



  
**BENEFITS**  
ANNUAL  
ENROLLMENT  
GUIDE



ARCHDIOCESE OF BALTIMORE

**2017-2018 PLAN YEAR**

# TABLE OF CONTENTS

What's New .....	3
How to Enroll or Change Your Benefits.....	3
Making Benefit Changes .....	3
Your Benefits At-A-Glance .....	5
Medical Plans.....	7
Prescription Drug Coverage .....	12
Vision Plan .....	14
Dental Plans.....	15
Disability Benefits.....	17
Life Insurance.....	17
Employee Assistance Program .....	18
403(b) Plan.....	19
Benefit Directory.....	20

# ARCHDIOCESE OF BALTIMORE

## BENEFITS ENROLLMENT: JULY 2017 – JUNE 2018 PLAN YEAR

Because everyone has different needs, your benefits are designed to offer choice and flexibility. Take a few moments to think about your needs for the coming year. Is your current coverage working for you? Discuss your situation with your family and share these materials as you make your benefit decisions.

**If you want to change your benefit elections**—return a completed enrollment form to your direct employer by:

- Archdiocese of Baltimore Employees: May 31, 2017
- Catholic Charities Employees: June 2, 2017

**If you do not want to change your benefit elections**—you don't need to do a thing

### What's New

There are no changes to the 2017-2018 health coverage.

**Enrollment Dates:**  
**Archdiocese of  
Baltimore**  
**May 1<sup>st</sup> – May 31<sup>st</sup>**  
**Catholic Charities**  
**May 8<sup>th</sup> – June 2<sup>nd</sup>**

## How to Enroll or Change Your Benefits

To enroll or change your current benefits, follow these steps:

1. Log into UltiPro and print an enrollment form or obtain an enrollment form from your direct employer. Catholic Charities employees should make their enrollment changes directly in UltiPro.
2. Complete the form and sign it.
3. Copy the form for your records and return it to your direct employer by May 31, 2017 (Archdiocese of Baltimore employees).
4. Catholic Charities employees should change their coverage online by June 2, 2017.

Remember, return the enrollment form only if you're changing benefit elections.

The Benefit Directory at the end of this guide lists contact information for all your benefit plans.

## Making Benefit Changes

The choices you make during Open Enrollment generally remain in effect for the entire year. However, you may change your benefit elections *during the year* if you have a qualifying change in status, or if you or a qualified dependent loses other group coverage. For more information about making changes during the year, contact the Division of Employee Benefits or your Human Resources Manager.

To drop or add coverage during the plan year, you must submit a completed enrollment form and proof of the family status change (such as a marriage or birth certificate) within 30 days of the effective date of the change in status (example: 30 days from the date of marriage). Your coverage will then become effective on the first day of the month following the month in which the change occurred. If you do not make the change within 30 days of when the change takes effect, you must wait until the next Open Enrollment period.

Changes to optional life insurance can be made at any time, but may require additional information about you or your family member's health. You can make changes to your 403(b) Savings Plan at any time.

# Your Benefits At-A-Glance

The following benefit options and coverage levels are available to you as a benefit eligible employee of the Archdiocese of Baltimore. Plan options with a check mark next to them are paid in full by your direct employer.

Benefit Plan/Coverage Levels	Plan Options
<p><b>Medical</b> <i>(includes prescription drug and vision coverage)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employee</li> <li><input type="checkbox"/> Employee &amp; spouse</li> <li><input type="checkbox"/> Employee &amp; child</li> <li><input type="checkbox"/> Employee &amp; family</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CIGNA Open Access Plus (OAP) Plan</li> <li><input type="checkbox"/> CIGNA Preferred Provider Organization (PPO)</li> </ul>
<p><b>Dental</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employee</li> <li><input type="checkbox"/> Employee &amp; spouse</li> <li><input type="checkbox"/> Employee &amp; child</li> <li><input type="checkbox"/> Employee &amp; family</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CIGNA Dental PPO</li> <li><input type="checkbox"/> United Concordia Dental HMO</li> </ul>
<p><b>Voluntary Vision Plan</b> <i>(available to employees and dependents who do not elect medical coverage)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employee</li> <li><input type="checkbox"/> Employee &amp; spouse</li> <li><input type="checkbox"/> Employee &amp; child</li> <li><input type="checkbox"/> Employee &amp; family</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> VSP</li> </ul>
<p><b>Disability</b> <i>(Lay Benefit Eligible Employees Only)</i></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Short Term Disability—60% of you basic weekly salary for up to 26 weeks; maximum of \$2,500 per week</li> <li><input checked="" type="checkbox"/> Long Term Disability—60% of monthly pay, to a maximum of \$7,500 per month</li> </ul>

