

2023 Benefit Guide Diocese of Manchester



Lay/Religious Plan



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This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



We are pleased to announce the Diocesan 2023 benefit offerings. These programs are effective July 1, 2023.

Choice of Four Medical Plans:

Option 1 (EPO 250)

Higher monthly premiums, low copays for office visits and a \$0 copay applies to in-patient hospital stays;

Option 2 (EPO 500-1)

Low monthly premiums, low copays for office visits and 10% employee cost share applies to in-patient hospital stays;

Option 3 (EPO 1000-1)

Lower monthly premiums, low copays for office visits and 20% employee cost share applies to in-patient hospital stays;

Option 4 (HSA 3000-2)

Lowest monthly premiums, a high deductible plan that meets all of the requirements of an affordable healthcare plan under the Affordable Care Act (ACA). A high deductible must be met for all services, including prescription drugs, before the insurance coverage kicks in.

Enrollment Deadline

All enrollments / changes are due by midnight on Wednesday, May 31st.

Annual Open Enrollment is the time for you to review your current elections and to make any adjustments in your coverage.

Whether you elect coverage or waive benefits, you must go online to make your 2023 benefit selection. Failure to do so will impact you and your dependent(s) coverage.

Log on to RetaTrust at www.retatruster.org



Open Enrollment & Change of Family Status

You should carefully consider your Open Enrollment decisions because your elections remain in effect until the next Open Enrollment. After you enroll, the only time you may make changes to your benefits program during the plan year is if you experience a special enrollment situation or a change in family status. Examples of qualifying events that would allow a change in enrollment status include: Marriage, divorce, or birth of a child.

What You Will Need To Do

Visit Reta Benefits Center

During Open Enrollment, you will be introduced to the newly enhanced Reta Benefits Center — where information is customized with the specific benefits available to you (based on your login ID). Also, there is a tool to help you decide which medical plan best fits your personal healthcare needs.

RetaEnroll

All benefit elections must be made during this time. Whether you elect coverage or waive benefits, you must go online to RetaTrust at www.retatrust.org to make your new plan year benefit elections. A single user ID and Password allows you to access all online platforms/websites related to your Reta healthcare benefits. You may obtain your unique User ID and Password for the first time, or have it resent to you if you are a returning user, by going to the Reta Trust home page (www.retatrust.org) and clicking on the link for assistance with login. Enter your email address; provided your email address has previously been entered in the RetaEnroll system and validated. Otherwise, to view your User ID and Password on-screen, select “Identify Yourself Online Securely” and you will be prompted to enter: First Name, Last 4-Digits of your Social Security Number, Date of Birth, and 5-digit Zip Code. RetaEnroll will verify your information and ask you to enter an email address. Please save your confidential User ID and Password in a secure place. Neither your HR department nor BAS can provide you with your User ID or Password. You must use the self-service “Help” link at www.retatrust.org to obtain this information.

Before making any benefits decisions, be sure to visit the Reta Benefits Center to help you better understand your choices and make the most of your benefit options.

Login any time from May 15th to Wednesday May 31st: www.retatrust.org.

During the Open Enrollment period, you must go online to the RetaEnroll website (log in at www.retatrust.org) and complete the enrollment process to continue your coverage, enroll for the first time or make changes to your existing coverage.



What Do I Need To Do?

NEW EMPLOYEES OR NEWLY COVERED DEPENDENTS: Upon enrollment in Reta plans, you will be asked to verify your dependents with legal documentation. For a spouse you will need to provide two forms of documentation such as a marriage certificate and supporting second document like a joint utility bill. For a dependent child under 26 you will need to provide a birth certificate. Below is a list of acceptable documentation. These documents can either be uploaded during the online enrollment process, or can be faxed to [877.332.7382](tel:877.332.7382).

Gather Dependent Documentation	
Dependent Type	Approved Documents Requirement
Spouse	<ul style="list-style-type: none"> • Marriage certificate plus one piece of documentation dated within the past 60 days to establish a common residence or financial interdependence. Examples of secondary documentation: <ul style="list-style-type: none"> — Jointly filed Form 1040 — Separately filed Form 1040 with the same address — Financial documents in both parties name — Utility bill in both parties name <p>We do NOT accept a medical bill that has the names of both parties as secondary documentation.</p>
Child to Age 26	<ul style="list-style-type: none"> • Birth certificate listing the employee's name
Stepchild	<ul style="list-style-type: none"> • Birth certificate naming spouse as the child's biological parent and applicable spousal documentation
Disabled Dependent	<ul style="list-style-type: none"> • Birth certificate and a copy of the employee's recent Form 1040 claiming the individual as a dependent OR the dependent's Form 1040 filed from the employee's address OR SSDI documentation
Adoption / Placed For Adoption	<ul style="list-style-type: none"> • Appropriate court document
Legal Guardianship / Foster Child	<ul style="list-style-type: none"> • Court document establishing employee or the employee's spouse is the legal guardian

To Enroll Follow These Steps:

Step 1: Return to retatrust.org and enter your User ID and Password in the appropriate boxes, which are located in the middle of the page.

Step 2: Click "Login"

Step 3: Start your enrollment process by clicking on Reta Enroll.

Step 4: Click "Yes" to be directed to the BAS enrollment portal.

Step 5: The Annual Open Enrollment screen will appear. Click "Go" to begin your enrollment and follow the instructions.

