

HEALTH WEALTH CAREER

EMPLOYEE BENEFITS ANNUAL OPEN ENROLLMENT

ARCHDIOCESE OF BALTIMORE

MAY 1, 2018 – MAY 18, 2018



ARCHDIOCESE OF BALTIMORE



MAKE TOMORROW, TODAY



AGENDA

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OPEN ENROLLMENT INFORMATION



OPEN ENROLLMENT



WHAT

Your annual opportunity to enroll, drop, or change benefits for yourself and qualified dependents for the upcoming calendar year. **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 7/1/2018 plan year. Please note that **NONE** of your medical, dental or vision 7/1/17 healthcare elections will carry over into the 7/1/18 plan year.

WHEN

May 1 – May 18, 2018

HOW

To enroll, follow these steps:

1. The Archdiocese of Baltimore enrollment forms will be attached to the employee's open enrollment memo or they can obtain a copy from their direct employer. Catholic Charities employees should make their enrollment elections directly in UltiPro.
2. Archdiocese of Baltimore employees: 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.

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

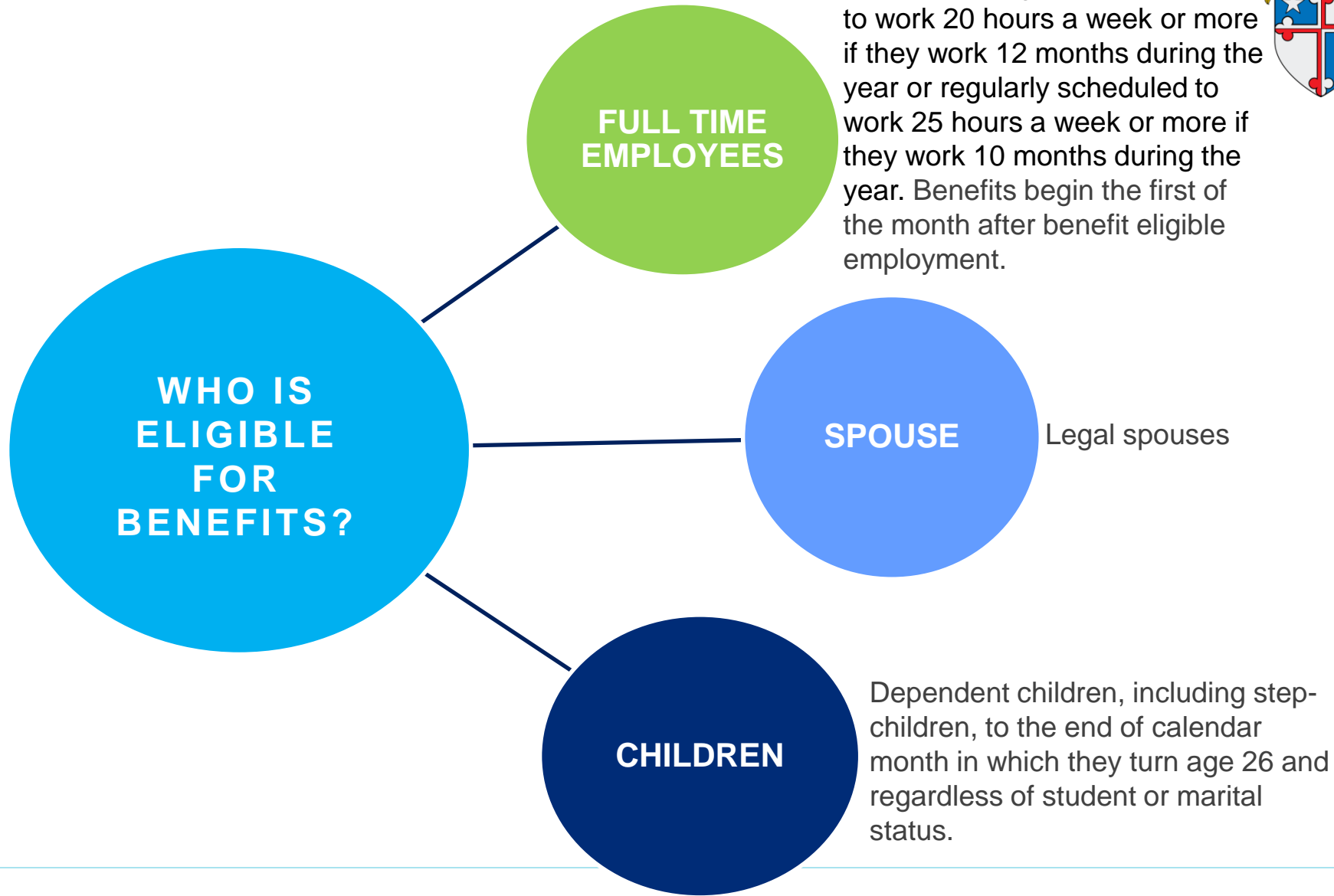
WHY

You must actively enroll in healthcare benefits to be covered for the 7/1/18 plan year. If you do not enroll for the upcoming plan year, you will not be able to make any changes, with the exception of your 403(b) elections, until July 1, 2019, unless you have a qualifying life event.

BENEFITS ELIGIBILITY



Employees regularly scheduled to work 20 hours a week or more if they work 12 months during the year or regularly scheduled to work 25 hours a week or more if they work 10 months during the year. Benefits begin the first of the month after benefit eligible employment.



Legal spouses

Dependent children, including step-children, to the end of calendar month in which they turn age 26 and regardless of student or marital status.

QUALIFIED LIFE EVENT



Qualified Life Event – Outside of this Open Enrollment, IRS rules prohibit you from making mid-year changes to your benefit elections until the next annual open enrollment period unless you experience one of the following qualified life events during the year:

- 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 employer-provided coverage