<p><b>Life Insurance</b> (<i>Lay Benefit Eligible Employees Only</i>)</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Basic Term Life Insurance <ul style="list-style-type: none"> <li>○ 2x your annual salary (maximum \$100,000)</li> </ul> </li> <li><input type="checkbox"/> Optional Term Life Insurance <ul style="list-style-type: none"> <li>○ 2x your annual salary</li> <li>○ 1x your annual salary, or</li> <li>○ .5 x your annual salary</li> <li>○ Up to a maximum of \$250,000</li> </ul> </li> <li><input type="checkbox"/> Spouse/Dependent Life Insurance <ul style="list-style-type: none"> <li>○ \$10,000 coverage for spouse</li> <li>○ \$5,000 coverage for each dependent child</li> </ul> </li> </ul>
<p><b>Pension Plan</b> (<i>Lay Benefit Eligible Employees Only</i>)</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> This plan is frozen effective 6/30/2011</li> </ul>
<p><b>403(b) Savings Plan</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> T. Rowe Price 403(b)</li> </ul>
<p><b>Employee Assistance Program</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> ComPsych GuidanceResources (for employees of the Archdiocese of Baltimore)</li> <li><input checked="" type="checkbox"/> Business Health Services (for employees of Catholic Charities)</li> </ul>

# Medical Plans

## Highlights and Options

Your Archdiocese of Baltimore medical coverage protects you and your family in the event of an illness or injury. You have two options for coverage:

- CIGNA Open Access Plus (OAP) Plan**—The OAP Plan provides coverage when you receive care from medical providers who participate in the CIGNA Open Access Plus national network of providers. Care received from providers who do not participate in the network is not covered (except in emergencies). Referrals for specialist care are not required. However, authorizations for certain tests (example: MRI’s) are required; please contact your physician’s office or CIGNA for more information. To find participating OAP Plan providers, go to [www.cigna.com](http://www.cigna.com). **You will need to select the “Open Access Plus ONLY” plan option.** You can also call CIGNA at 1-800-244-6224.
- CIGNA Preferred Provider Organization (PPO)**—The PPO provides benefits for covered services received by any provider. However, you will receive a higher level of benefits and will not have to file claim forms if you use a provider who participates in the CIGNA PPO network. Referrals for specialist care are not required. To find participating PPO providers, go to [www.cigna.com](http://www.cigna.com) or call 1-800-244-6224.

Both medical plans include coverage for prescription drugs through Caremark. See page 13 for more information on prescription drug coverage.

If you are currently enrolled in:	And you want to:	Action to take:
OAP Plan	Stay in OAP Plan	None required
	Enroll in PPO or decline coverage	Submit enrollment form to your direct employer by the end of the open enrollment period
	Change your level of coverage <i>(i.e., employee, employee &amp; spouse, employee &amp; child, employee &amp; family)</i>	Submit enrollment form to your direct employer by the end of the open enrollment period
PPO	Stay in PPO	None required
	Enroll in OAP Plan or decline coverage	Submit enrollment form to your direct employer by the end of the open enrollment period
	Change your level of coverage <i>(i.e., employee, employee &amp; spouse, employee &amp; child, employee &amp; family)</i>	Submit enrollment form to your direct employer by the end of the open enrollment period

## Cost of Coverage

See your direct employer for the cost of your 2017-2018 medical coverage.

