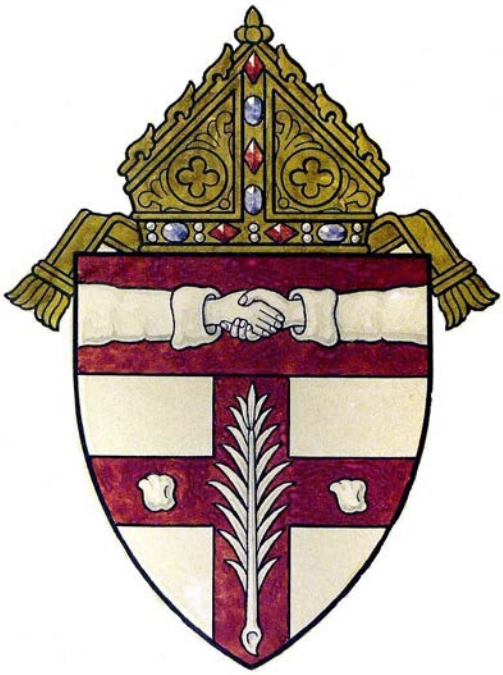
Diocese of Owensboro

Open Enrollment
Detail Benefit Info



Effective 09/01/2021 thru 08/31/2022

Open Enrollment Period 08/01/2021 – 08/31/2021

Diocese of Owensboro

McRaith Catholic Center

July 6, 2021

Dear Employee of the Diocese of Owensboro,

We are happy to provide you the very best insurance at an affordable cost. As a result of you holding down costs and better than expected investment returns of the Diocesan Employee Benefit Plan reserve, which provides a healthy subsidy for your health care costs, we are pleased to announce that the health insurance monthly premium rates for the 2021/2022 fiscal year will remain the same as this past plan year.

New for the 2021/22 plan year, the Diocese is taking a step toward better health for employees by enrolling 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 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 has also started 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.

As a result of new wellness initiatives and several years of limited success with Healthstat (formerly Edumedics), we have decided to eliminate this program, effective October 31, 2021.

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

Raymond T. Purk, CFO

600 Locust Street, Owensboro, KY 42301-2130 • (270) 683-1545 • FAX (270) 683-6883 • www.owensborodiocese.org

Diocese of Owensboro

McRaith Catholic Center

2021/2022 Health Insurance Open Enrollment Information

Open enrollment begins August 1, 2021 thru August 31, 2021 for eligible Diocesan employees working 20 hours or more per week. 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:

- **$500 deductible plan**
- **$2,000 deductible plan**

Please make sure to understand the differences between the $500 deductible and $2,000 deductible plans before selecting your option coverage.

Coverage begins September 1, 2021 and ends August 31, 2022. 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 and there is a difference in the prescription co-pays for the $500 and $2,000 deductible plans.**

Employees who take no action during open enrollment will be enrolled in the same coverages they have for the current 20/21 plan year. All eligible employees that want to enroll or make a change must complete enrollment on-line through Employee Navigator **OR** complete the Diocese of Owensboro Enrollment Plan Forms. This enrollment information must be submitted online OR given to the person who handles payroll and benefits at your location by **Tuesday August 31, 2021.** Please refer to the attached instructions to complete on-line 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 2021* with coverage from **January 1, 2022 through December 31, 2022**. Employees do not need to be enrolled in the Anthem health plan to participate with these voluntary benefits. The health plan deductible runs from January – December.

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 www.owensborodiocese.org.

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

Diocese of Owensboro
Employee Benefit Plan 2021 - 2022

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 Diocese of Owensboro Human Resource web page.

The Diocese of Owensboro maintains an update benefit website detailing the benefit information. The webpage 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*
- *Loss of Health Care Coverage*
- *Birth or Placement for adoption of a child*
- *Death in the Family*
- *Ineligibility of a dependent*
- *Termination/Status change of employment of you or your spouse*
- *A court order*
- *Entitlement to Medicare or Medicaid*
- *Open enrollment on the Insurance Market Exchange*

Medical Insurance Benefit

Network – Anthem Blue Cross Blue Shield	***Effective Date of Eligibility***	***Medical Insurance – Cost and Benefits of Plan 2021/2022***

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.*

You must enroll in the first 31 days of active employment or you cannot enroll until open enrollment unless you have a qualifying event.

(Employees will receive an Anthem insurance card for health and dental coverage)

Premiums shown to the right include costs for medical, dental and prescription coverage.