- Changes in benefit eligible employment status

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

2018/2019 EMPLOYEE BENEFITS



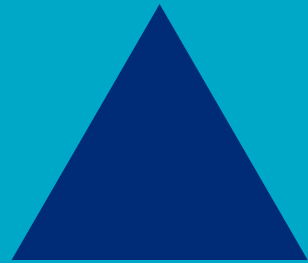
- Cigna Medical Insurance, including Prescription Drug coverage through CVS/Caremark
- Cigna Dental PPO
- UnitedConcordia Dental HMO
- VSP Vision Coverage
- Cigna Basic & Supplemental Life/AD&D Coverage
- Cigna Short Term Disability (STD)
- Cigna Long Term Disability (LTD)
- Health Savings Account (HSA)*
*High deductible plan enrollees only
- Employee Assistance Programs through ComPsych or Business Health Solutions
- 403(b) Retirement Plan with Company Match

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

Please refer to all specific benefit plan documents for detailed overview of benefit descriptions. In the event of any discrepancies the plan documents will prevail.

BENEFITS OVERVIEW

WHAT'S NEW?



2018/2019 BENEFIT CARRIERS



No changes to benefits *carriers* for the 2018/2019 plan year



UPDATES FOR 2018/2019

WHAT'S NEW



New for 2018/2019

- This will be an active enrollment, meaning all employees must select their coverage during open enrollment. If you do not wish to enroll in medical coverage, you must actively waive coverage.
- 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 certain covered generic preventative prescriptions at a zero co-payment. Please see the appendix for an overview of this list.

HEALTH AND BENEFIT OFFERINGS OVERVIEW



MEDICAL COVERAGE



- Two competitive plan offerings to choose from
 - Cigna OAP Plus Plan
 - Cigna HSA-Eligible High Deductible Health Plan (High Deductible HP)
- Pharmacy benefits administered by CVS/Caremark

MEDICAL PLAN DESIGN COMPARISON



	Cigna OAP Plus	Cigna High Deductible HP
Employer-Funded Health Savings Account (HSA) Annual Allowance	N/A	\$500 Individual \$1,000 Family
Individual Plan Deductible (In-Network / Out-of-Network)	\$250 / \$500	\$1,500 / \$3,000
Family Plan Deductible (In-Network / Out-of-Network)	\$500 / \$1,000	\$3,000 / \$6,000
Plan Coinsurance (In-Network / Out-of-Network)	10%* / 30%*	20%* / 40%*
Individual Out-of-Pocket Maximum (In-Network / Out-of-Network)	\$1,500 / \$5,000	\$3,000 / \$6,000
Family Out-of-Pocket Maximum (In-Network / Out-of-Network)	\$3,000 / \$10,000	\$6,000 / \$12,000