## Comparing Your Medical Options

The chart below highlights some of the commonly used benefits of each plan.

Medical Plans			
Plan Features	CIGNA OAP Plan	CIGNA PPO	
		<i>In-Network</i>	<i>Out-of-Network</i>
<b>Plan year deductible</b>	None	\$250 per individual \$500 per family	\$500 per individual \$1,000 per family
<b>Plan year out-of-pocket maximum (excluding deductible)</b>	None	\$1,500 per individual \$3,000 per family	\$5,000 per individual \$10,000 per family
<b>Lifetime maximum</b>	Unlimited	Unlimited	
Covered Expenses	Plan Pays		
<b>Durable medical equipment</b>	100%	100%*	70% of charges**
<b>Emergency and urgent care</b>	100% after \$25 or \$40 copay per physician office visit 100% after \$75 copay for hospital emergency room visit 100% after \$40 copay for urgent care facility	100% after \$25 or \$40 copay per physician office visit 100% after \$75 copay for hospital emergency room visit 100% after \$40 copay for urgent care facility	Paid at in-network level for true emergency; otherwise, plan pays 70% of charges**
<b>Home health care</b> (120 days max per plan year)	100%	90% of charges*	70% of charges**
<b>Hospital care and surgical services</b> (inpatient)	100% after \$200/day copay; \$600 maximum per Plan year	90%* precertification required	70% of charges** after \$200 copay per admission (pre-certification required)
<b>Outpatient surgical services</b>	100% after \$50 copay	90%*	70% of charges**
<b>Lab, X-ray and other diagnostic tests</b>	100%; \$50 copay for high tech radiology tests, such as MRI, CAT, MRA and PET scans, obtained in an outpatient setting; limited to one copay per type of test; per place of service	90%*	70% of charges**

\* Services are subject to plan year deductible.

\*\* Services are subject to plan year deductible and reasonable and customary charge limitations.

<b>Medical Plans</b>			
<b>Plan Features</b>	<b>CIGNA OAP Plan</b>	<b>CIGNA PPO</b>	
<b>Maternity care services</b>			
<b>Initial office visit</b>	100% after \$25 PCP or \$40 Specialist copay	100% after \$25 PCP or \$40 copay	70% of charges**
<b>All subsequent prenatal visits</b>	100%	100%	70% of charges**
<b>Inpatient hospital/birthing center charges</b>	100% after \$200/day copay; \$600 maximum per Plan year	90% of charges*	70% of charges after \$200 copay per admission**
<b>Mental health and substance abuse treatment</b>	Professional Office Visit: 100% after \$25 copay Inpatient: 100% after \$200 copay per day; \$600 maximum per Plan year Outpatient Facility: 100%	Professional Office Visit: 100% after \$25 copay Inpatient: 90% of charges* Outpatient Facility: 90% of charges	Inpatient: 70% of charges after \$200 deductible per admission** Outpatient: 70% of charges**
<b>Office visits (routine preventive care)</b>	100%	100%	70% of charges**
<b>Office visits (adult/child medical care for illness or injury)</b>	100% after \$25 copay for Primary Care Physician; 100% after \$40 copay for specialist***	100% after \$25 copay for primary doctor 100% after \$40 copay for specialist***	70% of charges**

\* Services are subject to plan year deductible.

\*\* Services are subject to plan year deductible and reasonable and customary charge limitations.

\*\*\* Office visits for physical therapy, occupational therapy, and speech therapy are not considered specialist visits. The cost of these visits matches the cost of a visit to the Primary Care Physician or primary doctor. The combination of physical, occupational and speech therapy is limited to a combined 60 visits per plan year.

## Take Care of Yourself!

The medical plans provide you and your family with a wide range of services and benefits to take care of you when you are sick or injured. But did you know CIGNA also has resources you can use to stay well? The following services are available to all CIGNA OAP and PPO participants.