Single Coverage	**$500 deductible**	**$2,000 deductible**
Total Monthly Premium	$810.00	$595.00
EmployER pays	$430.00	$430.00
EmployEE pays	$220.00	$90.00
Benefit Subsidy	$160.00	$75.00
Employee & Family	**$500 deductible**	**$2,000 deductible**
Total Monthly Premium	$1,630.00	$1,180.00
EmployER pays	$430.00	$430.00
EmployEE pays	$610.00	$375.00
Benefit Subsidy	$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. Urgent Care Visits are $0 copay and telehealth visits are a $15.00 copay under the $500 plan.

Both the $500 and $2,000 deductible plans include one wellness visit at no cost for all members.

Dental Insurance

Network – Anthem Blue Cross Blue Shield	***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.*	***Premium costs for the dental coverage are included in the health care costs shown above.*** ***Benefit*** *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.* ***Deductible*** *$50 Per Member, $150 per Family* ***Annual Max per Person*** *$1,000 In Network and $1,000 Out of Network*

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

Prescription Plan – Network Caremark/CVS 2021-2022

Deductible Plan	***$500 Deductible Retail Pharmacy***	***$500 Deductible Mail Service Pharmacy***
Employee will Pay	**$10** – generic med **$20** – brand name med **$40** – brand name med not on drug list	**$20** – generic med **$40** – brand name med **$80** – brand name med not on drug list
Day Supply Limit	Up to a 30 day supply	Up to a 90 day supply
Refill limit	The original fill plus two refills will be regular retail copay. Any subsequent refills will be double the retail copay.	None
Deductible	Co-pays do not apply towards the $500 deductible	Co-pays do not apply towards the $500 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	***$2000 Deductible Retail Pharmacy***	***$2000 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 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 $2000 deductible	Co-pays do not apply towards the $2000 deductible

Diocesan Retirement Benefits

Defined Benefit Retirement Plan ***Christian Brothers*** CHRISTIAN BROTHERS SERVICES	***Effective Date*** *– 1st day of active employment* ***Eligibility*** *– Full time, scheduled to work at least 20 hours or more per week.*	***Employer Contribution*** *– 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.* ***Vesting*** *– The vesting period is 4 years and 9 months.* ***Statements*** *– Annually in the fall, employees will receive a copy of their statement of retirement benefits.*
403 (B) Pre Tax Savings Plan ***Christian Brothers*** CHRISTIAN BROTHERS SERVICES	***Effective Date*** *– 1st day of active employment* ***Eligibility*** *– Full time, scheduled to work at least 20 hours or more per week.*	***Employee Contribution*** *– The Employee can save up to the IRS imposed 403 (B) limits. The limit for 2021 is $19,500. Anyone over the age of 50 can make a catch-up contribution of contribution of $6,500 in 2021.* *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.*

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

Other Diocesan Benefits

Accidental Death and Dismemberment Insurance ***Mutual of Omaha*** 	***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.*	***Premium Amount*** *- 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.* ***Benefit Amount*** *- 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.*
Group Term Life Insurance ***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.*	***Premium Amount*** *-* ***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.* ***Benefit Amount*** *– 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.*
Long Term Disability 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.*	***Premium Amount*** *-* ***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.* ***Benefit Amount*** *– Pays 60% of monthly earnings with a waiting period of 90 days.*
Blue View Vision - Employee Voluntary Plan **Anthem** Blue View Vision℠	***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 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 co-pay for a routine eye exam and allowances for eye glasses and contacts. You don't have to be enrolled in the Anthem health plan to participate with the vision plan. Vision benefits cease on the last day of the month in which termination occurs.*

UNUM Term Life Insurance - Employee Voluntary Plan	***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 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 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.*
Blue Cross Flexible Spending Account (FSA) - Employee Voluntary Plan 	***Effective Date***– *1st day of month following 90 days after the active date of hire.* ***Eligibility***– *Full time scheduled to work at least 20 hours or more per week.* ***Open Enrollment-*** *Occurs annually November 1st – November 30th with coverage starting-Jan. 1st thru Dec.31st****.***	***Employee Contribution -*** *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.* ***Election Changes:*** *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.* ***Carryover Rules:*** *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.* *Employees, who leave employment with the Diocese, may submit FSA claims 90 days after termination for eligible expenses occurring prior to termination.*

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

<table>
<tr>
<td><u>UNUM Short Term Disability - Employee Voluntary Plan</u>
 </td>
<td><u>Effective Date</u>– 1st day of month following 90 days after the active date of hire.

