



ARCHDIOCESE OF BALTIMORE

2018-2019

Open Enrollment Guide

This guide summarizes the key features of Archdiocese of Baltimore's benefit plans. Please refer to the plan documents for exact terms and conditions of coverage. If any conflict arises between this guide and the official plan documents, the terms of the actual plan documents or other applicable documents will govern in all cases. The Archdiocese of Baltimore and its affiliated entities reserve the right to change, modify or terminate the benefit plans at any time. This guide isn't a contract for purposes of employment or payment of benefits.

WELCOME TO YOUR ARCHDIOCESE OF BALTIMORE GROUP BENEFITS

The Archdiocese of Baltimore offers comprehensive benefit plans that are a valuable part of the employees' total compensation package. Effective July 2018 the medical plans available to employees will change. All benefit eligible employees must enroll or waive medical coverage during the annual open enrollment which will be held from May 1st to May 18th. Employees enrolled in a dental and/or vision plan will need to re-enroll in these plans during the open enrollment.

Who Is Eligible?

- Benefit eligible employees are regularly scheduled
 - to work 20 hours a week or more if they work 12 months during the year, or
 - to work 25 hours a week or more if they work 10 months during the year
- Your lawful spouse
- Dependent children, including step-children, to the end of calendar month in which they turn age 26 and regardless of student or marital status

You will need to enroll for benefits when you first become eligible or during the annual open enrollment period. You may change benefit choices after open enrollment only if you experience a qualifying event.

- Marriage, divorce or legal separation
- Birth or adoption of child
- Death of a spouse or child
- Child no longer eligible due to age limitation
- Spousal loss of coverage
- Changes in benefit eligible employment status

If you have a qualifying event, you must notify your direct employer with information within 30 days from the effective date of the change.

OPEN ENROLLMENT: May 1st – May 18th

See your direct employer for the cost of your 2018-2019 healthcare coverage.

WHAT'S NEW OR CHANGING?



The new plan year starts July 1, 2018

Your dental, vision, life, disability, EAP and 403(b) benefits are staying the same but you must re-enroll in the dental and/or vision plan during the annual open enrollment to continue your coverage.

- **This year's open enrollment will be an active enrollment, meaning you MUST elect healthcare benefits to be covered as of 7/1/18** If you do not wish to enroll in medical coverage you must waive coverage. If you do not elect or waive medical coverage, you will not have medical coverage for the 7/1/18 plan year. Please note that your 7/1/17 healthcare elections **WILL NOT** carry over into the 7/1/18 plan year.
- The CIGNA Preferred Provider Organization Plan (PPO) will be changed to utilize the CIGNA OAP network of providers, the level of coverage (i.e. deductibles, co-payments, co-insurance) will not change.
- The CIGNA Open Access Plan (OAP) will be discontinued effective June 30, 2018.
- A new plan will be available, the CIGNA High Deductible Health Plan (HDHP). This plan will include a Health Savings Account.
- A Preventive Drug List will be added to the pharmacy benefit for the purchase of covered generic preventative prescriptions at a zero co-payment.

2018 EMPLOYEE BENEFITS AT A GLANCE



All employees have the opportunity to choose from the following options:



Medical & Rx

Cigna (includes Rx with CVS/Caremark and vision with VSP)

- OAP Plus
- HDHP-HSA



Dental

- Cigna Dental (PPO)
- UCCI Dental (HMO)



Vision

- VSP Vision



Life/Disability

- Basic Term Life
- Basic AD&D
- Short Term Disability
- Long Term Disability
- Voluntary Term Life



Employee Assistance

- ComPsych (Archdiocese of Baltimore)
- Business Health Services (Catholic Charities)



Retirement

- Pension Plan - Frozen
- 403(b) Savings Plan



COMPARE THE MEDICAL/RX PLANS

Network	OAP Plus Plan		High Deductible HP	
	In Network	Out of Network	In Network	Out of Network
Preventive	No charge		No charge	
Deductible	\$250 / \$500	\$500 / \$1,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Out-of-pocket max	\$1,500 / \$3,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Coinsurance	10%*	30%*	20%*	40%*
Physician	\$25	30%*	20%*	40%*
Specialist	\$40	30%*	20%*	40%*
Diagnostics	10%*	30%*	20%*	40%*
Urgent Care	\$40	\$40	20%*	40%*
Emergency	\$75 (waived if admitted)	\$75 (waived if admitted)	20%*	40%*
Rx Retail [^]				
Generic	\$5		20%*	
Preferred	30% up to \$50			
Non-Preferred	50% up to \$75			
Rx Mail				
Generic	\$10		20%*	
Preferred	30% up to \$100			
Non-Preferred	50% up to \$150			

* After deductible

[^] \$0 copay for preventive generic drugs

Choosing a Medical Plan

When thinking about which medical plan is right for you, ask yourself the following questions and familiarize yourself with how each plan pays in a variety of situations.

