2021

Catholic Diocese Of Salina

EMPLOYEE BENEFIT GUIDE

Welcome to Your 2021 Benefit Guide

Dear Valued Employee:

At the Roman Catholic Diocese of Salina, our employees are an integral part of our conti ued success.

We recognize the importance of your family's financial security, which is why we feel it is our responsibility to off r you a complete employee bene ts package. To achieve our goal of meeti g your needs and expectati ns we invest many hours each year evalua ng our bene t plans.

The bene ts we off r include medical, dental, vision, long term disability and many other bene ts. This booklet is designed to provide an overview of our benefits.

I hope you nd these bene ts useful and will par cipate in them to the fullest extent possible. If you have any questi ns regarding these plans, please contact Gallagher Bene t Services at (316) 977-9779.

Sincerely,

+ Gerald L. Vaneke

Bishop of the Roman Catholic Diocese of Salina

SUMMARY OF BENEFITS AND COVERAGE

As an employee, the health bene ts available to you represent a signi cant component of your compensa on package. They also provide important protec- on for you and your family in case of illness or injury. Choosing a health coverage op on is an important decision. To help you make an informed choice, your plan makes available a **Summary of Bene ts and Coverage (SBC)**, which summarizes important informati n about any health coverage op on in a standard format, to help you compare op ons. The SBC is available at: ***gallaghermarketplace.com*** or you may request a copy be provided to you at no cost by contac ng the Diocesan Chancery O ce.

The Roman Catholic Diocese of Salina provides a wide range of employee bene ts for you and your dependents and encourages you to thoroughly evaluate your needs and the needs of your family before enrolling or declining to par cipate in any of the bene t plans. This Bene t Guide contains an overview of some elements of the employee bene t plans sponsored by the Roman Catholic Diocese of Salina.

This Guide is intended to provide a summary of the main features of our bene ts package. It is much shorter and less technical than the legal documents and contracts that govern our bene ts. We have made every e ort to make sure the informa on in this Guide is accurate; however, in the case of any discrepancy, the provisions of the legal plan documents and insurance cer cates will govern. Each plan may be amended or terminated at the sole discre on of the Roman Catholic Diocese of Salina. Nothing in this guide is intended to guarantee employment of any employee with the Roman Catholic Diocese of Salina.

If you do not enroll at your rst opportunity, you may only be able to enroll during an annual open enrollment period or during a special enrollment period. Since some of your premiums are paid through a Secti n 125 Plan, you will not be able to terminate coverage un l the next open enrollment period, unless you terminate employment or have a quali ed Electi n Change Event. If you have questi ns, contact Gallagher Bene t Services at (316) 977-9779.

Please refer to your cer cate of Insurance for full details.

Important Information

2021 Plan Year

Gallagher Marketplace

For returning users, please use your email address and password you used to setup your account.. First ti e users, please see the instruc ons on pages 3-4 to setup your account to login to the system.

Must Re-Enroll!

Don't forget elec ons DO NOT carry over from year to year. At each Open Enrollment you must log in and elect or waive for the new plan year. If you do not log in by the deadline, the system will automa cally waive all coverages for you.

HDHP HSA Contribu ons

The maximum contributio limits have increased to Single $3,600 and Family $7,200. The Catch Up (age 55+) remains the same at $1,000.

Flexible Spending Account Carryover

The carryover limit for the Flexible Spending Account is increasing to $550.

WHAT'S NEW!

Employee - All acti e full ti e employees working 30 or more hours per week are eligible to enroll in the group insurance plans. New employees are eligible the fi st of the month following 30 days of full time employment.

Dependents - As an employee eligible to enroll in the group insurance plans, you may elect certain optio s for your dependents. Eligible dependents include:

- Your legal spouse;
- Your dependent child or step child up to age 26 for medical, dental and vision;
- Any child placed with you for adoptio or for whom you have legal guardianship;
- Any unmarried, disabled child of any age who resides with you, medically certi d as disabled prior to his/her 26th birthday and primarily dependent upon you for support;
- Any eligible child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO) or other court or administrati e order.

Open Enrollment

Open Enrollment is the one ti e during the year employees may elect to enroll, change how enrolled or waive coverage without a qualifying life event. **The 2021 Open Enrollment period occurs from November 30 through December 7, 2020.** Your benefi elec ons will be e ecti e January 1, 2021.