### Healthy Rewards

Healthy Rewards is separate from your medical plan and offers generous discounts on programs and services not covered by your medical plan. Discounted services such as hearing aids, fitness club memberships, laser vision correction, tobacco cessation programs, massage therapy, acupuncture and wellness & healthy products discounts are available through participating providers. To find participating providers, go to [www.cigna.com/rewards](http://www.cigna.com/rewards). Please enter the password: *savings*. You can also call Cigna and ask to speak to one of their customer service representatives: 1-800-258-3312

### Care for Chronic Conditions

If you or a covered family member has asthma, low back pain, heart disease, chronic obstructive pulmonary disease, or diabetes, CIGNA Well Aware programs can help you manage your condition. You'll learn to anticipate your symptoms and manage them better. You can reduce the risk of complications by following a plan you've worked out under your doctor's care. And if you do become ill, you'll have information and support to help you deal with it. If you suffer from one of these conditions, CIGNA will invite you to participate in a Well Aware program. Or, call 1-800-244-6224 for more information.

### MyCIGNA.com

This website gives you access to personalized information about your medical plan and benefits and should be the first place you look for answers to questions about coverage or claims. On the site, you can:

- Find participating providers for the CIGNA OAP and PPO Plans
- Compare hospitals according to your needs and preferences
- Research a wide range of topics, including specific illnesses
- Find out the status of pending medical claims
- Take an online questionnaire that can help you identify and monitor your health risk factors.

To log on, go to [www.mycigna.com](http://www.mycigna.com) from any computer with Internet access. Follow the simple registration instructions.

### Breast Reconstruction Following Mastectomy

If you have a mastectomy, the CIGNA OAP and PPO plans provide the following benefits:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedemas.

## **Get Extra Support Through the CIGNA Cancer Support Program**

Whether you or a family member has just been diagnosed with cancer or is now a survivor, life is filled with new worries and challenges. Your doctors, family and friends are always there for you, but sometimes you might want a little extra support from a health professional that specializes in exactly what you're going through.

The Archdiocese of Baltimore offers an outstanding resource to employees and their families who are currently going through or have just finished cancer treatment. It's called the CIGNA Cancer Support Program. It's confidential and free for you and your family.

The CIGNA Cancer Support Program can help you:

- Get answers to your questions and concerns
- Understand your medications and treatment options
- Coordinate care
- Figure out insurance coverage and benefits
- Find local resources and support groups

The CIGNA Cancer Support Program has helped thousands of people and their families facing all types of cancer at all different stages and it can help you, too.

To participate in this program, call 1.800.615.2909.

# Prescription Drug Coverage

## Highlights and Options

You automatically receive prescription drug coverage through Caremark if you participate in the CIGNA OAP or CIGNA PPO Plan. The prescription drug program will offer prescription drugs at three levels; this program is called a “three-tiered” prescription drug plan.

- **Generic (first tier) drugs** have the same active ingredients, safety, dosage, quality and strength as their brand drug counterparts.
- **Preferred Brand (second tier) drugs** are those which generally have no generic equivalent and are either more effective than other drugs in the same class or are equally effective but less costly than the other drugs.
- **Non-Preferred Brand (third tier) drugs** are those which generally have generic equivalents and/or have one or more Preferred Brand options within the same drug class.

You pay a portion of the cost of prescription drugs. The actual amount you pay depends on whether you fill your prescription at a retail pharmacy or order it through the mail, and on whether the drug is generic, preferred brand, or non-preferred brand. There is no deductible for prescription drug benefits.

If you will be taking medication for a short period of time (up to 30 days), you can use a participating retail pharmacy to fill your prescription. Show the pharmacist your Caremark ID card and pay your co-payment or coinsurance.

If you take a long-term, maintenance medication, you can fill a 90-day supply of your medication using the Caremark pharmacy mail order service. You may also get a 90-day supply at any CVS retail pharmacy as part of Caremark’s Maintenance Choice program. **You must order a 90-day supply (either through mail order or a CVS pharmacy) after receiving two refills at a retail pharmacy.**

To fill prescriptions through Caremark, send your prescription and an order form to Caremark. You will receive an initial order form with your new Caremark ID cards.

