



ARCHDIOCESE of BALTIMORE

2020-2021 BENEFIT 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.



BENEFIT VENDORS

Benefit:	Carrier:	Phone:	Website:
Medical	Cigna	800-244-6224	www.cigna.com
Prescription Drug	CVS/Caremark	888-739-7841	www.caremark.com
Dental	Cigna UCCI	800-244-6224 866-357-3304	www.cigna.com www.ucci.com
Vision	VSP	800-877-7195	www.vsp.com
Disability	Cigna	800-362-4462	
Life/AD&D	Cigna	800-362-4462 (Tel) 410-783-5993 (Fax)	insure@archbalt.org
Retirement	T.Rowe Price	800-922-9945	www.rps.troweprice.com
Employee Assistance Program	ComPsych (Archdiocese)	800-297-4158	www.guidanceresources.com
	Cigna (Catholic Charities)	1-877-622-4327	www.cigna.com

For other questions, contact the Benefits Office at insure@archbalt.org.

TABLE OF CONTENTS



Eligibility	2
Welcome To Your Group Benefits	3
Medical/Pharmacy Comparison	4
Pharmacy Plan Details	6
Health Savings Account	8
Dental Plan	11
Vision Plan	12
MyCigna	14
Take Care of Yourself	15
Cigna One Guide Service	16
Cigna Easy Choice Tool	19
Telehealth	20
Life and Disability Insurance	21
Employee Assistance Program	22
Retirement	23
How to Enroll	24



ELIGIBILITY

MEDICAL, DENTAL, VISION, LIFE, DISABILITY

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

When coverage begins

Coverage for new hires or newly benefit eligible employees is effective the first day of the month after date of hire or eligibility. Employees who start on the first day of the month will have their coverage start on the same day if they elect medical and/or dental coverage. All newly hired or benefit eligible employees have 30 days from their date of hire to complete their enrollment. If you do not elect coverage within your new hire election period, you will not receive medical and/or dental coverage and will need to wait until the next annual enrollment period to elect coverage.

Annual Open Enrollment

All benefit eligible employees are given the opportunity to make changes to their elections during our annual open enrollment period. Open enrollment typically takes place each spring. Any changes made during open enrollment will be effective July 1.

Family Status Change- Qualified Life Event (QLE)

Outside of open enrollment, the only time during the plan year that you can add or drop coverage for yourself or dependents is when you have a qualified life event. Qualifying events include, but are not limited to marriage or divorce, birth or adoption of a child, death of a dependent, gain or loss of a spouse's employer provided coverage and a change in your spouse's employment status.

To request a mid-year change in benefits, you must provide an updated election form and supporting documentation of your life event within 30 days of the event to your direct employer. With the exception of birth and death, all coverage changes are generally effective the first of the month following the event (coverage will start the same day if the effective date is the first of the month).

For any questions regarding changes to your level of coverage, please contact the Division of Employee Benefits at insure@archbalt.org.

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.

All benefit eligible employees have the opportunity to choose from the following plans:



Medical & Rx

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

- OAP Plus
- High Deductible HP-HSA



Dental

- Cigna Dental (PPO)
- United Concordia Dental (HMO)



Vision

- VSP Vision (if you are not enrolled in medical, you may elect a stand-alone vision plan)



Life/Disability

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



Employee Assistance

- ComPsych (Archdiocese of Baltimore)
- Cigna (Catholic Charities)



Retirement

- Pension Plan* – Frozen effective 6/30/2011 – if you were hired or newly benefit eligible 7/1/2010 or later, you are not eligible for this plan.
- 403(b) Savings Plan

***Lay Employees Only**



COMPARE THE MEDICAL/RX PLANS

Medical Plans				
Plan Features	CIGNA OAP Plus Plan		CIGNA High Deductible HP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible	\$250/individual \$500/family	\$500/individual \$1,000/family	\$1,500/individual \$3,000/family	\$3,000/individual \$6,000/family
Out-of-pocket maximum (excluding deductible)	\$1,500/individual \$3,000/family	\$5,000/individual \$10,000/family	\$3,000/individual \$6,000/family	\$6,000/individual \$12,000/family
Lifetime maximum	Unlimited		Unlimited	
Covered Expenses	What You Pay			
Advanced Imaging (MRI, CAT, PET etc.)	\$25 PCP office \$40 SPC office 10%* Facility	30%^^	20%*	40%^^
Durable medical equipment	0%	30%^^	20%*	40%^^
Emergency Room	\$75 per visit	\$75 per visit	20%*	20%^^
Home health care (120 days max per plan year)	10%*	30%^^	20%*	40%^^
Hospital care and surgical services (inpatient)	10%*	30%^^	20%*	40%^^
Lab, X-ray and other diagnostic tests	10%*	30%^^	20%*	40%^^
Maternity care services (non-diagnostic)				
Initial office visit	\$25 PCP or \$40 SPC	30%^^	20%*	40%^^
Subsequent prenatal visits	0%	30%^^	20%*	40%^^
Inpatient hospital/birthing center charges	10%*	\$200 copay per admission, then 30%^^	20%*	40%^^
Mental health and substance abuse treatment	Office: \$25 Inpatient: 10%* Other Outpatient: 10%*	Office: 30%^^ Inpatient: \$200 copay per admission, then 30%^^ Other Outpatient: 30%^^	20%*	40%^^
Office visits (preventive care)	0%	30%^^	0%	40%^^
Office visits (adult/child medical care for illness or injury)	\$25 PCP or \$40 SPC	30%^^	20%*	40%^^
Outpatient surgical services	10%*	30%^^	20%*	40%^^
Urgent Care	\$40 per visit	\$40 per visit	20%*	40%^^



Pharmacy Plans				
Plan Features	CIGNA OAP Plus Plan		CIGNA High Deductible HP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Rx deductible	None		Combined with medical	
Rx out-of-pocket maximum	None		Combined with medical	
Covered Expenses	Plan Pays			
Rx Retail				
Generic	\$5		20%*^	
Preferred/Brand	30% up to \$50			
Non-Preferred/Non-Brand	50% up to \$75			
Rx Mail				
Generic	\$10		20%*^	
Preferred/Brand	30% up to \$100			
Non-Preferred/Non-Brand	50% up to \$150			

* After deductible

^ Services are subject to reasonable and customary charge limitations

Please note: there is a \$0 copay for certain 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 or out-of-pocket limits.

* See previous page for retail and mail order copays, coinsurance and maximums.

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.

Members may also order certain preventive generic drugs at no cost. For a full list of these drugs, please contact CVS/Caremark.

To fill prescriptions through mail order, 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 also access these forms at www.caremark.com. You may set your prescriptions to auto-refill once you submit the original or renewed prescription.



NEW PHARMACY PROGRAMS FOR PLAN YEAR 2020-2021 INCLUDE:

Advanced Control Specialty Formulary

- The Advanced Control Specialty Formulary is a multi-tier, exclusionary formulary including generics and clinically effective brands as determined through clinical evidence. The specialty drug(s) you are currently taking may change from one tier to another or be excluded from coverage.
- In cases of therapies with exclusions, you will be required to try the preferred drug(s) within that drug class. If you need to stay on your current drug due to medical necessity, CVS/Caremark will work with your physician to review and grant an exception if it is clinically appropriate.
- If you are impacted by changes to the Advanced Control Specialty Formulary, you will receive a notification with additional details from CVS/Caremark prior to the effective date.

Enhanced Specialty Guideline Management

- Enhanced Specialty Guideline Management (SGM) is a comprehensive utilization management (UM) program that promotes patient safety and ensures appropriate use and coverage.
- There will generally be no impact to you as a member.



HOW THE HEALTH SAVINGS ACCOUNT (HSA) WORKS

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.

IMPORTANT NOTE:

If you elect the HDHP, a bank account will automatically be opened for you at HSA bank. Once your information is verified, you will receive a welcome brochure and debit card(s). If HSA Bank contacts you because there is an issue with your address or identifying information, it is important that you provide them with the requested information, or your Health Savings Account cannot be opened and neither your nor the employer funded contributions can be deposited into your account.

To begin making voluntary pre-tax contributions, you must...

- obtain an HSA deduction authorization form from your direct employer or send an email to insure@benefits.com.
- complete and sign the form, ensuring that your contribution is below or meets the annual limits (see below).
- return the form to your direct employer, who will begin deductions from the appropriate paycheck. You may start, stop or change your deductions at any time during the year.

Employer contributions are made as indicated below under Employer Funded HSA Allowance. They are made...

- on a quarterly basis, typically at the beginning of the quarter.
- as long as you are enrolled in the HDHP as an active employee as of the beginning of the quarter.

	2020 IRS Maximum HSA Contribution*	Employer Funded HSA Allowance (Annual)	Employee Maximum Annual HSA Withholding
Employee Only	\$3,550	\$500	\$3,050
Employee + Spouse	\$7,100	\$1,000	\$6,100
Employee + Child	\$7,100	\$1,000	\$6,100
Family	\$7,100	\$1,000	\$6,100

*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 direct employer to complete the HSA deduction authorization form.

ABOUT THE HEALTH SAVINGS ACCOUNT



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



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 qualified reason.

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.)



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.



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

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
Plan 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 employer-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)



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.



The following services are available to all Cigna medical 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, such as weight management and nutrition, fitness, mind & body, vision and hearing care, alternative medicine and healthy lifestyle through participating providers..

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 Chronic Conditions 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 Chronic Conditions program. Or, call 1-800-244-6224 for more information.

To find participating providers, go to www.cigna.com/rewards

Please enter the password: *savings*

You can also call Healthy Rewards at:
1-800-870-3470



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.



Cigna Lifestyle Management Coaching Programs, including one-on-one wellness coaching, convenient evening and weekend hours, and online support and tools.

- **Weight Management**, create a personal healthy living plan.
- **Tobacco Cessation** (including free over-the-counter nicotine replacement therapy (patch or gum).
- **Stress Management**, get the support you need to help cope with stressful situations – both on and off the job.

Take the first step.
Call 800-CIGNA24 or visit
myCigna.com

Cigna Total Behavioral Health Program

- **iPreVail** - On-demand coaching and personalized learning
- **Happify** - Science-based activities and games for stress and worries
- **Additional Cigna Support** - Services to help manage life events including child care, adoption, senior care, pet care, legal and financial consultation, education, summer camps, parenting, convenience services
- **Behavioral support** - for conditions including autism spectrum disorder, child and adolescent mood and anxiety disorders, eating disorders, substance use, young adult major depression and bipolar disorder

For links to iPrevail and Happify, visit the Stress and Emotional Wellness page on myCigna.com.

You can also call the toll-free number on your Cigna ID card. If there isn't a number on your card, call Cigna Behavioral Health at **800.274.7603**.



CIGNA ONE GUIDE

Cigna's One Guide telephonic 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 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 off.

Please don't wait until the last minute.

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

CIGNA EASY CHOICE TOOL

CHOOSE THE PLAN THAT WORKS BEST FOR YOU AND YOUR FAMILY

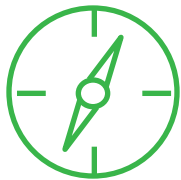
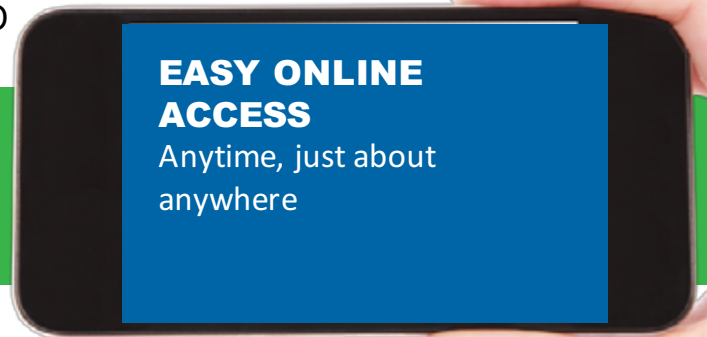


Go to: **CignaEasyChoice.com**

Enter Access Code:

- Archdiocese –T7KKG3QH
- Catholic Charities Full-Time – ZRYVGNDP
- Catholic Charities Part-Time – 37Y46UED

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.

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel.

© 2017 Cigna



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, AmWell services cost \$49 per visit (includes behavioral health) and MDLive services cost \$45 per visit.



AmwellforCigna.com Toll-free: 855.667.9722



MDLIVEforCigna.com Toll-free: 888.726.3171



Employer-paid benefits for benefit eligible lay employees 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 Employer ID: ARCHBALT) or call ComPsych (800) 297-4158.

Employees of Catholic Charities

- EAP services are provided by Cigna. You can receive up to five free visits through the EAP.
- Visit the Cigna site www.cigna.com. Use employer ID “ccmd” for initial registration or call Cigna EAP at 877-622-4327.

403(B) RETIREMENT SAVINGS PLAN



Archdiocese of Baltimore 403(b) Employer Contribution Plan for Benefit Eligible Lay Employees

For the July 2020 to June 2021 Plan Year – The Discretionary Employer Contribution will be four percent of benefit compensation with payments made on a quarterly basis.

Vesting Schedule – (includes years of credited service in the frozen Lay Employee 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 age 65, or die (even if they do not satisfy the above vesting schedule).

Eligibility - Benefit eligible lay employees become eligible for the employer contribution as of the first July 1st or January 1st following their date of hire 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.

Archdiocese of Baltimore 403(b) Employee Contributions for Lay Employees and Archdiocesan Priests

Both benefit eligible and non-benefit eligible employees can make pre-tax employee contributions to the 403(b) plan as soon as they are hired. Contributions may be made on a flat dollar or percentage basis. To make your deferral, you are encouraged to access your online account by going to www.rps.troweprice.com. You will first need to register by providing the requested information and then you may log in with your created user ID and password. From your online account, you may make your pre-tax employee contribution elections, choose your investments from the diversified funds available to you, designate your beneficiary, view your statements and access other helpful retirement tools. Alternatively, you may contact T Rowe Price at 800.922.9945.

Catholic Charities

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



ready to enroll?

To enroll, follow these steps:

- 1. Archdiocese of Baltimore's employees:** complete the enrollment form and return it to your direct employer.
- 2. Catholic Charities employees:** make your enrollment elections directly in UltiPro.
- 3. Remember, all new employees and employees experiencing a change in status or a qualified life event must enroll in benefits within 30 days of the effective date.**



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 at insure@archbalt.org



NOTES





NOTES