<u>Eligibility</u>– Full time scheduled to work at least 20 hours or more per week.</td>
<td><u>Employee Contribution</u> – 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.
<table>
<tr><th>Age</th><th>Rate/$10 of wkly benefits</th></tr>
<tr><td><25</td><td>$0.812</td></tr>
<tr><td>25-29</td><td>$1.070</td></tr>
<tr><td>30-34</td><td>$0.979</td></tr>
<tr><td>35-39</td><td>$0.738</td></tr>
<tr><td>40-44</td><td>$0.643</td></tr>
<tr><td>45-49</td><td>$0.659</td></tr>
<tr><td>50-54</td><td>$0.750</td></tr>
<tr><td>55-59</td><td>$0.946</td></tr>
<tr><td>60-64</td><td>$1.133</td></tr>
<tr><td>65+</td><td>$1.370</td></tr>
</table>
</td>
</tr>
<tr>
<td><u>Anthem Critical Care Insurance - Employee Voluntary Plan</u>
 </td>
<td><u>Effective Date</u>– 1st day of month following 90 days after the active date of hire.

<u>Eligibility</u>– Full time scheduled to work at least 20 hours or more per week.</td>
<td><u>Employee Contribution</u> – 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.</td>
</tr>
</table>

Diocese- Wellness Benefits 	***Eligibility***– *Participants enrolled in the health plan.*	**Anthem** - New for the 2021/22 plan year the Diocese is taking a step toward better health for employees by enrolling 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. ***Both the $500 and $2,000 deductible plans include one wellness visit at no cost for all members.*** **Caremark** - In conjunction with Caremark the Diocese has also started 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 includes a customized 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.

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

Diocese of Owensboro

Online Enrollment using Employee Navigator - Employee Fact Sheet

---

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:
      - First Name (exactly as shown on W2 form)
      - Last Name
      - Company Identifier: Owensboro
      - PIN: Last 4 digits of SSN
      - Birth Date: mm/dd/yyyy
      - 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.
      - 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:
      - First Name (exactly as shown on W2 form)
      - Last Name
      - Company Identifier: Owensboro
      - PIN: Last 4 digits of SSN
      - Birth Date: mm/dd/yyyy
      - 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.
      - 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.

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

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

DIOCESE OF OWENSBORO
EMPLOYEE BENEFIT PLAN PREMIUM RATES
MONTHLY RATES EFFECTIVE SEPTEMBER 1, 2021 to AUGUST 31, 2022

Medical- Anthem

	$500 Deductible	$2,000 Deductible
Single coverage	**Monthly Rates**	**Monthly Rates**
Total Premium	810.00	595.00
EmployER pays	430.00	430.00
EmployEE pays	220.00	90.00
Benefit PLAN pays	160.00	75.00
Employee & Family		
Total Premium	1,630.00	1,180.00
EmployER pays	430.00	430.00
EmployEE pays	610.00	375.00
Benefit PLAN pays	590.00	375.00

Vision- Blue View

	Monthly Rates
Employee	$7.57
Employee + Spouse	$13.24
Employee + Children	$14.37
Family	$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
Medical Benefit Summary