Step 6: Be sure to review, save and finalize your enrollment at the end of your session to save your elections. You may log in and make any changes up through the end of open enrollment. Remember to print a copy for your records.

Your Enrollment is complete.

Reta Trust Customer Support

Personal Assistance call: [1.877.303.7382](tel:1.877.303.7382)

(Monday - Friday, 8:30 am to 8:00 pm;
English & Spanish)

Email: service@retaenroll.org

On-Line Benefits Website: www.retatrust.org

Don't Forget!

Open Enrollment for 2023-2024 will begin on May 15th and will end at midnight on May 31st.

Do not wait until the last minute to begin your enrollment. Once the Open Enrollment period has ended, you will not be able to make any changes to your 2023-2024 plan year benefits unless you experience a qualified event.

Open Enrollment: Q&A

What is Open Enrollment?

Open Enrollment is your opportunity to make changes to your existing benefits coverage. Our plan year runs from July 1, 2023 through June 30, 2024. This year's open enrollment will begin on May 15th and end at midnight on May 31st.

Can I change my benefit elections at any time throughout the year?

The decisions you make during open enrollment are binding for the entire plan year unless you have a "qualified family status change," which includes events such as marriage, divorce, birth or adoption of a child, or a change in your spouse's employment status as defined by Section 125 of the Internal Revenue Code.

Do I have to complete the enrollment process even if I don't want to make any changes to my elections for the coming Plan Year?

Yes, you will need to review and confirm your current elections, as well as answer the question regarding if your spouse is enrolled in other medical insurance if you are electing Employee + 1 or Family coverage. If you would like to elect coverage for the first time or waive benefits, you must also go online to RetaTrust at www.retatrust.org to make your benefit selection.

Will I be receiving a new medical ID card?

Yes, you will receive a new ID card containing your medical and prescription drug benefit information.

Will the annual deductibles or benefits reset on July 1st for the medical, dental and vision plan?

No, the annual deductibles and benefits for the medical, dental and vision plan are based on a calendar-year schedule and will not reset on July 1st. Any portion of the deductible you have met under your current plan will carry forward to the plan you elect for July 1st. The annual deductibles will reset on January 1st for all plans.



Medical Plan Comparison

Employees who are regularly scheduled to work 30 hours or more per week are eligible to participate in the plans. There is no coverage available for seasonal or temporary employees. The chart below illustrates in-network coverage only.

Plan Design	Option 1 EPO 250-1	Option 2 EPO 500-1	Option 3 EPO 1000-1	Option 4 High Deductible Plan PPO 3000-2 HSA
Deductibles ³	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$3,000 Individual \$6,000 Family
Annual Out-of- Pocket Maximum ¹ (Individual / Family)	\$1,500 for any one member in the same family / \$3,000 for an entire family unit of two or more Members	\$2,500 for any one member in the same family / \$5,000 for an entire family unit of two or more members	\$5,000 for any one member in the same family / \$10,000 for an entire family unit of two or more members	\$7,000 for any one member in the same family / \$14,000 for an entire family unit of two or more members
Coinsurance ²	None	10% employee coinsurance	20% employee coinsurance	20% employee coinsurance
Preventive Care Visit	\$0 copay	\$0 copay	\$0 copay	\$0 (deductible does not apply)
Regular Physician's Office Visit	\$25 copay, deductible waived	\$25 copay, deductible waived	\$25 copay, deductible waived	Deductible & coinsurance
Specialty Physician's Office Visit	\$25 copay, deductible waived	\$25 copay, deductible waived	\$40 copay, deductible waived	Deductible & coinsurance
Emergency Room	\$100 copay, deductible waived	\$200 copay; deductible waived, then 10% coinsurance	\$200 copay; deductible waived, then 20% coinsurance	Deductible & coinsurance
Urgent Care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	Deductible & coinsurance
Inpatient Hospital	\$0 copay, deductible does not apply	10% coinsurance after deductible	20% coinsurance after deductible	Deductible & coinsurance

¹ EPO 250-1, EPO 500-1, and EPO 1000-1: Includes Medical and Rx Deductible, Copays & Coinsurance; these copayments are no longer required once the OOP maximum is reached. Option 3: OOP Maximum includes medical and drug coinsurance and deductibles.

² Coinsurance: your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

³ Deductible: an amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay.

For a more detailed summary, please visit www.retatrust.org

Medical Plan Comparison (continued)

Plan Design	Option 1 EPO 250-1	Option 2 EPO 500-1	Option 3 EPO 1000-1	Option 4 High Deductible Plan PPO 3000-2 HSA
Outpatient Hospital	\$0 copay, deductible does not apply	10% coinsurance after deductible	20% coinsurance after deductible	Deductible & coinsurance
X-ray Therapy	No charge, deductible waived	10% coinsurance after deductible	20% coinsurance after deductible	Deductible & coinsurance
Primary Care Physician (PCP) Required	No	No	No	No
Mental Health Benefits	Inpatient: \$0 copay, deductible does not apply; Outpatient: \$25 copay, deductible waived	Inpatient: 10% coinsurance after deductible; Outpatient: \$25 copay, deductible waived	Inpatient: 20% coinsurance after deductible; Outpatient: \$40 copay, deductible waived	Deductible & coinsurance
Substance Abuse Benefits	Inpatient: \$0 copay, deductible does not apply; Outpatient: \$25 copay, deductible waived	Inpatient: 10% coinsurance after deductible; Outpatient: \$25 copay, deductible waived	Inpatient: 20% coinsurance after deductible; Outpatient: \$40 copay, deductible waived	Deductible & coinsurance
Prescription Drugs: Retail ¹				Deductible applies, then:
Generic	\$10	\$10	\$10	\$10
Preferred	\$20	\$20	\$30	\$20
Non-Preferred	\$40	\$40	\$50	\$40
Mail Order (90-day supply)				Deductible applies, then:
Generic	\$20	\$20	\$20	\$20
Preferred	\$40	\$40	\$60	\$40
Non-Preferred	\$80	\$80	\$100	\$80

¹Additional cost may apply if you fill a maintenance medication at a retail pharmacy.

