p>

**New employees:**

Please contact your Plan Administrator.

Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, a sickness, or disorder your dependent spouse and children: are confined in a hospital or similar institution; are confined at home under the care of a physician for a sickness or injury; or your spouse has a life-threatening condition. Exception: Infants are insured from live birth.

How much does the coverage cost?

**Term life**

Age band	Employee rate per \$10,000	Spouse rate per \$5,000
<25	\$0.23	\$0.25
25-29	\$0.27	\$0.30
30-34	\$0.37	\$0.40
35-39	\$0.57	\$0.46
40-44	\$0.84	\$0.64
45-49	\$1.34	\$1.00
50-54	\$2.08	\$1.58
55-59	\$3.14	\$2.46
60-64	\$4.69	\$4.33
65-69	\$7.90	\$7.66
70-74	\$14.04	\$13.57
75+	\$20.58	\$26.23

Child life monthly rate is \$0.51 per \$2,000. **(One life premium covers all children.)**

**Sample Term life cost calculation (Employee age 45, spouse age 50)**

Coverage amount	Increment		Rate	Monthly cost
Employee \$100,000	÷ \$10,000	X	\$1.34	= \$13.40
Spouse \$50,000	÷ \$5,000	X	\$2.08	= \$20.80
Children \$10,000	÷ \$2,000	X	\$0.51	= \$2.55

**Employee age for premium calculation:**

Your rate is based on your age as of 9/1/16 — your coverage-anniversary date. Insurance age is calculated by subtracting your year of birth from the year your coverage becomes effective or the current anniversary date.

**Spouse age for premium calculation:**

Spouse rate is based on spouse's insurance age and occurs on your coverage-anniversary date.

Do my life insurance benefits decrease with age?

Coverage amounts will reduce according to the following schedule:

Age:	Insurance amount reduces to:
65	65% of original amount
70	50% of original amount



	Coverage may not be increased after a reduction. Spouse amount will reduce by the same percentage and at the same time the employee amount reduces.
Is the coverage portable (can I keep it if I leave my employer)?	If you retire, reduce your hours or leave your employer, you can continue coverage for yourself your spouse and your dependent children at the Group Portable Rates. Portability is not available for people who have a medical condition that could shorten their life expectancy — but they may be able to convert their term life policy to an individual life insurance policy.
Are there any life insurance exclusions or limitations?	Life insurance benefits will not be paid for deaths caused by suicide within the first 24 months after the date your coverage becomes effective. If you increase or add coverage, these enhancements will not be paid for deaths caused by suicide within the first 24 months after you make these changes.
Will my premiums be waived if I'm disabled?	If you are not working due to injury or sickness, and if premium is paid, you may continue to be covered for up to the later of: <ul style="list-style-type: none"> <li>• 6 months; or</li> <li>• until a determination is made on your life insurance premium waiver claim, if applicable</li> </ul>
When does my coverage end?	You and your dependents' coverage under the Summary of Benefits ends on the earliest of: <ul style="list-style-type: none"> <li>• the date the policy or plan is cancelled;</li> <li>• the date you no longer are in an eligible group;</li> <li>• the date your eligible group is no longer covered;</li> <li>• the last day of the period for which you made any required contributions;</li> <li>• the last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage.</li> </ul> <p>In addition, coverage for any one dependent will end on the earliest of:</p> <ul style="list-style-type: none"> <li>• the date your coverage under a plan ends;</li> <li>• the date your dependent ceases to be an eligible dependent;</li> <li>• for a spouse, the date of a divorce or annulment. ;</li> <li>• for dependent coverage, the date of your death.</li> </ul> <p>Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.</p>

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

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Underwritten by Unum Life Insurance Company of America, Portland, Maine

**EN-1773 (1-16) FOR EMPLOYEES**

# 2022/2023 Anthem Critical Care Insurance



Summary of Benefits

**Critical Illness \$10,000 Plan**

With Skin Cancer benefit



Critical Illness coverage provides the added layer of security you want and need when illness occurs—a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits to best support recovery for yourself or a family member. Use your critical illness coverage to help pay for out-of-pocket medical costs, such as for prescriptions, hospital bills, X-rays or daily expenses like rent, food or transportation.