	Low Deductible Option		High Deductible Option	
BENEFIT	**PPO**	**NON-PPO**	**PPO**	**NON-PPO**
DEDUCTIBLE				
INDIVIDUAL	$500	$1,000	$2,000	$4,000
FAMILY	$1,500	$3,000	$4,000	$8,000
COINSURANCE	90%	70%	80%	60%
OUT-OF-POCKET MAXIMUM				
INDIVIDUAL	$2,500	$5,000	$5,000	$10,000
FAMILY	$7,500	$15,000	$10,000	$20,000
COPAY	$15	70% after Deductible	N/A	N/A
MAXIMUM LIFETIME BENEFIT	Unlimited		Unlimited	
LIVE HEALTH ONLINE (TeleHealth)	$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
PHYSICIAN OFFICE VISITS	$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
SPECIALIST VISIT	$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
ROUTINE/PREVENTIVE EXAMS	No charge	No charge	No charge	No charge
WELL WOMAN SERVICES	$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
WELL BABY SERVICES				
ROUTINE IMMUNIZATIONS	$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
ROUTINE CHECK UPS	$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
MATERNITY SERVICES (covered for dependent daughter as well)	In-Network preventive prenatal services are covered at 100%. Copayments/Coinsurance based on setting where Covered Services are received			
LABORATORY AND X-RAY SERVICES	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
AMBULANCE				
PERCENTAGE PAYABLE	90% after Deductible		80% after Deductible	
EMERGENCY ROOM SERVICES	90% -Ded. does not apply	Covered as In-Network	80% after Deductible	Covered as In-Network
HOSPITAL INPATIENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
OUTPATIENT SURGERY	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
URGENT CARE FACILITY	No Charge	70% after Deductible	80% after Deductible	60% after Deductible; You are responsible for any amounts charged that exceed the Maximum Allowable Amount
SECOND OPINIONS	$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
Applies to second opinions obtained as described under Claims Procedure Precertification Surgery Procedures				
ORGAN TRANSPLANT COVERAGE	Covered	Limited Coverage	Covered	Limited Coverage
HOSPICE CARE	No Charge		No Charge	
MAXIMUM PAYABLE	Not Specified		Not Specified	
SKILLED NURSING FACILITY	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
MAXIMUM NUMBER OF DAYS	90 days		90 days	
HOME HEALTH CARE	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
MAXIMUM PAYABLE	90 visits per calendar year		90 visits per calendar year	
PRIVATE DUTY NURSING				
Maximum per Member per Benefit Period	82 visits		82 visits	
Lifetime Maximum	164 visits		164 visits	
ALCOHOL & DRUG RELATED SERVICES	In compliance with Federal Law		In compliance with Federal Law	
INPATIENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
OUTPATIENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
BEHAVIORAL HEALTH SERVICES				
INPATIENT	90% after Deductible	70% after Deductible	20% Coinsurance	40% Coinsurance
OUTPATIENT	90% after Deductible	70% after Deductible	20% Coinsurance	40% Coinsurance
Physician Home Visits & Office Services	$15 Copayment per visit	70% after Deductible	20% Coinsurance	40% Coinsurance
PROSTHETICS	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
CALENDAR YEAR MAXIMUM	Unlimited		Unlimited	
MEDICAL EQUIPMENT	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible

OCCUPATIONAL, PHYSICAL & SPEECH THERAPY	$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
CALENDAR YEAR MAXIMUM	20 visits		20 visits	
PROSTATE SCREENING	$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
ALLERGY SHOTS	$5 Copay	70% after Deductible	80% after Deductible	60% after Deductible
HEARING EXAMS	Not Covered		Not Covered	
MANIPULATION THERAPY	$15 copay	70% after Deductible	80% after Deductible	60% after Deductible
MAXIMUMS	12 visits per benefit period. $50 per day and $1,000 per year			
BEREAVEMENT COUNSELING	Not Covered		Not Covered	
ALL OTHER COVERED MEDICAL EXPENSES	90% after Deductible	70% after Deductible	80% after Deductible	60% after Deductible
LATE ENROLLEES	1 enrollment per year during the month of August		1 enrollment per year during the month of August	
ELIGIBILITY	**Non -Academic:** An employee of the Diocese who regularly works twenty (20) or more hours per week will be eligible to enroll for coverage under this Plan. Other employees such as temporary or seasonal will not be eligible to enroll for coverage under this Plan. **Academic & Academic Half Time Employees:** Those employees of the Diocese will be as determined by the contract with the Diocese. **Retirees:** 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.		**Non -Academic:** An employee of the Diocese who regularly works twenty (20) or more hours per week will be eligible to enroll for coverage under this Plan. Other employees such as temporary or seasonal will not be eligible to enroll for coverage under this Plan. **Academic & Academic Half Time Employees:** Those employees of the Diocese will be as determined by the contract with the Diocese. **Retirees:** 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.	
WAITING PERIOD	First of the month following full-time employment		First of the month following full-time employment	
LEAVE OF ABSENCE	No leave besides FMLA		No leave besides FMLA	
RETIREE COVERAGE	Retirees are eligible for coverage (self-pay option) with our plan until they reach Medicare eligibility. The retiree must have attained the age of sixty (60), have four (4) years and nine (9) months or more years of service, have been covered under the insurance plan for one (1) year and be considered eligible for retirement under the Diocese's retirement plan.		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	$10		$15	
FORMULARY	$20		$25	
NON-FORMULARY	$40		$45	
MAIL ORDER				
GENERIC	$20	N/A	$30	N/A
FORMULARY	$40	N/A	$50	N/A
NON- FORMULARY	$80	N/A	$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.		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.	