The plan design listed illustrates In-network coverage only. This summary of benefits contains the highlights only. The specific benefits and exclusions are contained in your group service agreement.

Medical Plan: Q&A

EPO Medical Plans – Option 1, Option 2 & Option 3

May I go to any doctor I want and receive plan benefits? No. You only receive plan benefits when you use network providers who participate in the Blue Shield of California EPO network.

Is pre-certification required for in patient hospital stays? Yes.

Is there a deductible? Yes.

Will I need to choose a Primary Care Physician (PCP)? No.

Do I need a referral to see a specialist? No.

Is preventive care (well-child care checkups, etc.) covered? Yes, when you use network providers.

Is there a limit to how much I may have to pay in one year? Yes, the out-of-pocket maximum is a cap on the most you would pay out-of-pocket for medical services in a plan year.

Do I need a separate ID card for prescription drugs? No, our medical and prescription drug benefit information will be contained on the same ID card.

After I submit my online enrollment, when will I receive my new I.D. card? Once your online enrollment has been submitted through BAS and sent to Blue Shield, the turnaround period is approximately 7-10 business days and will be mailed directly to your home. The card becomes effective for services provided beginning July 1, 2023.

High Deductible Plan (PPO) – Option 4

May I go to any doctor I want and receive plan benefits? Yes, you are allowed to go to any non-participating provider (out-of-network provider), but you will pay more out-of-pocket costs compared to seeing an in-network provider.

Is there a deductible? Yes, there is a calendar year deductible. You will need to satisfy the deductible before Blue Shield of California starts to reimburse providers for any service. You will receive credit for the portion of your deductible and out-of-pocket accumulators your paid from 1/1/2023 through 6/30/2023.

Will I need to choose a Primary Care Physician (PCP)? No.

Are prescription drugs covered? Yes. Prescription drugs are covered under the plan but you must meet the deductible first. After you have met the deductible you will be responsible for any applicable copay or coinsurance amount depending on the prescription.

Is preventive care (well-child care, etc.) covered? Yes, when you use in-network providers preventive care is covered in full and not subject to the deductible.

What is coinsurance and how does it work with the high deductible plan? Coinsurance is a term which the insurer and the insured share the costs incurred after the deductible is met. For example, the high deductible plan has 10% coinsurance and a \$3,000 individual deductible. This means that you would pay 10% of the covered costs after the deductible has been paid.

For All Medical Plans: What is Wellvolution provided by BSC?

If you enroll in any of the medical plans, you are automatically enrolled in Wellvolution at no additional cost to you. Wellvolution is a health program designed for you. This is where healthy lifestyles begin. Wellvolution provides you with personalized support and tools to help you take control of your health.

Health Savings Account (HSA) – NEW

The Diocese of Manchester will offer a Health Savings Account from Health Equity for employees enrolled in the High Deductible Plan HSA 3000-2. You can put tax-free money into your HSA and then use the funds to pay for approved medical, dental and vision expenses.

Benefits of the Health Savings Account

- ❖ No “Use-it-or-lose-it: The money you put into your HSA, the interest you earn, and even when you withdraw money to pay for health care costs are all tax-free
- ❖ HSA’s are portable: All of your money in your HSA rolls over from year to year, and it’s yours even if you change health insurance plans or change jobs
- ❖ Can be used for future healthcare expenses, such as Medicare premiums and certain long-term care expenses and insurance
- ❖ No income limitations to participate in an HSA

How much can I contribute?

	2023 Maximum Amounts for Saving
Individual	\$3,850/year
Individual + 1	\$7,750/year
Family	\$7,750/year

	Diocese will contribute the following to your HSA:
Individual	\$500/year
Individual + 1	\$750/year
Family	\$1,000/year

Catch-up employee contribution for those 55 & over: **An additional \$1,000 per year**

Frequently Asked Questions

Health Savings Account (HSA)

Who is eligible and can contribute to an HSA?

You must meet all the following conditions:

- ❖ Covered under a “qualified” High Deductible Plan (HDP) and not covered under any other non HDP
- ❖ Not entitled to (i.e. enrolled in) Medicare (A,B,C or D)
- ❖ Not claimed as a tax dependent on another person’s tax return

How Do I Enroll?

You will have the option to enroll in the Health Savings Account and set your contributions while completing the enrollment steps found in RetaEnroll. More information about RetaEnroll can be found on page 5.

Am I eligible if I have other insurance (i.e. dental)?

Yes, “permitted insurance” from which you can receive benefits without losing HSA eligibility, include dental, vision and long-term care insurance.

My spouse has a traditional FSA through her employer. Does that affect my HSA eligibility?