**Key features:**

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- \$50 payment towards health screenings, such as a lipid panel or fasting glucose test. .
- You can take your coverage with you even if you leave your employer.<sup>1</sup>

**Convenience**

We are here to help. To file a claim, start with the claim form provided by your employer. Follow the instructions on the form to submit and contact the phone number listed on that form with any questions about your benefits or about how to file a claim.

*Note: Critical Illness benefits for covered spouse and dependents are 50% of the amount shown below, except for Health Screening, which is \$50 for any covered member, and Skin Cancer, which is \$250 for any covered member.*

	Benefit	Amount
Cancer	Invasive cancer	\$10,000
	Non-invasive cancer	\$2,500
	Benign brain tumor	\$10,000
Vascular	Heart transplant	\$10,000
	Heart attack (myocardial infarction)	\$10,000
	Stroke	\$10,000
	Coronary artery by-pass surgery	\$2,500
Other Specified Illness	Coma	\$10,000
	Paralysis	\$10,000
	Major organ transplant	\$10,000
	End-stage renal disease	\$10,000
	Loss of hearing	\$10,000
	Loss of speech	\$10,000
Neurological	Loss of vision	\$10,000
	Advanced Parkinson's disease	\$10,000
	Advanced Alzheimer's disease	\$10,000
	Amyotrophic Lateral sclerosis	\$10,000
Recurrence benefits	Advanced Multiple Sclerosis	\$10,000
	Health screening benefit: per member, per calendar year	\$50
	Skin Cancer benefit, per member, once per lifetime	\$250
	Recurrence waiting period	12 months
	Invasive cancer	50% of previously covered benefit
	Benign brain tumor	50% of previously covered benefit
	Heart transplant	50% of previously covered benefit
	Heart attack (myocardial infarction)	50% of previously covered benefit
	Stroke	50% of previously covered benefit
	Coma	50% of previously covered benefit
Major organ transplant	50% of previously covered benefit	
Other Key Features	Additional occurrence of multiple conditions	Covered with 30-day separation period if both conditions are vascular or both are cancer. Otherwise, covered with no separation period.
	Lifetime benefit maximum — employee	\$250,000
	Lifetime benefit maximum — spouse & children	\$125,000



**CRITICAL ILLNESS  
MONTHLY PREMIUMS  
ROMAN CATHOLIC DIOCESE OF OWENSBORO**



<b>ATTAINED</b>		<i>Standard \$10,000 Plan</i>				
<b>AGE</b>		<i>EE ONLY</i>	<i>EE + SP</i>	<i>EE + CH</i>	<i>EE + FAM</i>	
18 - 24		\$3.70	\$6.08	\$6.52	\$9.36	
25 - 29		\$4.53	\$7.35	\$7.35	\$10.62	
30 - 34		\$5.09	\$8.21	\$7.90	\$11.49	
35 - 39		\$6.42	\$10.21	\$9.23	\$13.49	
40 - 44		\$8.59	\$13.56	\$11.40	\$16.84	
45 - 49		\$12.59	\$19.77	\$15.40	\$23.05	
50 - 54		\$17.35	\$27.18	\$20.16	\$30.46	
55 - 59		\$23.98	\$37.56	\$26.79	\$40.84	
60 - 64		\$33.80	\$52.82	\$36.61	\$56.09	
65 - 69		\$45.51	\$70.77	\$48.33	\$74.05	
70 - 74		\$61.37	\$95.10	\$64.18	\$98.38	
75 - 79		\$83.45	\$128.56	\$86.26	\$131.84	
80 - 84		\$99.19	\$152.36	\$102.00	\$155.64	

*Actual deductions may vary slightly due to rounding and payroll frequency.*



## Voluntary Supplemental Health Plans

# Critical Illness coverage – easing the stress when illness strikes



When you have a critical illness, such as a heart attack or cancer, you want the best care. At times like these, you shouldn't have to worry about how you're going to pay for it. Critical Illness coverage provides the added layer of security you want and need – a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits to best support recovery for yourself or a family member.

You can use the lump-sum payment to help pay for:

- **Out-of-pocket medical costs**, such as doctor bills, imaging or rehab.
- **Daily expenses** like rent, food, transportation, childcare or help around the house.