- Do I want to pay more out of my paycheck every month and less at the time of service?
- Or do I want to pay less out of my paycheck and have higher potential out-of-pocket costs at the time of service?
- Can I afford the out-of-pocket maximum under the High Deductible Health Plan if my family and I have unforeseen medical expenses?
- How might a Health Savings Account help me save for future medical expenses, whether it be next year or into retirement?

PHARMACY PLAN DETAILS



You automatically receive prescription drug coverage through Caremark if you participate in the Cigna OAP Plus or Cigna High Deductible 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 which plan you participate in and whether you fill your prescription at a retail pharmacy or order it through the mail, and whether the drug is generic, preferred brand, or non-preferred brand. Under the OAP Plus Plan prescriptions drugs are not subject to the annual deductible.

For all maintenance medications, you must order a 90-day supply (either through mail order or a CVS pharmacy) after receiving two refills at a retail pharmacy. This requirement is only for maintenance prescriptions.

Starting this year, members will be able to order certain preventive generic drugs at no cost. For a full list of these drugs, please contact your direct employer.

To fill prescriptions through CVS/Caremark, send your prescription and an order form to CVS/Caremark. You will receive an initial order form with your new CVS/Caremark ID cards. You can access these forms at www.caremark.com

ABOUT THE HEALTH SAVINGS ACCOUNT



The health savings account (HSA) is only available to employees who are enrolled in the High Deductible Health Plan.



HSA's Fund Health Care Needs

The HSA fund can be used for future medical needs and toward the plan's annual deductible and out-of-pocket maximum.



HSA's are Flexible

You decide when to use your HSA funds to pay for qualified health related expenses. The HSA moves with you when you change medical plans, change employers or retire.



HSA's Can Cover You in Retirement

Your HSA funds can be used in retirement for eligible health related expenses, including Medicare expenses.



No "use it or lose it!"

That's right, unused funds roll over each year. Unused funds can also grow through interest and investment earnings and can be "banked" for future health related expenses.



Triple Tax-Advantaged (for federal & most state taxes)

No tax on contributions

No tax on interest

No tax when you withdraw money

Budgeting now and understanding your previous medical history will help you to set aside enough money to cover your deductible.

A complete list of qualified HSA expenses can be found in IRS Publication 502: Medical and Dental Expenses, available by visiting www.irs.gov.

If you use your HSA money for anything other than qualified healthcare expenses, you may pay regular income tax on those amounts, plus a 20% IRS penalty. (The IRS penalty does not apply if you are age 65 or over.)

HOW THE HEALTH SAVINGS ACCOUNT WORKS



The High Deductible Health Plan Could Be Right for You If...

- You like the idea of lower monthly premiums.
- You have a way to budget for the deductible and other out-of-pocket costs.
- You want to use the HSA to build savings that you can use to help fund future healthcare costs.

To Participate in the HSA, You Must...

- Be enrolled in the high deductible health plan.
- Not be covered by any other health plan, such as a spouse's medical plan or a Medical Flexible Spending Account.
- Not be enrolled in Medicare, TRICARE or TRICARE for Life.
- Not have received VA benefits for medical or prescription drugs in the last three months.
- Not be claimed as a dependent on someone else's tax return.

	2018 IRS Maximum HSA Contribution*	Company-Funded HSA Allowance (Annual)	Employee Maximum Annual HSA Withholding
Employee Only	\$3,450	\$500	\$2,950
Employee + Spouse	\$6,850	\$1,000	\$5,850
Employee + Child	\$6,850	\$1,000	\$5,850
Family	\$6,850	\$1,000	\$5,850

*Employees age 55+ may contribute an additional \$1,000

Employees wishing to make voluntary contributions to their HSA (up to the maximum annual IRS limits less employer funded amounts) should see your director employer to complete HSA payroll deduction form

OPENING YOUR HSA BANK ACCOUNT



If you elect to enroll in the High Deductible Health Plan offered by your employer, a bank account will automatically be opened for you at HSA Bank



HSA Bank assigns you an account number and performs a Customer Identification Process (CIP)



Once your account is opened, you will be sent a Welcome Brochure and debit card(s)

INVESTING OPPORTUNITIES FOR YOUR HSA



Once you have \$2,000 in your HSA, you have the opportunity to invest those funds and earn tax-free growth of interest or investment earnings.*

- Your mutual fund selection option is managed by DEVENIR
- Self directed brokerage option powered by TD Ameritrade (trading fees may apply)

For either investment option, integrated, online access to trading, balance information, and much more is available on the HSA Bank website via www.myCigna.com

Investments are subject to market fluctuation, investment risk, and possible loss of principal. You are urged to consult a professional financial advisor and tax advisor prior to exercising any investment options.