Yes, in this case, you have coverage through your health plan and your spouse’s traditional Health FSA, which is not a qualified HDHP (because it pays benefits without your satisfying a deductible). You therefore cannot gain HSA eligibility before the end of your spouse’s traditional Health FSA plan year {or longer if it has a grace period}. See Human Resources for more details.

For what purpose can my HSA funds be used?

Funds can be withdrawn for any purpose, at any time. However, if funds are withdrawn for reasons other than to pay for qualified medical expenses by someone under age 65, the amount withdrawn is taxable and subject to a 10% penalty by the IRS.

After age 65, there is no penalty for non-qualified withdrawals but amounts are taxable.

What You Need To Do

Follow these steps to optimize your account and put you on the pathway to building health savings.

Step 1: Activate Your Debit Card:

Once your HSA is opened, you will receive a member welcome kit including a HealthEquity Visa® Health Account Card. Activation instructions are included in the envelope. You can also call HealthEquity at **1.866.346.5800** to activate your card and receive additional insight into your account.

Step 2: Verify Account:

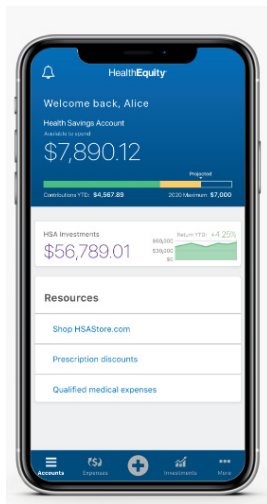
Sign in to the member portal by <https://my.healthequity.com>. If it is your first time logging in, select 'Create user name and password' and follow the step-by-step process to verify your account. Once you are logged in, complete the following:

- Add a beneficiary to ensure your HSA benefits your loved ones in the event of your death.
- Elect to receive eStatements to avoid a monthly statement fee.
- Navigate the portal and familiarize yourself with its features and capabilities.

Health Equity also offers online webinars at webinars.healthequity.com to help you understand your HSA.

Step 3: Download the Health Equity Mobile App

With the Health Equity app, you can manage your account at your fingertips. Available for iOS and Android devices



**See how much
you can save**

[HealthEquity.com/
Learn/HSA](https://HealthEquity.com/Learn/HSA)

HSA Store

For your convenience, the HSA Store is a worry-free zone for spending your pre-tax dollars. Funds stretch far to cover 2,500+ items including physician visits, hi-tech kits, and many additional items. HSA Store makes payment processing seamless with no purchase verification when using your HSA card. Visit: hsastore.com/healthequity

Prescription Drugs

This coverage will be administered by CVS Caremark

All employees enrolled in medical coverage will have one identification card for medical and prescription drug benefits. CVS Caremark (CVS) is your pharmacy plan. CVS brings a nationwide network of pharmacies that includes Rite Aid, Walgreens, Walmart, local pharmacies and CVS stores. As a result of the partnership between CVS and BSC, you will have the convenience of carrying only one ID card for both BSC medical and CVS prescription benefits.

Are prescription drugs covered?

Yes, all plans have prescription drugs and it is administered by CVS Caremark. The prescription plan includes features to encourage members to obtain the lowest cost drug alternative. Dispense as written (DAW) penalty is the difference in the price between the brand name medication and its available generic equivalent. The penalty can be applied if a doctor writes a prescription for brand name medication when generic is available or if the member asks for the brand name to be dispensed even if a generic is available.

Could a 90-day maintenance medication be picked up at a retail pharmacy?

Yes, members will be able to obtain a 90-day supply of maintenance medications at retail pharmacies. The members cost will be equal to the copay for a 30-day supply, times three. Members can obtain a 90-day supply of maintenance medications through the mail order program. The members cost will be equal to the copay for a 30-day supply, times two.

Will there be coverage for certain Over the Counter (OTC) medications at a \$0 copay?

Yes, there is coverage for those OTC medications that meet the ACA requirements for medication such as Aspirin, Vitamin D, Folic Acid, Fluoride, Smoking Cessation products, and Iron Supplements (they would still require a prescription).

Where do I go if I have questions about the pharmacy plan?

Resources to use:

- ❖ Reta Benefits Center
- ❖ Caremark.com
- ❖ Download and use the CVS App
- ❖ Call CVS: [800.844.0719](tel:800.844.0719)



Dental Plan

Find a dentist at nedelta.com

The Diocese offers a comprehensive dental program through Northeast Delta Dental. You can visit any licensed dentist under this plan, but you will maximize plan value by selecting a Delta Dental PPO dentist. PPO network dentists have agreed to reduced contracted rates and are not permitted to “balance bill” you for additional fees. You will have the option of enrolling in either dental plan during open enrollment.

Plan Design	Dental 2000		Dental 1000	
	In-PPO Network PPO Dentists	Out-of-PPO Network Premier and Non-Delta Dentists	In-PPO Network PPO Dentists	Out-of-PPO Network Premier and Non-Delta Dentists
Annual Deductible (per calendar year)	\$50 Individual \$150 Family	\$75 Individual \$225 Family	\$50 Individual \$150 Family	\$75 Individual \$225 Family
Annual Maximum (per calendar year)	\$2,000 per person		\$1,000 per person	
Diagnostic & Preventive Services (Exams, cleanings, x-rays, sealants)	100%		100%	
Basic Coverage (Fillings, root canals, gum treatment, oral surgery)	90%	80%	90%	80%
Major Coverage (Crowns, bridges, dentures, implants)	60%	50%	60%	50%
Orthodontia (Adults & Dependent Children)	50%		50%	
Orthodontia Lifetime Maximum	\$1,500 per person		\$1,000 per person	

The plan design listed illustrates In-Network coverage only.