## Cost of Coverage

The cost of prescription drug coverage is included in your medical plan coverage.

## Prescription Drug Coverage

The following out-of-pocket costs apply to both the CIGNA Open Access Plus (OAP) and CIGNA PPO Plans. There is no deductible for prescription drug coverage.

	<b>Retail Pharmacy—You Pay (30-day supply)</b>	<b>Mail Order Pharmacy—You Pay (90-day supply)</b>
Generic	\$5 copay	\$10 copay
Preferred Brand	30% of the negotiated cost, up to \$50 maximum	30% of the negotiated cost, up to \$100 maximum
Non-Preferred Brand	50% of the negotiated cost, up to \$75 maximum	50% of the negotiated cost, up to \$150 maximum

# Vision Plan

## Highlights

You automatically receive vision coverage if you participate in an Archdiocese of Baltimore medical plan. Coverage is provided by VSP, and you can use any provider you choose. However, if you use a VSP provider, you will receive a higher level of benefits.

A similar vision plan is also available to benefits eligible employees and dependents who do not participate in an Archdiocese of Baltimore medical plan.

The plan covers one eye exam every 12 months, one pair of eyeglass frames and spectacle lenses or contact lenses are also covered once every 12 months. The following chart provides more detail regarding vision benefits.

Vision Plan		
Benefit	Plan Pays	
	VSP Provider	Non-VSP Provider
<b>Eye Exam</b> (once every 12 months)	100% after \$15 copay	Up to \$52 allowance
<b>Lenses</b> – each pair (once every 12 months) – Single vision – Lined bifocal – Lined trifocal	100%	Single vision: up to \$55 allowance Lined bifocal: up to \$75 allowance Lined trifocal: up to \$95 allowance
<b>Frames</b> (once every 12 months)	Up to \$130 allowance	Up to \$57 allowance
<b>Contacts</b> lenses – each pair (once every 12 months)	Up to \$125 allowance; Copay applies for contact lens exam (fitting and evaluation); Copay not to exceed \$60	Up to \$125 allowance Contact exam not covered

Discounts are available for laser vision correction, sunglasses, and other lens options such as scratch-resistant and anti-reflective coatings.

For more information about vision coverage, call VSP at 1-800-877-7195 or go to [www.vsp.com](http://www.vsp.com).

## Cost of Coverage

If you participate in an Archdiocese of Baltimore medical plan, the cost of vision coverage is included in your medical plan coverage. If you are interested in electing a stand-alone vision plan, please see your direct employer for the cost of your 2017-2018 coverage.

# Dental Plans

## Highlights and Options

Your Archdiocese of Baltimore dental coverage includes benefits for preventive, basic, and major dental services. You have two options for coverage:

- CIGNA Dental Preferred Provider Organization (Dental PPO)**—Provides coverage for covered services received by any dental provider. However, your out-of-pocket costs will be lower and you will not have to file claim forms if you use a provider who participates in the CIGNA PPO dental network. To find participating providers, go to [www.cigna.com](http://www.cigna.com) or call 1-800-244-6224.
- United Concordia Dental HMO (DHMO)**—You must select a United Concordia Primary Dental Office (PDO) to receive covered services. Your PDO will perform procedures or refer you to a specialty care dentist. Care received from providers who do not participate in the network is not covered (except in emergencies). To find participating providers, go to [www.ucci.com](http://www.ucci.com) and click “Find a Dentist”. Then, select “DHMO Concordia Plus” from the list of networks. Or, you can call 1-866-357-3304 to find a network dentist. It is a good idea to call a prospective dentist to verify he or she is accepting new DHMO patients before scheduling an appointment.