*HSA contributions and earnings are not subject to federal taxes and not subject to State taxes in most States. A few States do not allow pretax treatment of contributions or earnings. Please consult your personal tax advisor or contact your plan administrator for information about your State.

TAKE CARE OF YOURSELF



The following services are available to all Cigna OAP Plus and High Deductible HP 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. Please enter the password: **savings**. You can also call Cigna at: 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 Plus and High Deductible Health 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 from any computer with Internet access. Follow the simple registration instructions.



TAKE CARE OF YOURSELF

Breast Reconstruction Following Mastectomy

If you have a mastectomy, the Cigna 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.



DENTAL PLAN

Employees have the opportunity to enroll in dental coverage through Cigna or UCCI.

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 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 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.

	Cigna DPPO	UCCI DHMO
Deductible (Indiv./Family)	\$50 / \$150	You can obtain the United Concordia (UCCI) Schedule of Benefits by contacting the Employee Benefits Office at insure@archbalt.org
Calendar year maximum	\$2,000	
Preventive care Exams, cleanings, X-rays	100% (Once every 6 months)	
Basic services Fillings, Endodontics, Periodontics	80%*	
Major services Crowns/ bridges	50%*	
Orthodontia	50%*	
Lifetime Orthodontic Maximum	\$1,500	

* After Deductible

VISION PLAN (INCLUDED WITH MEDICAL)



The following VSP vision coverage is provided in tandem with your Cigna medical coverage. You will be automatically enrolled in this coverage if you elect either of Cigna's medical plans. Expenses incurred through the VSP vision plan do not accumulate towards your medical plan deductible or out of pocket maximum. Participating providers can be found at www.vsp.com. The network includes several retail establishments, such as Costco, VisionWorks, Wisconsin Vision, Heartland Vision, Rx Optical, Pearle Vision, My Eye Dr, Allegancy Optometry, National Optometry and Cohen Optical.

	In-Network	Out-of-Network
Copayments (Exam / Materials)	100% after \$15	Up to \$45
Frequency Limits - Exam - Frames - Lenses	1 every 12 months 1 every 12 months 1 every 12 months	
Lenses - Single Vision - Bifocal - Trifocal	100%	Up to \$51 Up to \$65 Up to \$85
Frame Allowance	Up to \$130	Up to \$45
Contact Lenses (in lieu of glasses)	Up to \$125 (includes fitting and evaluation)	Up to \$125 (Includes fitting and evaluation)



VISION PLAN (STAND ALONE)

A stand alone vision plan through VSP is offered to employees who do not elect the company-sponsored medical coverage. Participating providers can be found at www.vsp.com. This network is the same as the VSP network that is used for the coverage included with the medical coverage (including retail establishments such as Costco, VisionWorks, Wisconsin Vision, Heartland Vision, Rx Optical, Pearle Vision, My Eye Dr, Allegancy Optometry, National Optometry and Cohen Optical).

	In-Network	Out-of-Network
Copayments (Exam / Materials)	100% after \$15	Up to \$52
Frequency Limits - Exam - Frames - Lenses	1 every 12 months 1 every 12 months 1 every 12 months	
Lenses - Single Vision - Bifocal - Trifocal	100%	Up to \$55 Up to \$75 Up to \$95
Frame Allowance	Up to \$130	Up to \$57
Contact Lenses (in lieu of glasses)	Up to \$125 Copay applies for contact lens exam (fitting and evaluation) – not to exceed \$60	Up to \$125 (Includes fitting and evaluation)



Cigna's One Guide service provides personalized assistance to help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find the right hospitals, dentists and other health care providers in your plan's network
- Get cost estimates
- Understand your bills
- Navigate the health care system

Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you that best meet the needs of you and your family
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away. Should you forget to ask something and need to call back, simply ask for your guide by name and Cigna One Guide will reconnect you, so you can pick up where you left.

Please don't wait until the last minute.

Call **888.806.5042** to speak with a One Guide representative today.

CIGNA EASY CHOICE TOOL



EASY-TO-USE ONLINE PLAN-DECISION SUPPORT
TAKES THE WORK AND WORRY OUT OF CHOOSING A PLAN

You get personalized decision support based on what matters most to you. In about 10 minutes, you can:



Find

“BEST FIT”

plan options



Review plans side by side to

COMPARE

costs, provider networks and
plan types



See which
doctors and hospitals are

IN-NETWORK



Learn how HSAs
can help you*

SAVE



Get a handy

CHECKLIST

to use when you enroll



CONTACT US

with any questions

*Based on employer plan offerings.



Your online home for assessment tools, plan management, medical updates and much more

- Find in-network doctors and medical services
- View ID card information
- Review your coverage
- Manage and track claims
- Compare cost and quality information for doctors and hospitals
- Access a variety of health and wellness tools and resources
- Sign up to receive alerts when new plan documents are available
- Track your account balances and deductibles



Download the myCignaSM app and access your account with just a fingerprint on any compatible device.*

*Please refer to your phone's manufacturer for your phone's specific capabilities. The downloading and use of the myCigna app is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual myCigna features may vary depending on your plan and individual security profile.