Vision Plan

The Diocese offers a comprehensive voluntary vision plan through DeltaVision. This plan saves you money on your eye care purchases and is available through provider locations participating in the EyeMed Access Network. Employees enrolling in this plan will be mailed two ID cards to their home address. Each covered family member will use the subscriber's ID card / ID number when at the EyeMed network provider of choice.

Benefits	Description	In-Network	Out-of-Network
Exam	Every 12 months	\$10 copayment	Reimbursement up to \$35
Prescription Glasses		\$25 copayment	
Frames	Every 24 months	\$150 allowance, then 20% off balance	Reimbursement up to \$75
Lenses	Every 12 months Single Vision Lined Bifocal Lined Trifocal	\$25 copayment	Reimbursement up to \$25 Reimbursement up to \$40 Reimbursement up to \$55
Lens Enhancements	Every 12 months Standard Progressive lenses Premium Progressive lenses Anti-reflective coating	\$90 copayment \$90 copayment or 80% of charge less than \$120 allowance \$45 copayment	Not Covered
Contacts	Every 12 months Conventional Disposable Medically necessary	\$150 allowance, then 15% off balance \$150 allowance, member pays balance Paid in full	Reimbursement up to \$120 Reimbursement up to \$120 Reimbursement up to \$200

*See Vision Plan summary for details.



Flexible Spending Account

The Diocese of Manchester will continue to offer a Flexible Spending Account (FSA) benefit to our employees in effort to help our employees with controlling out-of-pocket medical, dental, and vision expenses. The plan is administered through BAS (Benefit Allocation Systems).

There are two kinds of FSA Plans:

Healthcare FSA: Utilized for out-of-pocket Medical, Dental and Vision care expenses for you and your family members (regardless of your insurance coverage).

Dependent Care FSA: Utilized for dependents/children in daycare or with a licensed childcare provider.

An FSA Plan is meant to provide you a way to pay for your expenses in either category with tax-free money. Designed by the IRS, these plans are there to help alleviate healthcare and childcare costs by allowing you to set aside a portion of your income tax-free in order to pay for these expenses, and ultimately lower your taxable income.

Health Care (or Medical) FSA

The Healthcare FSA is an account plan setup by the IRS that allows employees to set aside monies on a pre-tax basis for expenses they intend to incur during the year. For monies you are spending everyday on doctor office copays, deductibles, hospital expenses, prescription copays, and many more items, you could pay for these tax-free through the FSA.

The Benefit?

The amount you set aside in an FSA is taken “pre-tax” meaning it is taken from your paycheck before taxes are applied (much like your Medical Insurance premiums). The benefit is that you are only taxed upon the income remaining, as your paycheck was lowered by the amount set aside in the FSA. You are also saving taxes on the first dollar versus having to itemize and try to write these expenses off on your taxes each year.

Please refer to IRS Publication 502 for a complete list of eligible expenses.

How does this work?

Simply estimate the out-of-pocket expenses you **KNOW** you are going to have for this next year **up to the Annual Maximum (7/1/23 - 6/30/24) of \$3,050**. Keep in mind, this includes any Medical, Dental, and Vision expenses for you **AND** your family (Spouse and Legal Dependents/Children). A large list of examples is provided by BAS showing what is covered under this plan for you and your family. Once you have an estimated total for the year, the annual amount elected is then divided by your total number of paychecks for the year. These amounts deducted from your paycheck would be deducted **BEFORE** taxes (pre-tax) and would lower your taxable income by the amount set aside in the FSA plan.

Typical Items Not Covered

- * Health Club Fees unless prescribed for treatment of a medical condition
- * Cosmetic Surgery unless necessary to improve deformity resulting from congenital abnormality, accident, or disease
- * Social Activities such as swimming and dancing, even if medically necessary
- * Massages
- * Weight Loss Program
- * Smoking Cessation Program
- * Any medical expense not allowed by the IRS on a tax filing

These accounts will be available to you at no cost

Flexible Spending Account (continued)

	Doesn't Participate in an FSA	Does Participate in an FSA
Annual Income	\$35,000	\$35,000
Pre-Tax FSA Contributions	\$0	\$500
Taxable Salary	\$35,000	\$34,500
Federal Withholding (22%)	\$7,700	\$7,590
State Tax Withholding, if applicable (0%)	\$0	\$0
FICA Tax (7.65%)	\$2,677	\$2,639
Total Annual Taxes	\$10,377	\$10,229
Annual Tax Savings	\$0	\$148

What if I have a lot of expenses at the beginning of the plan year?

Don't worry, you will have the FULL balance of your annual HealthCare FSA amount available to you at the beginning of the year. For example, if you set aside \$1,000 for the year, you will have \$1,000 available to you on day one of the plan year.

How do I get the money?

Use your debit card in retail stores on eligible expenses, or file a Healthcare FSA claim by visiting MyEnroll.com and hover your mouse over Flex Spending Accounts. Select "Non-Bar Coded Claim Forms" and select the formatting type from the 3 options: 1. PDF 2. Word 3. HTML

Select either Health Care FSA or Dependent Day Care FSA. Read the instructions and complete the claim form with the applicable information. Mail or Fax document.