If you are currently enrolled in:	And you want to:	Action to take:
<b>CIGNA Dental PPO</b>	Stay in Dental PPO	None required
	Enroll in Dental HMO or decline coverage	Submit enrollment form to your direct employer by the end of the open enrollment period
	Change your level of coverage <i>(i.e., employee, employee &amp; spouse, employee &amp; child, employee &amp; family )</i>	Submit enrollment form to your direct employer by the end of the open enrollment period
<b>United Concordia Dental HMO</b>	Stay in Dental HMO	None required
	Enroll in Dental PPO or decline coverage	Submit enrollment form to your direct employer by the end of the open enrollment period
	Change your level of coverage <i>(i.e., employee, employee &amp; spouse, employee &amp; child, employee &amp; family)</i>	Submit enrollment form to your direct employer by the end of the open enrollment period

## Cost of Coverage

See your direct employer for the cost of your 2017-2018 dental coverage.

## Comparing Your Dental Options

Dental Plan			
Plan Features	CIGNA Dental PPO		United Concordia Dental HMO
<b>Annual deductible</b>	\$50 per person \$150 per family		You can obtain the United Concordia Plus Schedule of Benefits by logging into UltiPro or contacting your direct employer
<b>Annual maximum benefit</b>	\$2,000		
Covered Expenses	Plan Pays		
	<i>In-Network</i>	<i>Out-of-Network</i>	You can obtain the United Concordia Plus Schedule of Benefits by logging into UltiPro or contacting your direct employer
<b>Preventive and diagnostic care</b> (oral exams, routine cleanings, X-rays, sealants, emergency care, space maintainers, histopathologic exams)	100%	100%	
<b>Basic restorative services</b> (fillings, root canal therapy, osseous surgery, denture adjustments, simple extractions, oral surgery, anesthetics)	80% after annual deductible	80% after annual deductible	
<b>Major services</b> (crowns, dentures, bridges, surgical extractions of impacted teeth)	50% after annual deductible	50% after annual deductible	
<b>Orthodontia</b> (limited to \$2,000 lifetime maximum benefit)	50% after annual deductible	50% after annual deductible	

## **Disability Benefits – Benefit Eligible Lay Employees**

If a sickness, injury, or pregnancy forces you to stop working, you may be eligible for disability benefits. Your disability benefits are provided through CIGNA. Your direct employer pays the full cost of your disability benefits.

The plan offers Short Term Disability (STD) and Long Term Disability (LTD) benefits.

- STD pays you 60% of your basic weekly salary, up to a maximum of \$2,500 per week, for absences lasting up to 26 weeks.
- LTD pays you 60% of your monthly pay, up to a maximum of \$7,500 per month, for absences of 26 weeks or longer.

Limits apply to these benefits. Contact the Employee Benefits Division for more information.

Family members are not eligible for disability coverage.

## **Life Insurance – Benefit Eligible Lay Employees**

To help protect your family from the financial burden of death or sudden injury, the Archdiocese of Baltimore provides basic, accidental death & dismemberment and optional life insurance through CIGNA.

### **Basic Coverage**

You automatically receive basic term life insurance and accidental death and dismemberment coverage of two times your annual benefit salary (maximum coverage \$100,000). Your direct employer pays the full cost of this coverage. Please note, coverage is reduced at age 70.

### **Supplemental Coverage**

You may purchase additional coverage for yourself equal to one-half, one or two times your annual benefit salary (maximum coverage \$250,000).

You also have the following life insurance options for your family:

- Spouse: \$10,000 in coverage
- Child: \$5,000 in coverage for each dependent child

Evidence of insurability may be required if you do not enroll for this coverage when you first become eligible. Contact the Division of Employee Benefits for more information.

# Employee Assistance Program – All Employees

The Employee Assistance Program (EAP) is a **confidential** assistance program that can help address the personal issues you and your dependents are facing. This service is staffed by experienced clinicians and is available by phone 24 hours a day, seven days a week. The EAP consultant will refer you to a local counselor or to resources in your community.