Our Critical Illness coverage provides benefits for heart attack, stroke, invasive cancer, major organ transplant and neurological conditions such as advanced Alzheimer's and advanced Parkinson's. The coverage pays for the first diagnosis of certain illnesses after your coverage becomes effective. It may also cover a new cancer diagnosis even with a previous cancer diagnosis.<sup>1</sup>

### Key plan features

- **Cash benefit is paid directly to you** in a lump-sum, tax-free payment.
- Auto alerts let you know you may have an eligible claim.<sup>2</sup>
- A \$50 payment toward health screenings, such as a lipid test. Simply call the claim line and tell them you'd like to collect on your wellness benefits. We'll confirm your testing, then send you a check.
- No limitations on pre-existing conditions.<sup>3</sup>
- Coverage is available for yourself, your spouse and dependent children.
- You can take your coverage with you even if you leave your employer.<sup>4</sup>

### Connected benefits make things easier for you

If you have a medical plan and Critical Illness benefits with us, we'll automatically let you know when you may have an eligible critical illness claim.

Anthem 

<sup>1</sup> Restrictions may apply.

<sup>2</sup> Available when you have both medical and critical illness benefits with Anthem.

<sup>3</sup> Covered accidents or illnesses must occur after the effective date of coverage.

<sup>4</sup> Not available in all states. Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

Group Critical Illness benefits provided by policy form SM B KX18 P or state equivalent.

This is not a contract. It is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. Anthem Blue Cross and Blue Shield is the trade name of: in Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/networkaccess](http://anthem.com/networkaccess). In Georgia: Anthem Insurance Companies, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightChoice® Managed Care, Inc. (RHC), Healthy Alliance® (The Insurance Company of North Carolina) and HMO Missouri, Inc. TX and certain affiliates administer non-HMO benefits underwritten by HMO Missouri, Inc. TX and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. aka HMO Nevada, Inc. In Ohio: Community Insurance Company, In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in PPO policies offered by Complete Health Services Insurance Corporation (CHSIC) or Wisconsin Collaborative Insurance Corporation (WCIC). ChangeCare underwrites or administers HMO or PPO policies; WCC underwrites or administers Well Priority HMO or PPO policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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# Your \$50 health screening benefit is just a phone call away!

As part of your Anthem Accident, Critical Illness or Hospital Indemnity plan, you earn a \$50 health screening benefit when you get preventive tests like mammograms, colonoscopies or fasting blood glucose tests. All you have to do is:

- Call the claims line at 1-888-828-2432.
- We'll ask you for information like your Social Security number, date of birth, address and which type of test you got and the date you got it.

We'll confirm your test and then send you a check. It's that simple!

You and your covered spouse and children are allowed one \$50 health screening benefit each calendar year.

Up to 28 tests are eligible, including these:\*

- Abdominal aortic aneurysm ultrasound
- Bone density screening
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Other cancer screening
- Carotid ultrasound
- CEA (blood test for colon cancer)
- Cervical cancer screening
- Chest X-ray
- Colonoscopy
- CT angiography
- Double contrast barium enema
- ECG/EKG
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Lipid panel
- Mammography
- PAD ultrasound
- Pap test
- PSA (blood test for prostate cancer)
- SPEP (blood test for myeloma)
- Serum cholesterol test
- Stress test (bicycle or treadmill)
- Thermography
- Triglycerides blood test (HDL/LDL)

\*Tests can vary by state and by the type of plan offered. Not available for all plans in all states. Please check your certificate of coverage for details.

## Questions?

Call the claims line at 1-888-828-2432.



Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/calnetworkaccess](http://anthem.com/calnetworkaccess). In Georgia: Anthem Insurance Companies, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightChoice® Managed Care, Inc. (RMC), Healthy Alliance® Life Insurance Company (HALC), and HMO Missouri, Inc. RMC and certain affiliates administer non-HMO benefits underwritten by HALC and HMO benefits underwritten by HMO Missouri, Inc. RMC and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Also HMO Nevada. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. (traded as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI). Underwrites or administers PPO and indemnity policies and underwrites the full set of network benefits in PPO policies offered by Contura Health Services Insurance Corporation (Company) or Wisconsin Collaborative Insurance Corporation (WCIC). Company underwrites or administers HMO or PPO policies; WCIC underwrites or administers Well Priority HMO or PPO policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

# Filing a claim



## for your Accident, Critical Illness or Hospital Indemnity plan

When you file a claim for your Accident, Critical Illness or Hospital Indemnity plan, it's different than filing a claim for your medical plan. With your medical coverage, your doctor or other health care provider files claims for you. To use your Accident, Critical Illness or Hospital Indemnity benefits though, you'll need to fill out a claim form and mail it to us. You'll also need to provide paperwork from the care you got.