Mail: BAS, P.O. Box 62407, King of Prussia, PA 19406. Fax: [888.265.2144](tel:888.265.2144).

Claims received prior to Thursday at 3:00 pm if approved, will be paid out by check or direct deposit (if available) on the following Wednesday. Claims that are received and are denied or more information is needed, will receive an explanation of benefits via USPS mail.

TIPS: When considering your current out-of-pocket expenses, check out websites like CVS.com, Walgreens.com, and Drugstore.com. These sites usually have an "FSA Eligible" indicator for items covered under an FSA plan, which can help you further estimate costs and expenses for the year.

Keep in mind this is a "Use-it or Lose-it" account, so be sure you are being conservative in your estimates. You will have until the end of the plan year to file for a Healthcare FSA and/or Dependent Care FSA claims. (7/1/2023 – 6/30/2024)

Keep all receipts! Also, always keep your receipts in the event you were to get audited (have an envelope for each year and put all receipts aside in the envelope just in case).

For more details, please visit www.retatrust.org

Flexible Spending Account (continued)

Dependent Care FSA

A Dependent Care FSA is an account set up specifically for Daycare and Childcare expenses for your dependent child(ren). This money set aside in the Dependent Care FSA plan is also set aside tax-free and allows you (and your spouse, if applicable) to pay for daycare/childcare expenses using your tax free money while you (and your spouse, if applicable) go to work.

You may set aside up to \$5,000 per calendar year (family limit) in this Dependent Care FSA plan in order to help pay for those expenses. This plan works a little differently than the HealthCare FSA in that you are only able to be reimbursed for/ utilize what you put in after each paycheck.

Example: If you sign up for the full **\$5,000** per year and are on a weekly payroll, you would see **\$96.15** out of your paycheck, which is then sent to BAS to be applied to your account. This amount is then reimbursable to you as funds are sent to your Dependent Care FSA account.

Dependent Care Flexible Spending Accounts allow you to use tax-free dollars on childcare, so you don't have to worry about your kids!

Examples of Allowable Dependent Care FSA Expenses:

- * Child Care Centers
- * Family Day Care Providers
- * Licensed Baby-Sitters
- * Nursery Schools

Examples of Non- Allowable Dependent Care FSA Expenses:

- * Kindergarten Expenses
- * Health care expenses for your dependents



Optional 100% Employee Paid MetLaw Legal Plan

When life calls for legal help, MetLaw is there for you.

Telephone and office consultations are available for an unlimited number of personal legal matters with an attorney of your choice. Plan covers you, your spouse and dependents.

To learn more, visit info.legalplans.com and enter access code: **9902396** or call our Client Service Center at **1.800.821.6400** Monday– Friday, 8am–8pm (EST Time).

Money Matters	<ul style="list-style-type: none"> ✦ Debt Collection Defense ✦ Identity Theft Defense ✦ Identity Management Services¹ 	<ul style="list-style-type: none"> ✦ Negotiations with Creditors ✦ Personal Bankruptcy ✦ Promissory Notes 	<ul style="list-style-type: none"> ✦ Tax Audit Representation ✦ Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> ✦ Boundary & Title Disputes ✦ Deeds ✦ Eviction Defense ✦ Foreclosure ✦ Mortgages 	<ul style="list-style-type: none"> ✦ Property Tax Assessment ✦ Refinancing & Home Equity Loans of Primary, Second or Vacation Home 	<ul style="list-style-type: none"> ✦ Sale or Purchase of Primary, Second or Vacation Home ✦ Security Deposit Assistance ✦ Tenant Negotiations ✦ Zoning Applications
Estate Planning	<ul style="list-style-type: none"> ✦ Codicils ✦ Complex Wills ✦ Healthcare Proxies 	<ul style="list-style-type: none"> ✦ Living Wills ✦ Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> ✦ Revocable & Irrevocable Trusts ✦ Simple Wills
Family & Personal	<ul style="list-style-type: none"> ✦ Adoption ✦ Affidavits ✦ Conservatorship ✦ Demand Letters ✦ Garnishment Defense ✦ Guardianship 	<ul style="list-style-type: none"> ✦ Immigration Assistance ✦ Juvenile Court Defense, Including ✦ Criminal Matters ✦ Name Change ✦ Parental Responsibility Matters ✦ Personal Property Protection 	<ul style="list-style-type: none"> ✦ Prenuptial Agreement ✦ Protection from Domestic Violence ✦ Review of ANY Personal ✦ Legal Document ✦ School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> ✦ Administrative Hearings ✦ Civil Litigation Defense ✦ Incompetency Defense 	<ul style="list-style-type: none"> ✦ Disputes Over Consumer Goods & Services 	<ul style="list-style-type: none"> ✦ Pet Liabilities ✦ Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your Parents: <ul style="list-style-type: none"> ✦ Deeds ✦ Leases 	<ul style="list-style-type: none"> ✦ Medicaid ✦ Medicare ✦ Notes ✦ Nursing Home Agreements 	<ul style="list-style-type: none"> ✦ Powers of Attorney ✦ Prescription Plans ✦ Wills
Vehicle & Driving	<ul style="list-style-type: none"> ✦ Defense of Traffic Tickets² ✦ Driving Privilege Restoration 	<ul style="list-style-type: none"> ✦ License Suspension Due to DUI 	<ul style="list-style-type: none"> ✦ Repossession
E-Services	<ul style="list-style-type: none"> ✦ Attorney Locator ✦ Financial Planning 	<ul style="list-style-type: none"> ✦ Insurance Resources ✦ Law Firm E-Panel 	<ul style="list-style-type: none"> ✦ Self-Help Legal Documents ✦ Work/Life Resources

¹ This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of Hyatt Legal Plans.