* Sept. 1, 2017 Implemented Prior Authorization for Metformin, Segerid and Fentanyl.
* May 1, 2018 - Owensboro added CVS Broad Network Vaccination program with Seasonal and non seasonal vaccines at $0.00 copay.
* May 1, 2018 - Owensboro will cover all USFDA approved smoking cessation medications, including over-the-counter nicotine replacement therapies and prescription medications at no cost share to employees.
* Sept. 1, 2020 Increase Rx copays to Retail - $15/$25/$45 Mail Order- $30/$50/$90 on $2,000 Deductible Plan

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

Anthem BlueCross BlueShield

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 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.

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

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. independent licensee of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Dental Services				
Diagnostic and Preventive Services		100% Coinsurance	100% Coinsurance	No Waiting Period
· Periodic oral exam	2 per 12 months			
· Teeth cleaning (prophylaxis)	2 per 12 months; w/periodontal maintenance			
· Bitewing X-rays:	1 set per 12 months			
· Full-mouth or Panoramic X-rays:	1 per 60 months			
· Fluoride application:	1 per 12 months through age 18			
· Sealants	1 per 60 months; through age 18			
Basic Services		80% Coinsurance	80% Coinsurance	No Waiting Period
· Consultation (second opinion)	1 per 12 months			
· Amalgam (silver-colored) Filling	1 per tooth per 24 months			
· Composite (tooth-colored) Filling	1 per tooth per 24 months			
posterior (back) fillings covered as composites				
· Brush Biopsy (cancer test)	Not Covered			
· Space Maintainers	1 per lifetime through age 18; posterior teeth			
Endodontics (Non-Surgical)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Root Canal and retreatments	1 per tooth per lifetime			
Endodontics (Surgical)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Apicoectomy and apexification	1 per tooth per lifetime			
Periodontics (Non-Surgical)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Periodontal Maintenance	4 per 12 months; w/teeth cleaning			
· Scaling and root planing	1 per quadrant per 24 months			
Periodontics (Surgical)	1 per quadrant per 36 months	80% Coinsurance	80% Coinsurance	No Waiting Period
· Periodontal Surgery (osseous, gingivectomy, graft procedures)				
Oral Surgery (Simple)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Simple Extractions	1 per tooth per lifetime			
Oral Surgery (Complex)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Surgical Extractions	1 per tooth per lifetime			
Major (Restorative) Services		50% Coinsurance	50% Coinsurance	No Waiting Period
· Crowns, onlays, veneers	1 per tooth per 84 months			
· Cosmetic teeth whitening	Not Covered			
Prosthodontics		50% Coinsurance	50% Coinsurance	No Waiting Period
· Dentures and bridges	1 per tooth per 84 months			
· Dental Implants	Not Covered			
Prosthodontic Repairs/Adjustments		50% Coinsurance	50% Coinsurance	No Waiting Period
· Crown, denture, bridge repairs	1 per 12 months; 6 months after placement			
· Denture and bridge adjustments:	2 per 12 months; 6 months after placement			
Orthodontic Services				
·Adults & Dependent Children		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.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

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)

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

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

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)

Additional Limitations & Exclusions

Below is a partial listing of services not covered. 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 anxiolysis 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.

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.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Blue View Vision℠

Option 26

Anthem BlueCross BlueShield

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**, 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
Routine Eye Exam			
A comprehensive eye examination	$10 copay	Up to $42 allowance	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	$130 allowance, then 20% off any remaining balance	Up to $45 allowance	Once every 24 months
Eyeglass Lenses *(instead of contact lenses)*			
One pair of standard plastic prescription lenses: • Single vision lenses • Bifocal lenses • Trifocal lenses	 $20 copay $20 copay $20 copay	 Up to $40 allowance Up to $60 allowance Up to $80 allowance	Once every 12 months
Eyeglass Lens Enhancements 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.			
• Transitions® Lenses (for a child under age 19) • Standard polycarbonate (for a child under age 19) • Factory scratch coating	$0 copay $0 copay $0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses *(instead of eyeglass lenses)* 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.			
• Elective conventional (non-disposable) OR • Elective disposable OR • Non-elective (medically necessary)	$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.
Orthoptics. Orthoptics 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)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than $39