EAP services include:

- Confidential consultation on personal issues
- Legal information and resources
- Information, referrals and resources for Work-Life needs
- Financial information, resources and tools

## Employees of the Archdiocese of Baltimore

EAP services are provided by ComPsych. You can receive up to five free visits through the EAP.

Visit the ComPsych site, [www.guidanceresources.com](http://www.guidanceresources.com), (to register for the first time, use Company ID: ARCHBALT) or call ComPsych (800) 297-4158.

## Employees of Catholic Charities

EAP services are provided by Business Health Services. You can receive up to six free visits through the EAP.

Visit the Business Health Services site [www.bhsonline.com](http://www.bhsonline.com) Username CHARITIES or call Business Health Services (800) 327-2251.

## **Archdiocese of Baltimore 403(b) Plan – Lay Employees**

For the July 2017 to June 2018 Plan Year - Employer Contribution will be announced in June.

**Benefit Compensation** – 2016 calendar year earnings excluding overtime and bonuses; for employees hired in 2016 or 2017, the benefit compensation is the annual rate of pay as of the date of hire.

**Vesting Schedule** – (includes years of credited service in the frozen Plan)

50% after 3 years of participation  
75% after 4 years of participation  
100% after 5 years of participation

*Employed participants will become 100% vested if they become totally disabled, reach normal retirement date, age 65, or die (even if they do not satisfy the above vesting schedule).*

The Plan entry date for new participants is July 1st or January 1st after date of benefit eligible employment or change to benefit eligible status. Minimum age to participate and receive an employer contribution is 21.

Employer contributions will be deposited quarterly for participants who are active benefit eligible participants as of the end of the quarter. Participants who become disabled, retire at or after age 65, or die during the quarter will receive a pro-rated contribution for the quarter.

### **Catholic Charities**

Please contact Human Resources for information regarding the Catholic Charities 403(b) Plan.

## Benefit Directory

Please log onto Ultipro and see the section titled “Open Enrollment” for more information on all of your benefits, including access to your Summary of Benefits and Coverage (SBC) guide which provides an overview of your medical and prescription benefits per plan.

<b>Medical Coverage</b>	
CIGNA HealthCare	1-800-244-6224 www.cigna.com
CIGNA Healthy Rewards	1-800-870-3470 www.mycigna.com
<b>Prescription Drug Coverage</b>	
Caremark	1-888-739-7841 www.caremark.com
<b>Dental Coverage</b>	
CIGNA HealthCare	1-888-336-8258 www.cigna.com
United Concordia	1-866-357-3304 www.ucci.com
<b>Vision Coverage</b>	
VSP	1-800-877-7195 www.vsp.com
<b>Disability</b>	
CIGNA Disability	1-800-362-4462
<b>Life</b>	
CIGNA Life	Archdiocese of Baltimore Division of Employee Benefits 410-547-5583 or 410-547-5320 phone; 410-783-5993 fax insure@archbalt.org 320 Cathedral Street, Baltimore, MD 21201

## Employee Assistance Program

ComPsych GuidanceResources  
(for employees of the Archdiocese of  
Baltimore)

1-800-297-4158

[www.guidanceresources.com](http://www.guidanceresources.com)

Business Health Services  
(for employees of Catholic Charities)

1-800-327-2251

[www.bhsonline.com](http://www.bhsonline.com)

## 403(b) Plan

T. Rowe Price

1-800-922-9945

[www.rps.troweprice.com](http://www.rps.troweprice.com)

- This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Archdiocese of Baltimore Division of Employee Benefits.

- We’ve made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between this enrollment guide and the legal documents, the legal documents will always govern. The Archdiocese of Baltimore intends to continue these plans indefinitely but reserves the right (subject to the provisions of any applicable collective bargaining agreement) to amend or terminate them at any time, for any reason, according to the amendment or termination procedures described in the legal documents. This guide does not create a contract of employment with the Archdiocese of Baltimore.
- The Archdiocese of Baltimore’s HIPAA Privacy Notice is available upon request. Requests for this notice should be made to the Division of Employee Benefits.