² Does not cover DUI.

Optional 100% Employee Paid Hospital Indemnity Plan (New Provider)

The Diocese of Manchester will offer Hospital Indemnity Insurance through Reliance Standard that is 100% employee paid. Hospital Indemnity Insurance can help fill financial gaps caused by out-of-pocket expenses such as deductibles, copayments, and non-covered medical services. The Hospital Indemnity plan will only pay a benefit if you are admitted to a hospital. Payments are made directly to covered employees to spend as they choose.

Who is eligible for Hospital Indemnity coverage?

Since you pay for this coverage, everyone is able to sign up for hospital indemnity protection without enrolling in one of our medical plans.

Where can I find more information about the covered benefits/services?

Full benefits can be found in the plan summary. You may also contact Reliance Standard Customer Service at 1-800.351.7500 from 8:00 a.m. – 7:00 p.m. ET Monday through Friday.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage.

Hospital Indemnity Insurance Benefits

Below are some of the covered benefits/services, when an accident or illness puts you or a covered dependent in the hospital.

Benefit Type	Reliance Standard Pays YOU
Hospital Room & Board Benefit per Day (180 Daily Benefits per Coverage Year)	\$100
Hospital Critical Care Unit Benefit per Day (30 Daily Benefits per Coverage Year)	\$200
Hospital Admission One Daily Benefit per Coverage Year	\$500
Hospital Critical Care Admission One Daily Benefit per Coverage Year	\$1,000
Wellness Care* One Daily Benefit per Coverage Year	\$50
Non – Insurance Services On-Call Travel Assistance	Included

*Wellness Care means medical examinations and procedures that are preventive in nature and not for the treatment of injury or sickness

Features:

- ❖ Guaranteed Issue; no medical questions
- ❖ No pre-existing conditions exclusions
- ❖ Mental & Nervous and Substance Abuse treated the same as any other hospital admission
- ❖ No deductibles
- ❖ Eligible for continuation of coverage
- ❖ HIPAA privacy compliant
- ❖ Overlying Major Medical Plan Not Required*

*Overlying major medical plan is required for all California residents

Optional 100% Employee Paid Accident Plan – New

New in 2023, the Diocese of Manchester will offer a Voluntary Accident Plan through Reliance Standard. The Voluntary Accident plan provides a range of benefits for injuries resulting from a covered accident. Benefits are paid directly to you and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

Who is eligible for Accident coverage?

Since you pay the full cost for this coverage, all benefit eligible employees are able to sign up for the Voluntary Accident plan without enrolling in one of our medical plans.

Where can I find more information about the covered benefits/services?

Full benefits can be found in the plan summary. You may also contact Reliance Standard Customer Service at **800.351.7500** from 8:00 a.m. – 7:00 p.m. ET Monday through Friday.

Voluntary Accident Benefits

Below is a snapshot of the benefits offered through the Voluntary Accident plan.

Benefit Type	Reliance Standard Pays YOU
Ambulance	\$100 Ground, \$500 Air
Burns	To \$800 for 2nd degree burns; To \$6,400 for 3rd degree burns; Skin Graft - \$25% of benefit payable for Burns
Chiropractic Services (per Visit)	\$25 per session, 6 sessions maximum
Coma	\$5,000
Concussion	\$100
Dental Injury	\$150 for Crown; \$50 for Extraction
Diagnostic Exams	\$100 per CT/MRI scan
Emergency Treatment	\$150
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair
Fractures	To \$2,500 for Non-surgical; to \$5,000 for Surgical repair, Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fractured
Initial Hospital Admission	\$500
Initial Intensive Care Unit Hospital Admission	\$1,000
Hospital Confinement (per Day)	\$200, 365 days maximum
Intensive Care Unit Confinement (per Day)	\$400, 30 days maximum
Physical Therapy (per Session)	\$25, 6 sessions maximum
Physician Visit	\$50 Initial; \$50 Follow-up
Rehabilitation Facility Confinement (per Day)	\$50, 30 days maximum
Surgery	\$100 for Exploratory; \$300 for Knee Cartilage; \$1,000 for Abdominal or Thoracic; \$500 for Ruptured Disc; to \$600 Tendon, Ligament, or Rotator cuff
X-Rays	\$25

*For full benefits and services, please see the plan summary.

Features:

- ✦ Portability to Employee Age 70
- ✦ FMLA/MSLA Continuation
- ✦ 24-Hour Travel Assistance Services
- ✦ 24-Hour Coverage

Employer & Employee Contributions

The monthly employer's contribution for medical insurance is reflected below. These contributions are effective July 1, 2023 through June 30, 2024.

All eligible employees who elect medical coverage will have deductions withheld from their paycheck.