Eyeglass lens upgrades
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.
	○ Transitions® lenses (Adults)
	○ Standard Polycarbonate (Adults)
	○ Tint (Solid and Gradient)
	○ UV Coating
	○ Progressive Lenses[1]
	  ○ Standard
	  ○ Premium Tier 1
	  ○ Premium Tier 2
	  ○ Premium Tier 3
	○ Anti-Reflective Coating[2]
	  ○ Standard
	  ○ Premium Tier 1
	  ○ Premium Tier 2
	○ Other Add-ons
		$75
		$40
		$15
		$15
		
		$65
		$85
		$95
		$110
		
		$45
		$57
		$68
		20% off retail price

Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.	○ Complete Pair ○ Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	○ Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	○ Standard contact lens fitting[3] ○ Premium contact lens fitting[4]	Up to $55 10% off retail price
Conventional Contact Lenses	○ Discount applies to materials only	15% off retail price

[1] Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

[2] Please ask your provider for his/her recommendation as well as the available coating brands by tier.

[3] Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

[4] 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.COM · contactsdirect · LensCrafters · Pearle Vision · Target Optical · Sears 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**, 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**, 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: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

Transitions and the swirl are registered trademarks of Transitions Optical, Inc.
Anthem Blue Cross and Blue Shield is the trade name of: 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. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Company (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association. CR FS LG (2017)

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 **20** 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?	**Employee:** Up to **5 times** salary in increments of **$10,000**; not to exceed **$500,000**. **Spouse:** Up to 100% of employee amount in increments of **$5,000**; not to exceed **$500,000**. **Child:** Up to 100% of employee coverage amount in increments of **$2,000**; not to exceed **$10,000**. The maximum death benefit for a child between the ages of live birth and six months is $1,000.
Can I be denied coverage?	**Initial enrollment 9/1/2016:** If you and your eligible dependents enroll during this enrollment period **August 1-August 31, 2016**, you may apply for any amount of coverage up to **$180,000** for yourself and any amount of coverage up to **$25,000** for your spouse, without answering any medical questions. 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. **New employees:** 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.
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?	**Initial enrollment 9/1/2016:** To apply for coverage, complete your enrollment form by **August 31, 2016**. If you were hired after 9/1/2016, complete your enrollment form within 31 days of your eligibility date determined by your employer. 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.
When is coverage effective?	**Initial enrollment 9/1/2016:** Your coverage is effective 9/1/2016 or the date your application is approved by underwriting, if health questions were required.

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: • 6 months; or • until a determination is made on your life insurance premium waiver claim, if applicable
When does my coverage end?	You and your dependents' coverage under the Summary of Benefits ends on the earliest of: • 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 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. In addition, coverage for any one dependent will end on the earliest of: • the date your coverage under a plan ends; • the date your dependent ceases to be an eligible dependent; • for a spouse, the date of a divorce or annulment. ; • for dependent coverage, the date of your death. Unum will provide coverage for a payable claim that occurs while you and your dependents 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.

© 2016 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

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

EN-1773 (1-16) FOR EMPLOYEES

Anthem

Roman Catholic Diocese of Owensboro

Critical Illness Insurance

Your benefit guide of insurance protection plans!

Summary of Benefits

Critical Illness $10,000 Plan

With Skin Cancer benefit

Anthem

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.[1]

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
	Loss of vision	$10,000
Neurological	Advanced Parkinson's disease	$10,000
	Advanced Alzheimer's disease	$10,000
	Amyotrophic Lateral sclerosis	$10,000
	Advanced Multiple Sclerosis	$10,000
		[5]
	Health screening benefit: per member, per calendar year	$50
	Skin Cancer benefit, per member, once per lifetime	$250
Recurrence benefits	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

ATTAINED AGE		Standard $10,000 Plan				
		EE ONLY	*EE + SP*	*EE + CH*	*EE + FAM*	
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.