Qualifying Life Events

Aft r your ini al eligibility date and other than the annual open enrollment period, you may only change your benefi electio and covered dependents within 30 days following a Qualifying Life Event including:

- Birth or adoptio of a dependent child;
- Marriage, legal separatio , annulment or divorce;
- Death of spouse and/or dependent;
- Dependent's loss of eligibility (see above);
- Terminati n or commencement of spouse's employment with health care coverage o ered;
- Employee or spouse's enrollment in Medicare

Enrollment Sign-On Instructions

***All employees are required to complete the online enrollment even if you waive all of the bene ts.**
****The instruc ons below are for new hires. If you have already been in the system you will use the email address and password you used to setup your account.**

1 Login

- Go to **h ps://login.gallaghermarketplace.com**

2 Register Your Account

- Enter your First and Last Name, birth date, and Social Security Number.
- Click “Next” to proceed

1

3 Username

- Enter a valid email address and click “Next.” This email address will become your username on future logins to the marketplace. **Please make sure this is an email you can access.**

4 Verify Email

- Check your email for the link to verify your email address. If you do not see the email in your inbox, please check your spam/junk folder.
- Once you click the link in the email (the blue bu on that says “Verify My Email”) you’ll be taken to a page confi ming that your email address has been veri ed. Click “Conti ue” to nish your registrati n.

Enrollment Sign-On Instructions

5 Phone Number Verifi atio

- Enter the phone number you'd like to use to verify your iden ty on future logins. You will have the option to receive a call or text at this number. Once you've entered your number, click "Text Me" or "Call Me" to proceed.

6 Phone Number Verifi ation Cont.

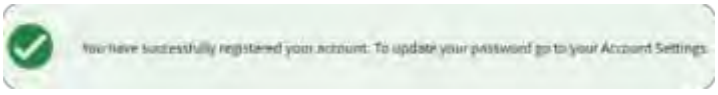
- If you select "Text Me," you will receive a message with a six-digit code. Enter that code and you will be automa cally taken to the next screen. Please note: veri cati n codes expire a er 5 minutes. You can click "Send a New Code" to receive a new code at any time.
- If you select "Call Me," you will receive a call at that number asking you to finish your veri ca on. Press the pound key and you will be automa cally directed to the next screen.

7 Create a Password

- Once you have verified your iden ty, you will be asked to choose a password. Enter and con rm your password, then click "Next."

8 Confirm ti n

- You will see a message that you've successfully registered your account.
- You are now able to login using the email address and password you setup to enroll in your bene t electi ns.



Gallagher Marketplace

Gallagher Marketplace Help Center –a year round resource that you can access 24/7 through the Marketplace portal

Are you looking for ways to be a smarter health care consumer?

Did you know the Roman Catholic Diocese of Salina Marketplace has tools to help you manage your health plans and answer questi ns you have about health care?

Simply log into the Marketplace with the Username and password you used for open enrollment. From there, you can access the **Things Change** links and the **Help Center** to stay engaged in your health care.

Have you had a qualifying event, such as a change in marital status, the birth or adoption of a child, or change in employment status for you, a spouse or dependent?

You can submit for a change in coverage using the **I want to update my coverage due to a life event** link in the **Things Change** sec on. Remember, you must submit for a change in coverage within 30 days of the qualifying event. You can also change the amount you contribute to your HSA in this section.

Do you have general benefits questions, such as how your deductible or co-insurance works, about your HSA , or want to see examples of how other people have been affected by health and life insurance?

Visit the **Help Center** for a variety of articles, videos, and a glossary of insurance terms.

Health care is changing – stay a step ahead by using the Marketplace to become informed and able to make the best decisions for you and your family.

Gallagher Marketplace

Frequently Asked Question

What is an “Exchange” or “Marketplace”?

In its purest sense, a private exchange is a marketplace that sells group health plans and empowers employees to take control of their healthcare. A private exchange provides greater employee choice and increased employee engagement.

Employees log onto the online store, ll out a quick ques onnaire, receive personalized recommenda ons and purchase the bene ts that suit their individual and family needs. Gallagher Marketplace also has an extensive Help Center available to assist employees in understanding their bene ts.

How is a private exchange di erent from the federal and state exchanges?

Most recent focus on insurance exchanges has been on the PPACA (Pa ent Protec on and Aff rdable Care Act, also referred to as ACA) mandated, public exchanges. The mandated, public exchanges/marketplaces are designed for individuals and small groups. Private exchanges/marketplaces offe a new strategy for employer groups – both fully insured and self-funded – to offe more op ons in healthcare for their employees, and allows employees to select the plans that are the best fit for their individual and family needs.

Will I be able to see my same doctor with a Gallagher Marketplace health plan?