* After Deductible

MEDICAL PLAN DESIGN COMPARISON



	Cigna OAP Plus	Cigna High Deductible HP
Preventive Care (In-Network)	No charge	No charge
Physician Office Visits (In-Network)	\$25	20%*
Diagnostic Tests & Imaging (In-Network)	10%*	20%*
Urgent Care (In-Network)	\$40	20%*
Emergency Room (In-Network)	\$75	20%*
Outpatient Surgery (In-Network)	10%*	20%*
Inpatient Hospital (In-Network)	10%*	20%*

* After Deductible

CIGNA PERSONAL HEALTH SOLUTIONS (PHS+) PROGRAM OVERVIEW



As medical costs continue to rise, care management can help control them. Cigna's **Personal Health Solutions program (PHS+)** focuses Cigna's clinical resources where they'll have the most impact on improving quality outcomes and reducing costs.

If you enroll in one of the Cigna medical plans, you will have Cigna's care management for inpatient and outpatient services. You may be required to go through a precertification process depending on the service you need. This means, you find out in advance if a service is covered, which can help lower costs and avoid unnecessary procedures.

➤ **Who is responsible for getting the precertification?**

- In-network services – Your doctor is responsible.
- Out-of network services – You're responsible.

➤ **To request precertification, call the toll-free number on your ID card.**

CIGNA PERSONAL HEALTH SOLUTIONS (PHS+)

WHAT SERVICES NEED PRE-CERTIFICATION?



INPATIENT SERVICES

- All inpatient admissions and non-obstetric observation stays such as:
- Acute hospitals – skilled nursing facilities – rehabilitation facilities – long-term acute care facilities – hospice care – transfers between inpatient facilities
 - Experimental and investigational procedures
 - Cosmetic procedures
 - Maternity stays longer than 48 hours (vaginal delivery) or 96 hours (cesarean section)

OUTPATIENT SERVICES

- Certain outpatient surgical procedures
- High-tech radiology (MRI, CAT scans, PET scans, nuclear cardiology)
- Injectable drugs (other than self-injectables)
- Durable medical equipment (insulin pumps, specialty wheelchairs, etc.)
- Home health care/home infusion therapy
- Dialysis (to direct to a participating facility)
- External prosthetic appliances
- Speech therapy
- Cosmetic or reconstructive procedures
- Sleep management
- Transplants
- Radiation therapy
- Musculoskeletal services (major joint surgery and pain management services)



CVS/CAREMARK PHARMACY PLAN DESIGN COMPARISON

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

You pay a portion of the cost of prescription drugs dependent upon 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.

You must order a 90-day supply (either through mail order or a CVS pharmacy) after receiving two refills at a retail pharmacy.

Starting this year, members will be able to obtain certain preventive generic drugs at no cost. For a full list of these drugs, please contact your Employee Benefits Office.

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.

	Cigna OAP Plus	Cigna High Deductible HP
Prescription Drugs (Retail @ 30-day supply)		
Generic	\$0 (preventive^) / \$5	\$0 (preventive^) / 20%*
Preferred Brand	30% up to \$50	20%*
Non-Preferred Brand	50% up to \$75	20%*
Prescription Drugs (Mail Order @ 90-day supply)		
Generic	\$0 (preventive^) / \$10	\$0 (preventive^) / 20%*
Preferred Brand	30% up to \$100	20%*
Non-Preferred Brand	50% up to \$150	20%*

* After Deductible

^ Approved generics – Full list can be found in the appendix of the presentation.

DENTAL PLAN DESIGN OVERVIEW



- You are offered two dental plan options: Cigna dental PPO and a dental HMO through UnitedConcordia.