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.[1]

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.[2]
- 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.[3]
- Coverage is available for yourself, your spouse and dependent children.
- You can take your coverage with you even if you leave your employer.[4]

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

1 Restrictions may apply.
2 Available when you have both medical and critical illness benefits with Anthem.
3 Covered accidents or illness must occur after the effective date of coverage.
4 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 SAI B XX18 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/co/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. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT 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., dba HMO Nevada. 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 POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

108934MUMENABS VPOD Rev. 6/19

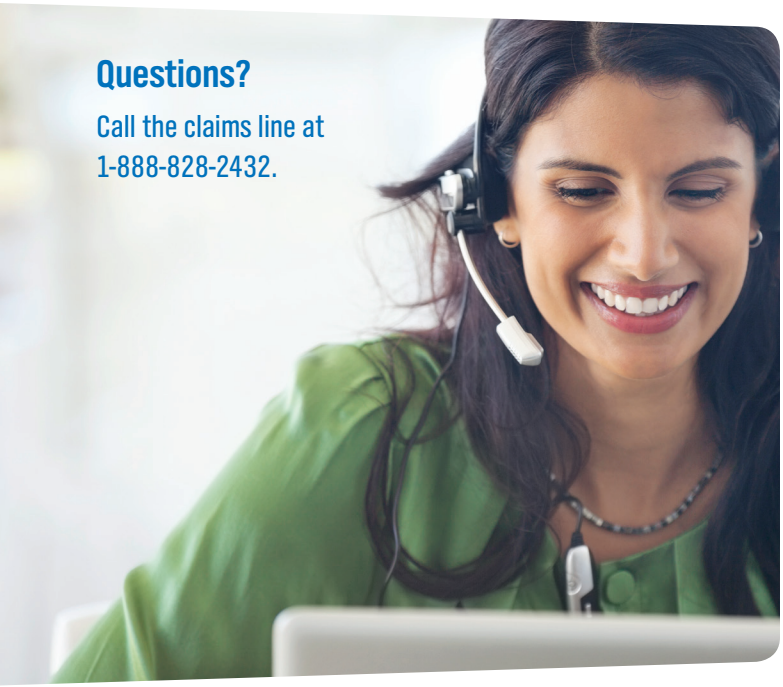
Your $50 health screening benefit is just a phone call away!

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.

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/co/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. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT 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., dba HMO Nevada. 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 POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

114490MUMENABS VPOD 4/19

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.

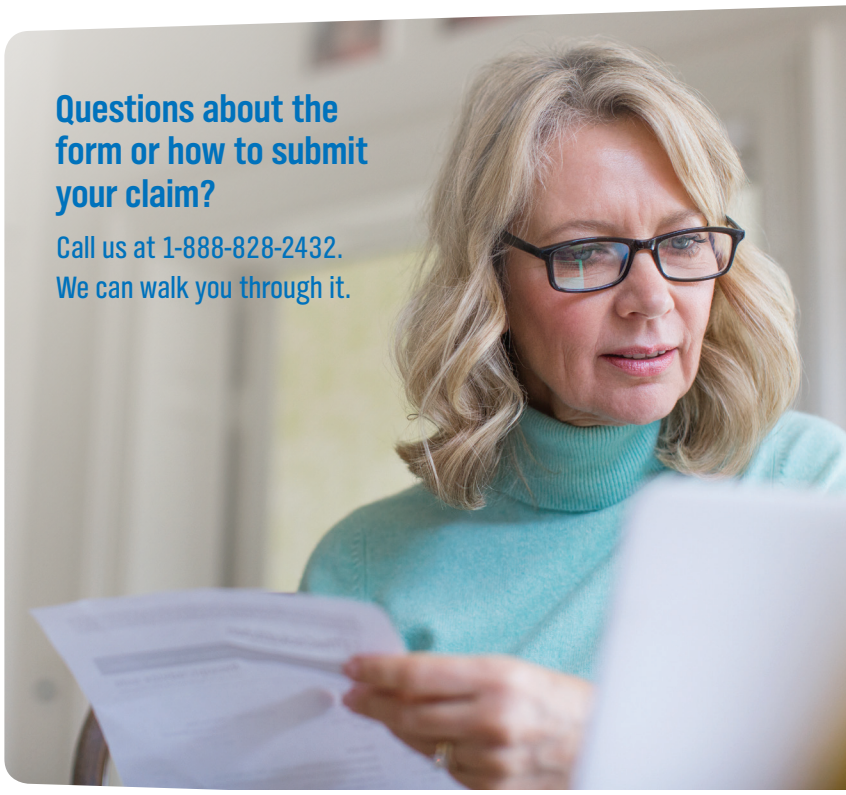
If you don't already have it, reach out to your human resources department or get it from **anthem.com**.
The records you gathered will help you with the questions. You'll need to know things like:

- 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



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/co/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. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT 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., dba HMO Nevada. 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 POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

114491MUMENABS VPOD 4/19

Required State and Federal Forms- For your information

Included on the Diocese's HR web-page:

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 contact HR 270-683-1545.