MEDICAL

EPO 250-1 Plan

	Monthly Plan Cost	Diocesan Contribution	Employer Contribution	Employee Contribution
Employee	\$1,087.75	\$67.80	\$784.41	\$235.54
Employee + 1	\$2,229.91	\$299.58	\$1,127.30	\$803.03
Family	\$2,991.33	\$432.16	\$1,435.15	\$1,124.02

EPO 500-1 Plan

	Monthly Plan Cost	Diocesan Contribution	Employer Contribution	Employee Contribution
Employee	\$1,020.92	\$40.41	\$784.41	\$196.10
Employee + 1	\$2,092.92	\$241.47	\$1,127.30	\$724.15
Family	\$2,807.56	\$357.95	\$1,435.15	\$1,014.46

EPO 1000-1 Plan

	Monthly Plan Cost	Diocesan Contribution	Employer Contribution	Employee Contribution
Employee	\$968.90	\$54.12	\$784.41	\$130.37
Employee + 1	\$1,986.27	\$265.19	\$1,127.30	\$593.78
Family	\$2,664.49	\$398.93	\$1,435.15	\$830.41

High Deductible Plan

	Monthly Plan Cost	Diocesan Contribution	Employer Contribution	Employee Contribution
Employee	\$838.78	\$107.71	\$625.35	\$105.72
Employee + 1	\$1,719.51	\$301.20	\$885.73	\$532.58
Family	\$2,306.65	\$337.56	\$1,240.03	\$729.06

Employer & Employee Contributions (continued)

Dental

Dental 2000

	Monthly Plan Cost	Employer Contribution	Employee Contribution
Employee	\$53.84	\$45.79	\$8.05
Employee + 1	\$111.37	\$45.79	\$65.58
Family	\$200.09	\$45.79	\$154.30

Dental 1000

	Monthly Plan Cost	Employer Contribution	Employee Contribution
Employee	\$45.79	\$45.79	\$0.00
Employee + 1	\$93.96	\$45.79	\$48.17
Family	\$168.35	\$45.79	\$122.56

Vision

EyeMed

	Monthly Plan Cost (100% employee paid)
Employee	\$6.86
Employee + 1	\$11.76
Family	\$21.05

Hospital Indemnity

Employee	\$16.93
Employee + Spouse	\$36.89
Employee + Child(ren)	\$29.78
Employee + Spouse/ Child(ren)	\$52.58

MetLaw

Rate	\$19.80
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Voluntary Accident

Employee	\$9.39
Employee + Spouse	\$15.07
Employee + Child(ren)	\$21.02
Employee + Family	\$26.92

Annual Notices

Covered Dependents

You may enroll your spouse or eligible dependents in our medical and dental insurance plans. Eligible dependents include:

- ❖ Your spouse
- ❖ Any child of yours who is
 - Under 26 years of age as of July 1, 2023, not eligible for coverage under an employer's plan
 - Older than 26 years, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was a covered dependent under this Plan, or while covered as a dependent under a prior plan with no break in coverage

Any election change must be consistent with the permitted reason for a change. If you have a change in dependent status, contact the person at your parish, Catholic school or diocesan institution who handles benefits within 30 days of the family status change to make a change in your insurance coverage. You will need to provide acceptable documentation to add a dependent (if you are enrolling a dependent for the first time).

Process for Coverage Continuation

The parish, diocesan Catholic school or diocesan institution will notify Benefit Allocation Systems (BAS) within 30 days after an employee's death, job termination, loss of eligibility, or eligibility for Medicare. In cases of divorce, legal separation or a child's loss of dependent status, it is the employee's responsibility to notify the person at your parish, Catholic school or diocesan institution who handles employee benefits within 60 days of the event, and s/he will then notify BAS of the change(s). Once notified, BAS has 14 days to provide the employee and/ or employee's family member about the opportunity to continue coverage.

The employee, employee's spouse & dependent child(ren) have 60 days to decide whether or not to continue coverage at his/her own expense.

This election period is counted from the date the employee's notification is sent by BAS or the date that the employee lost health coverage, whichever is later. Note: Health insurance continues until the last day of the month in which the resignation or termination is effective.

Women's Health & Cancer Rights Act Notice

In the case of a covered person receiving benefits in connection with a mastectomy who elects breast reconstruction, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- ❖ Reconstruction of the breast on which the mastectomy was performed
- ❖ Surgery and reconstruction of the other breast to produce a symmetrical appearance
- ❖ Prostheses and treatment of physical complications at all states of the mastectomy, including lymph edemas
- ❖ Deductibles, coinsurance, and copayment amounts will be the same as those applied to other similarly covered medical services, such as surgery and prosthesis

Source: The Women's Health and Cancer Rights Act of 1998

HIPAA Privacy Notice Availability

We take your privacy seriously...We are able to provide a copy of our HIPAA privacy notice and talk to you about our privacy practices. Please contact the Human Resource Department if you have any questions.

Contact Information

Blue Shield of California

888.772.1076

www.provider.bcbs.com

Contact Member Services for ID card

CVS Caremark

1.800.844.0719

www.caremark.com

DeltaVision

1.800.537.1715

www.nedelta.com

Contact Member Services or access the website for ID card

MetLaw

1.800.821.6400

Health Equity

1.866.346.5800

BAS – Cobra Control Services

877.360.7382

Northeast Delta Dental

1.800.537.1715

www.nedelta.com

Contact Member Services for ID card

BAS – FSA Administration

1.800.945.5513

www.MyEnroll.com

Reliance Standard – Hospital Indemnity and Accident Insurance

1.800.351.7500



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This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting