



ARCHDIOCESE *of* BALTIMORE

2022-2023 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	Cigna	800-244-6224 - General 800-835-3784 - Mail Order 877-826-7657 - Specialty	www.cigna.com
Dental	Cigna UCCI	800-244-6224 866-357-3304	www.cigna.com www.ucci.com
Vision	Cigna	800-244-6224	www.cigna.com
Life/AD&D/ Disability	New York Life	800-362-4462	insure@archbalt.org
Retirement	T.Rowe Price	800-922-9945	www.rps.troweprice.com
Employee Assistance Program	Cigna	877-622-4327	www.cigna.com

All benefit forms, information, videos, instructions, etc., are found at the Virtual Benefits Fair: https://virtualfairhub.com/aob_cc

Other questions may be directed as follows:

AOB employees - Benefits Office at insure@archbalt.org.

Catholic Charities employees - HR Service Center at 667-600-3466

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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 vision)
- OAP Plus
- High DeductibleHP-HSA



Dental

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



Vision

- Cigna 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

- Cigna EAP



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	<u>Office:</u> \$25 <u>Inpatient:</u> 10%* <u>Other Outpatient:</u> 10%*	<u>Office:</u> 30%*^ <u>Inpatient:</u> \$200 copay per admission, then 30%*^ <u>Other Outpatient:</u> 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%*^
Office Visits (convenience care clinics—generally CVS/Caremark minute clinics in MD)	\$10	N/A	\$10*	N/A
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
	<i>In-Network</i>	<i>In-Network</i>
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 if you participate in the Cigna OAP Plus or Cigna High Deductible Plan. The prescription drug program is through Cigna and will offer prescription drugs at three levels—this program is called the Cigna Legacy 3-Tier Prescription Drug List.

- **Generic (Tier 1) drugs** (lowest cost) have the same active ingredients, safety, dosage, quality and strength as their brand drug counterparts.
- **Preferred Brand (Tier 2) drugs** (medium cost) are those which generally have no generic equivalent and are either more effective than other drugs in the same class or are equally effective.
- **Non-Preferred Brand (Tier 3) drugs** (highest cost) are those which generally have generic equivalents and/or have one or more Preferred Brand options within the same drug class.

Make sure you're covered. Fill the medication you take on a regular basis in a 90-day supply.

Your plan includes a program called Cigna 90 NowSM. With this program, after three 30-day fills at a retail pharmacy, your plan only covers maintenance medications when they're filled in a 90-day (or 3-month) supply at an in-network retail pharmacy that's approved to fill 90-day prescriptions (including CVS, Walmart, and many more) or through Express Scripts[®] Pharmacy, Cigna's home delivery pharmacy.

There are thousands of retail pharmacies in your new network.

- Your plan's network includes local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop.
- All retail pharmacies in your plan's network can fill 30-day prescriptions, and select pharmacies can fill 90-day prescriptions.
- Go to Cigna.com/Rx90network, or log in to the myCigna App or website, to find an in-network retail pharmacy near you.

Certain specialty medications must be filled through Accredo.

Specialty medications are used to treat complex medical conditions. If you're taking a specialty medication that has to be filled through Accredo, Cigna will send you a letter with specific information on next steps. With Accredo, you'll get the personalized care and support you need to manage your therapy – at no extra cost.

- Personalized care services – including counseling and training on how to administer your medication.
- 24/7 access to specialty-trained pharmacists and nurses.
- Fast shipping, at no extra cost – even for medications that need special handling.
- Refill certain prescriptions by text.
- Manage your medications and track your orders online using the myCigna App or website.
- Copay assistance coordination if you need help paying for your medication.

Cigna 90 Now Pharmacy List – To find a participating Cigna Pharmacy for 90-day prescriptions, you may find it in the Medical/Pharmacy booth in the Benefits Fair (https://virtualfairhub.com/aob_cc) or by contacting Cigna at 800.244.6224.



Cigna's Pharmacy Program offers many tools...

Use the myCigna App or website. It's 24/7 access to your plan's coverage info. As soon as your plan begins, create an account on myCigna.com and/or download the myCigna mobile App.

- Manage, track, order and pay for your home delivery prescription orders online
- See which medications your plan covers
- Use Price a Medication to find out how much your medication costs, and view lower-cost alternatives (if available)
- Find an in-network pharmacy
- Ask a pharmacist a question

Price a Medication

Here are two ways to see what medications are covered on your new drug list.

- If you are not enrolled in a medical plan, go to Cigna.com/druglist and select "Legacy 3 Tier" from the dropdown list.
- If you are enrolled, log in to www.myCigna.com App or website. Click on the "Find Care & Costs"

Cigna's pharmacists can help you stay on track with your medications.

Taking your medication regularly is important to your overall health. Cigna's licensed pharmacists are specially trained and certified to help you manage many health conditions. They can help you understand what your medication does and why it's important to take it as your doctor's prescribed, and can help you work through side effects. They can also help you find ways to lower your medication costs. To talk with a pharmacist, call 800.835.8981. Call as often as you need to. Your conversations are free and confidential.

Use Express Scripts Pharmacy, Cigna's home delivery pharmacy.

Home delivery is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. Express Scripts Pharmacy helps makes it easy to get your medication.