TELEHEALTH



Telehealth services are offered to all medical plan enrollees through Cigna.

See a doctor 24/7/365 with telehealth services. You will usually get an appointment in an hour or less, anytime, day or night.

So, whether you're at home, at work or on vacation, and you can't see your doctor, a board-certified doctor will treat you by phone or online video chat for minor, nonemergency conditions such as cold and flu symptoms, nausea and vomiting, sore throats, earaches or sinus pain.

On the OAP Plus Plan, your standard primary care physician cost share applies. For members on the High Deductible Health Plan, telehealth services cost \$42 per visit.



AmwellforCigna.com Toll-free: 855.667.9722



MDLIVEforCigna.com Toll-free: 888.726.3171

LIFE, ACCIDENTAL DEATH AND DISABILITY PLANS



Company-paid benefits include:

- **Basic Life and Accident & Disability:**
 - Archdiocese of Baltimore and Catholic Charities provide Basic Life and Accidental Death and Dismemberment (AD&D) coverage of two times your annual benefit salary (maximum coverage \$100,000)
- **Short Term Disability:**
 - 60% of weekly earnings up to \$2,500 maximum weekly benefit for 26 weeks
- **Long Term Disability:**
 - 60% of monthly earnings up to \$7,500 maximum monthly benefit

Voluntary benefits (employee-paid) include:

- **Employee Voluntary Life:**
 - One-half, one or two times your annual benefit salary (maximum coverage \$250,000)
 - Evidence of insurability (EOI) may be required if you do not enroll for this coverage when you first become eligible
- **Spouse Voluntary Life:**
 - \$10,000 coverage
 - Evidence of insurability may be required if you do not enroll for this coverage when you first become eligible
- **Dependent Voluntary Life:**
 - \$5,000 coverage for each child



EMPLOYEE ASSISTANCE PROGRAM

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, (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 Username CHARITIES or call Business Health Services (800) 327-2251.

403(b) RETIREMENT SAVINGS PLAN



Archdiocese of Baltimore

For the July 2018 to June 2019 Plan Year - Employer Contribution will be announced in June.

Benefit Compensation – 2017 calendar year earnings excluding overtime and bonuses; for employees hired in 2017 or 2018, 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 full calendar years of participation
- 75% after 4 full calendar years of participation
- 100% after 5 full calendar 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).

Employees can contribute to the 403(b) plan as soon as they are hired. Benefit eligible lay employees become eligible for the employer contribution as of the first July 1st or January 1st after the date they became a benefit eligible employee. 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.



ready to enroll?

This year's open enrollment will be an active enrollment, meaning you MUST elect a healthcare benefit to be covered as of 7/1/18. If you do not wish to enroll in medical coverage you must waive coverage. If you do not elect or waive medical coverage, you will not have medical coverage for the 7/1/18 plan year. Please note that your 7/1/17 healthcare elections **WILL NOT** carry over into the 7/1/18 plan year.

To enroll, follow these steps:

1. Archdiocese of Baltimore's employees: a new enrollment form was attached to your open enrollment memo, complete the form and return it to your direct employer. Catholic Charities employees should make their enrollment elections directly in UltiPro.
2. Complete the form and sign it.
3. Archdiocese of Baltimore employees: Copy the form for your records and return it to your direct employer by May 18th, 2018.
4. Catholic Charities employees: Select coverage online by May 18th, 2018.
5. **Remember, all employees must enroll in a new medical plan or waive coverage. All employees in a dental and/or vision plan must either re-enroll, change plans or waive coverage during this open enrollment which is being held May 1 - May 18.**

The Benefit Directory on the next page lists contact information for all of your benefits.

ABOUT THE GUIDE



Important Contacts

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.

Benefit:	Carrier:	Phone:	Website:
Medical Coverage	Cigna	1-800-244-6224	www.cigna.com
Prescription Drug Coverage	CVS/Caremark	1-888-739-7841	www.caremark.com
Dental Coverage	Cigna UCCI	1-800-244-6224 1-866-357-3304	www.cigna.com www.ucci.com
Vision Coverage	VSP	1-800-877-7195	www.vsp.com
Disability Coverage	Cigna	1-800-362-4462	
Life Coverage	Cigna	1-800-362-4462 phone; 410-783-5993 fax	insure@archbalt.org
Retirement	T.Rowe Price	1-800-922-9945	www.rps.troweprice.com
Employee Assistance Program	ComPsych Business Health Solutions	1-800-297-4158 1-800-327-2251	www.guidanceresources.com www.bhsonline.com



This group health plan believes the OAP Plus 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.