	Cigna Dental	UCCI Dental
Plan Deductible Waived for Preventive Care	\$50 / \$150	<p>You can obtain the United Concordia (UCCI) Schedule of Benefits by contacting the Employee Benefits Office at insure@archbalt.org</p>
Calendar Year Max Benefit	\$2,000	
Preventive Care X-rays, Cleaning, Oral Exams, Sealants	100% (once every 6 months)	
Basic Care Fillings, General Anesthesia, Simple Extractions	80%*	
Major Care Dentures, Crowns, Bridges	50%*	
Orthodontia (Adults and Children)	50%*	
Orthodontia Lifetime Max Benefit	\$1,500	

* After Deductible

VSP VISION COVERAGE INCLUDED WITH MEDICAL



- You are provided VSP vision services if you elect Cigna medical coverage (plan design outlined below).
- Expenses incurred through VSP vision plan do not accumulate towards medical plan deductible or out of pocket maximum.
- 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. Please visit www.vsp.com for more information on participating providers.

	VSP Provider	Non-VSP Provider
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)

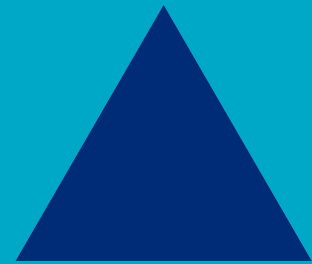
VSP VISION COVERAGE STAND ALONE PLAN



- The VSP vision plan outlined below is available for benefits eligible employees and dependents who do not participate in an Archdiocese of Baltimore or Catholic Charities medical plan.
- 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). Please visit www.vsp.com for more information on participating providers.

	VSP Provider	Non-VSP Provider
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)

HEALTH SAVINGS ACCOUNT OVERVIEW



THE HEALTH SAVINGS ACCOUNT*



HSAs 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.



HSAs 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.



HSAs 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 (for eligible expenses)

* Available only to those who enroll in the High Deductible Health Plan

HEALTH SAVINGS ACCOUNT CONTRIBUTIONS



	2018 IRS Maximum HSA Contribution*	Company-Funded HSA Allowance	Employee Maximum Annual HSA Withholding*
Employee Only	\$3,450	\$500	\$2,950
Employee + Spouse	\$6,850	\$1,000	\$5,850
Employee + Children	\$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 contact their direct employer to obtain a HSA payroll deduction form.

5 “RULES” FOR HEALTH SAVINGS ACCOUNTS



- You must be enrolled in the High Deductible Health Plan option to participate.
- You cannot be covered under any other health insurance plan, including Medicare, with certain exceptions.
- You cannot be claimed as a dependent on someone else's tax return.
- In general, you cannot enroll in both a Health Savings Account (HSA) and a traditional Health Care Flexible Spending Account (FSA).
- You can only use HSA funds on eligible healthcare expenses for tax-eligible dependents.

HSA ADMINISTRATOR



2018 HSA Administrator is HSA Bank

- Your employer HSA funds will be deposited into this account on a quarterly basis.
- Call Toll Free: 844-650-8930 or visit: mycigna.com
- If you have any existing HSA funds, it is a good idea to consolidate your funds by transferring balances from your existing HSA into your new HSA Bank HSA
 - Easier balance monitoring
 - Easier access to funds
 - Faster tax filing
 - Less Paperwork
 - Less Risk

OPENING YOUR ACCOUNT AT HSA BANK



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)

Reminders on enrollment process

Your eligibility record must contain:

- Your name
- Social Security Number
- Date of Birth
- Residential Address (a PO Box cannot be accepted)

Eligibility records that are incomplete will not be processed.

HSA Bank places accounts in open status and will post contributions even if you have not passed CIP. If you do not provide required information within 60 days, HSA Bank will close your account and returns the funds to you.

THE MEDICAL CLAIMS PROCESS



You visit in-network doctor/hospital/facility



Cigna receives and processes the claim



If you opt to have your claims displayed on the **HSA Bank site**, you can elect to have all or some of your claims paid directly from your HSA.

If **not**, you have the option to pay the doctor bill using your HSA or pay out of pocket.



Cigna sends an explanation of benefits (EOB) as your receipt.

Manage your communication settings – by mail or paperless – on myCignaSM.



You can log in to **myCigna.com** to build an on-demand health statement.