- Easily order, manage and track your medications on your phone or online
- Standard shipping at no extra cost
- Fill up to a 90-day supply at one time
- Helpful pharmacists available 24/7
- Automatic refills and refill reminders so you don't miss a dose
- Payment options if you need help paying for your medications

To learn more about home delivery, go to Cigna.com/homedelivery. To get started using home delivery, go to my.cigna.com/choosehomedelivery.



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. If you do not, your Health Savings Account cannot be opened, and the employee and employer contributions cannot 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.

	2022 IRS Maximum HSA Contribution*	Employer Funded HSA Allowance (Annual)	Employee Maximum Annual HSA Withholding
Employee Only	\$3,650	\$500	\$3,150
Employee + Spouse	\$7,300	\$1,000	\$6,300
Employee + Child	\$7,300	\$1,000	\$6,300
Family	\$7,300	\$1,000	\$6,300

*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 funds) 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).



HSA 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 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 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 \$1,000 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	<p>You can access the United Concordia Certificate of Coverage through the Virtual Benefits Fair at https://virtualfairhub.com/aob_cc</p>
Plan year maximum	\$2,000	
Preventive care Exams, cleanings, X-rays	100%	
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 and STAND-ALONE PLAN)

The following Cigna vision coverage is either included with your Cigna medical coverage or can be elected as a stand-alone plan for those who choose not to enroll in medical or choose a different tier of coverage than their medical plan. You will be automatically enrolled in this coverage if you elect either of Cigna's medical plans. Expenses incurred through the Cigna vision plan do not accumulate towards your medical plan deductible or out of pocket maximum. Participating providers can be found at www.cigna.com. The network includes several retail establishments, such as Katzen Eye Group, VisionWorks, Rx Optical, Pearle Vision, and My Eye Dr.

	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 \$40 Up to \$65 Up to \$75
Frame Allowance	Up to \$150	Up to \$98
Contact Lenses (in lieu of glasses)	Up to \$130	Up to \$115



mycigna.com

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 myCigna 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.

Take Care of Yourself



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 nutritional meal delivery, fitness memberships, Lasik surgery, hearing care, alternative medicine and yoga products 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 will learn to anticipate your symptoms and manage them better. You can reduce the risk of complications by following a plan you have 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 800-244-6224 for more information.

Convenience Care Clinics (CCC's)

You may use Convenience Care Clinics to obtain services for certain acute health conditions and preventive services. CCCs are a category of walk-in clinic(s) located in retail stores, supermarkets and pharmacies that treat uncomplicated minor illnesses and provide preventive health care services. They are sometimes called "minute clinics", "retail clinics," "retail-based clinics," "walk-in medical clinics," or "nurse-in-a-box." CCCs are usually staffed by nurse practitioners (NPs) or physician assistants (PAs). Some CCCs; however, are staffed by physicians. In Maryland, the Minute Clinics found in CVS Caremark retail stores are designated as CCCs. However, it will differ depending on what state you are in. Contact Cigna at the number on your card or go online to www.mycigna.com if you need help finding a CCC near you.

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 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.

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

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

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 or 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.



Telehealth

Telehealth services are offered to all medical plan enrollees through Cigna. Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options for Primary Care, Behavioral Care, Urgent Care and Dermatology that is available by phone or video whenever it works for you. Best of all, virtual care from MDLIVE board-certified doctors are available to you and your dependents as part of your health benefits.

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.

If you are calling for non-urgent care services (Primary Care, Wellness, Behavioral or Dermatology), your standard in-person cost share applies, regardless of whether you are enrolled in the OAP or High Deductible Health Plan (HDHP). If you are calling for urgent care services, members on the OAP plan will pay \$0 and members on the HDHP will pay \$0 after you meet your deductible.

MDLIVE[®] for Cigna

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

EAP services are provided by Cigna. You and your dependents can each receive up to five free visits per issue per year through the EAP.

Visit the Cigna site www.mycigna.com. AOB employees use Employer ID: "ARCHBALT" and Catholic Charities employees 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 2022 to June 2023 Plan Year – The Discretionary Employer Contribution will be four percent of benefit compensation (subject to change) 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 - 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.



403(b) Retirement Savings Plan (continued)

Catholic Charities

One of your valuable Agency benefits is the opportunity to save for retirement through the Catholic Charities 403(b) Employee Retirement Plan. Employees can make pre-tax employee contributions to the plan on a flat dollar or percentage basis. To enroll or change your contribution, go to www.rps.troweprice.com. You will first need to register by providing the requested information and then you will log in with your created user ID and password. From your online account, you will be able to access your account balance, make changes, add a beneficiary, and utilize a variety of helpful retirement tools.

Additional information regarding the Catholic Charities 403(b) Plan, including vesting schedule and employer discretionary contribution, is available on The Vine. For questions, contact T. Rowe Price at 800.922.9945, or the HR Service Center at 667.600.3466.



Online Enrollment

ready to enroll?

To enroll, follow these steps:

1. Archdiocese of Baltimore employees (Open Enrollment only):

Log into your UKG account through the following URLs. If you need help with your user ID or password, please contact your employer.

All Employees: <https://e11.ultipro.com>

If you are a new hire or have a qualified life event mid-year, you must complete and sign a paper enrollment form obtained from your employer or by downloading from the Virtual Benefits Fair at https://virtualfairhub.com/aob_cc/. You will have 30 days from the date of the qualified event to submit the form to your employer; otherwise, you will be required to wait until the next open enrollment.

2. Catholic Charities employees:

Make your enrollment elections online in UKG (formerly 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