### Here's how it works:

#### 1. Gather your paperwork.

You'll need to provide all the paperwork related to your claim, such as any time you saw a doctor or had a treatment for the accident or illness. This may include:

- Doctor notes.
- Emergency room or hospital discharge papers.
- Lab reports.
- Itemized hospital or doctor bills.
- Medical summary of benefits.
- Childcare, transportation and/or lodging receipts.
- Police reports (if your claim involves a car accident).

You may have to ask your doctors or other health care providers for these records, and you'll have to pay any fees they charge you for them.

#### 2. Fill out the claim form.

If you don't already have it, reach out to your human resources department or get it from [anthem.com](https://www.anthem.com). The records you gathered will help you with the questions. You'll need to know things like:

- Whether you're filing an Accident, Critical Illness or Hospital Indemnity claim.
- The dates of your injury or illness and when you got treatments.
- The names of your doctors and the places where you got treatment.

#### 3. Sign and date the form and mail or fax it to us.

##### Mail it to:

Anthem Supplemental Insurance Benefit Department  
P.O. Box 2076  
Grapevine, TX 76099

##### Or fax it to:

1-469-417-1977

### Questions about the form or how to submit your claim?

Call us at 1-888-828-2432.  
We can walk you through it.



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# Glossary

**Brand Name Drug:**

A medication protected by patent for which a generic drug option is not available. It is generally more expensive than a generic equivalent.

**Coinsurance:**

The remaining portion of the cost of medical services to be paid by the patient after first meeting any applicable deductible(s).

Coinsurance amounts, which are a percentage of the cost, vary by type of service.

**Copay:**

A specific dollar amount that you must pay for a specific service at the time when you receive the service.

**Deductible:**

A fixed amount that an individual must pay for covered medical services before the health plan will begin to pay.

**Explanation of Benefits (EOB):**

A form provided directly to the member to explain how a health benefits claim was paid. In addition to claims payment information, the EOB often includes information on the appeals process.

**Flexible Medical Spending Account (FSA):**

A tax-advantaged account that can be used to pay for medical expenses. Contributions to the FSA are made by the employee. The contributions are free of federal, Social Security and most state taxes. Funds must be used in the year they are accrued; unused funds revert to the employer. Funds are not portable and do not accrue interest.

**Formulary:**

A list of covered prescription drugs. Generally includes both brand name and generic prescription drugs.

Within each category of covered drugs, there are different levels of coverage based on the drug's cost, efficacy or other considerations.

**Generic Drug:**

A chemically equivalent version of a brand name drug for which the patent has expired. Generic drugs are typically less expensive, and are sold under the common name for the drug, not the brand name.

**In-Network Provider:**

A physician, hospital, nursing



facility or other health care provider that has contracted with Medical to provide covered services for a negotiated charge.

**Mail Order Pharmacy:**

Distributes prescribed medication directly to the patient via mail.

**Maximum Out-of-Pocket:**

The limit on the amount an individual is required to pay for health care services covered by their medical plan. Out-of-network, out-of-pocket maximums are higher than in-network maximums.

**Open Enrollment:**

A period of time when employees may make choices regarding their benefits for the following year. You should read

enrollment materials carefully, since there are often substantial differences between health benefits plans.

**Out-of-Network Provider:**

Generally refers to physicians, hospitals and other health care professionals who have not contracted with a health plan to provide services. Employees pay higher coinsurance rates for using an out-of-network provider.

**Premium (Insurance):**

The amount charged, per pay period, for medical insurance. The cost of the premium is shared between the employee and Company. Your medical benefits are considered part of your total compensation (wages, vacation, training, etc.).

# Required State and Federal Forms

Available on the Diocese of Owensboro's HR webpages:

- Premium Assistance under Medicaid and the Children's Health
- Insurance Program (CHIP)
- New Health Insurance Marketplace Coverage - Options and your healthcare coverage
- Notice of Privacy Practices
- Kentucky Pregnancy Workers Act

For more information, visit:  
<https://owensborodiocese.org/health-care/>  
or call HR at 270-683-1545.





Diocese of  
**OWENSBORO**

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