UNDERSTANDING & TRACKING HSA EXPENSES



Explanation of benefits (EOB)

- Clearly shows how and when claims were paid
- Can be receive them in the mail or electronically
- Manage your communication settings on myCignaSM

24/7/365 customer phone assistance

- One toll-free number
- Benefits and claim details
- IRS requirements
- Transaction activity and balance
- Live transfer to HSA Bank for investment questions
- Help with myCigna.com resources

Online health statement

- An exact snapshot of the information that you want
- Customize your statement view by date range, claim type and more
- Easy to print and save

24/7 online health account management

- Details on plan coverage, balances, claims and payments
- HSA bank account information
- Link to HSA Bank to manage investment accounts

YOUR HSA SAVING & INVESTMENT FEATURES



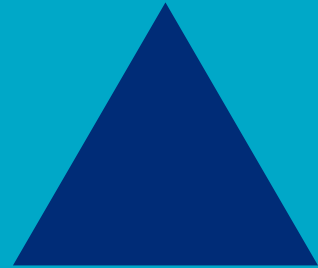
- \$2,000 minimum in HSA to invest
- Mutual Fund selection option managed by DEVENIR
- Self directed brokerage option powered by TD Ameritrade (trading fees may apply).
- Tax-free growth of interest or investment earnings*
- For either investment option, integrated, online access to trading, balance information, and much more is available on the HSA Bank website via **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.

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EMPLOYEE RESOURCES PROVIDED BY CIGNA



CONDITIONS TREATED BY TELEHEALTH DOCTORS

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



General health

- Acne
 - Allergies
 - Asthma
 - Bronchitis
 - Colds and flu
 - Diarrhea
 - Earaches
 - Fevers
 - Headaches
 - Infections
 - Insect bites
 - Joint aches
 - Nausea
 - Pinkeye
 - Rashes
 - Respiratory infections
 - Sinus infections
 - Skin infections
 - Sore throats
 - Urinary tract infections
-



Pediatric care

- Colds and flu
 - Constipation
 - Earaches
 - Nausea
 - Pinkeye
-



AmwellforCigna.com Toll-free: 855.667.9722



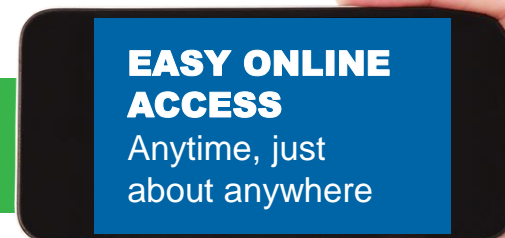
MDLIVEforCigna.com Toll-free: 888.726.3171

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

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.

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CALL A CIGNA ONE GUIDE REPRESENTATIVE DURING PRE-ENROLLMENT TO GET PERSONALIZED, USEFUL GUIDANCE.



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 we'll 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.

AFTER ENROLLMENT, THE SUPPORT CONTINUES FOR CIGNA CUSTOMERS.



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

When you enroll with Cigna, your One Guide representative will be there to guide you through the complexities and unclear jargon of the health care system, and help you avoid costly missteps.

This service will remain available to you after Open Enrollment.

Get it all in the way that's most convenient for you.

Call or access the Cigna One Guide support tool by downloading the myCigna App**

** The download and use of the myCigna mobile 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.



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

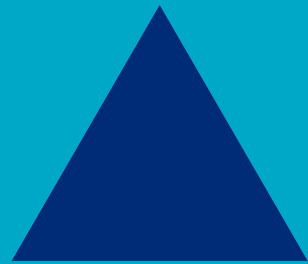
- Find in-network doctors and medical services
- View ID card information
- Review your coverage
- Manage and track claims
- Compare cost and quality information for doctors and hospitals
- Access a variety of health and wellness tools and resources
- Sign up to receive alerts when new plan documents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

ADDITIONAL BENEFITS: LIFE & DISABILITY, EAP & 403(b) RETIREMENT SAVINGS PLAN



CIGNA LIFE & INCOME PROTECTION



➤ **Company-paid benefits include:**

- Basic Life/AD&D – 2x your annual benefit salary/ (\$100,000 maximum)
- Short Term Disability (STD) - 60% of weekly earnings to \$2,500 max weekly benefit
- Long Term Disability (LTD) - 60% of monthly earnings to \$7,500 max monthly benefit

➤ **Voluntary Benefits (Employee-paid) include:**

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

*Evidence of insurability may be required if you do not enroll for this coverage when you first become eligible

EMPLOYEE ASSISTANCE PROGRAM (EAP)



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

Archdiocese of Baltimore
ComPsych
(800) 297-4158

Catholic Charities
Business Health Solutions
(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

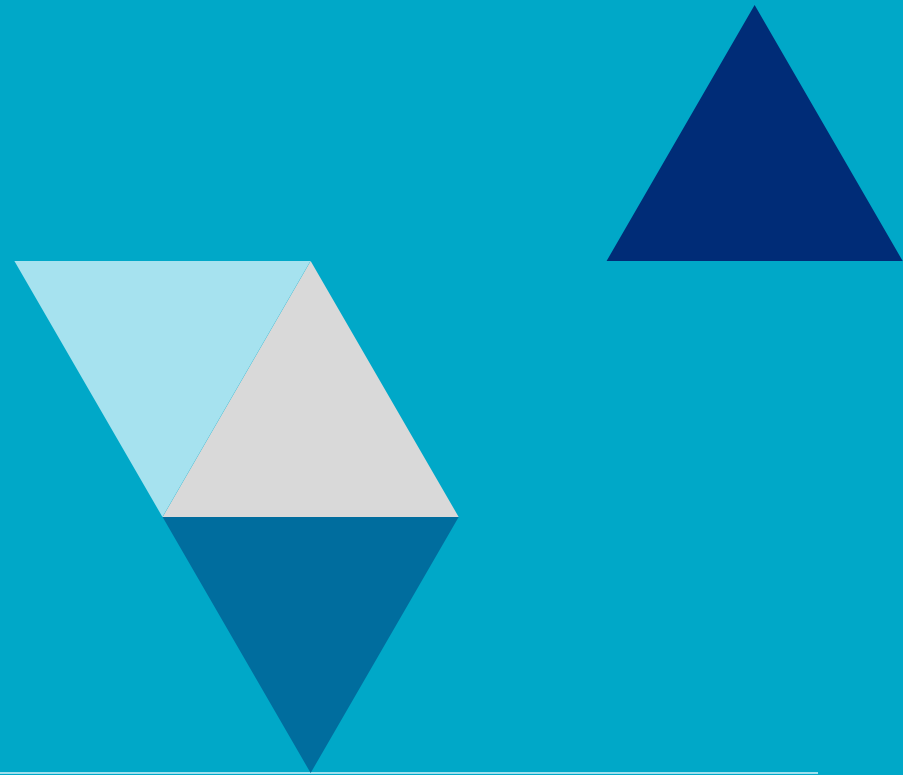
Please contact Human Resources for information regarding the Catholic Charities 403(b) Plan.

IMPORTANT CONTACTS



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 1-800-922-9945	www.guidanceresources.com www.bhsonline.com

APPENDIX



CVS/CAREMARK PREVENTIVE DRUG LIST



THERAPEUTIC DRUG CLASSIFICATION	MEDICAL CONDITION
Antiarrhythmic Agents, Antianginal Agents	Cardiovascular Conditions
Antihyperlipidemics, Combination Antihyperlipidemics	Coronary Artery Disease
Antidiabetics and Diabetic Diagnostic Products and Supplies	Diabetes
Coagulation Factors	Hematologic Agents
ACE Inhibitors, ARBs, Beta Blockers, Calcium Blockers, Diuretics, other Antihypertensives and Combinations	Hypertension
Vaccines, Toxoids, Passive Immunizing Agents, and Biologicals	Immunizing Agents
Antidepressants and Antipsychotics	Mental Health
Calcium Regulators and Hormone Receptor Modulators	Osteoporosis
Anti-Obesity Agents, Smoking Deterrents, Agents for Chemical Dependency and Bowel Preparations	Preventive Care Services
Antiasthmatics	Respiratory Disorders
Anticonvulsants	Seizure Disorders
Anticoagulants and Platelet Aggregation Inhibitors	Stroke
Anti-Malarial Agents, Dental Caries Prevention, Hereditary Angioedema Agents, Immunosuppressive Agents, Multiple Sclerosis Agents, Human Immunodeficiency Virus (HIV), Pre-Exposure Prophylaxis (PrEP)	Various Conditions
Aromatase Inhibitors and Antiestrogens, and Prenatal Vitamins	Women's Health



MERCER

MAKE TOMORROW, TODAY