You will need to con rm that the plan you choose on the Gallagher Marketplace includes your current provider(s). While you are shopping on the Gallagher Marketplace website, there is a link you can click to explore whether or not the doctor you currently use will be covered by a parti ular plan.

When will the Gallagher Marketplace be open for business?

Open enrollment in the Gallagher Marketplace is scheduled to begin November 30 through December 7, 2020, with coverage to become effec ve January 1, 2021.

Will there be help to assist me in making choices on the Gallagher Marketplace?

Yes, the Roman Catholic Diocese of Salina and Gallagher Bene t Services offe s a dedicated customer service team that can assist you and answer your ques ons. The Gallagher Marketplace also has a sophis cated recommenda on decision support tool to help you make your bene t selec ons.

Tell me about the process of enrolling in a Gallagher Marketplace plan.

You will receive an enrollment launch email. This email will contain the link to the Gallagher Marketplace site, as well as your user name and rst-me password. Upon your rst log-in, you will change your rst-me password and begin the process. The website will guide you every step of the way, but generally, you will complete a pro le about yourself and any dependents and then the Gallagher Marketplace will generate a pro le about you. From there, bene ts will be recommended and you will be able to easily purchase the recommended bene ts or you will be able to explore and compare other bene t op ons. There will be a telephone number you can call in case you run into any trouble when naviga ng the Gallagher Marketplace.

What informati n will be needed in order to create my Gallagher Marketplace profi e?

You will need to provide your contact informati n, general informati n about your dependents, a basic synopsis of your overall well-being, your healthcare preferences and other general informati n about your level of comfort with healthcare and your lifestyle. The accuracy of this informati n will impact your recommended bene ts portf lio.

How will I know what the recommended plans cover?

When you are on the Gallagher Marketplace, speci c plans will be recommended based on the informati n you provided for your pro le. You will be able to thoroughly review the plans that are recommended; you will be able to review a bene t summary of the plan, including what the plan covers as well as the costs, and you will be able to see why the plan was recommended. With this informati n, you can be con dent in your ability to compare, choose and buy a plan that re ects your bene ts needs and risk tolerance.

The intent of this analysis is to provide general informa on regarding the provisions of current healthcare reform legisla on and regula on. It does not necessarily fully address all your speci c issues. It should not be construed as, nor is it intended to provide, legal advice. You should contact your tax advisor or an a orney who specializes in this prac ce area to address any speci c ques ons you have regarding speci c issues.

Plan Information

Your health plan has nego ated fee discounts with some health care providers. These providers have several names including contracti g providers, preferred providers, network providers or par cipa ng providers. The contrac ng providers discounted price is called the "allowed amount". When you receive your health care from contrac ng providers, you will receive the highest bene ts allowed by your plan.

In addi on, the contracti g providers agree not to balance bill you the amount of the discount. It is your responsibility to verify your providers are contrac ng providers for your health plan.

Non-contracti g providers set their own fees and do not offer a discounted fee to your health plan. Their fees are usually higher, some mes much higher, than your health plan's allowed amount. Non-contracti g providers will also require you to pay the di erence between their fee and the health plan's allowed amount. This di erence can be substan al and may not sa sfy your deduc ble, coinsurance, copays or out-of-pocket limits shown in this guide.

Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your bene t ques ons or receive help looking for a doctor or hospital.

CHRISTIAN BROTHERS SERVICES

To nd contrac ng providers:

1. On the internet, go to: www.mycbs.org/health
2. Click on "Find a Doctor" under Resources
3. Click on "Medical PPO"
4. Click on "BlueCross BlueShield"
5. Then enter your search criteria that you are wan ng

Glossary of Insurance Terms

Copay or Copayment is an amount you pay for a specifi covered medical service such as o ce visits, emergency room visits and prescrip on drugs. Copays are usually collected by the provider when you receive service.

Deduc ble is the amount you pay 100% before the insurance company begins to pay.

Coinsurance is the shared payment by you and the insurance company a er your deduc ble is sa sfie .

Out-of-pocket Limit is the total amount you pay for covered services including the deduc ble, coinsurance and copayments.

Contrac ng Providers contract with the insurance company's Preferred Provider Organiza on (PPO) and agree to accept a discounted payment for their services. The contrac ng provider agrees not to bill you for the di erence between their normal fee and the discounted payment.

Non-contrac ng Providers do not contract with the insurance company. Non-contrac ng providers do not offer discounted fees and will probably bill you for the di erence between the non-contracti g provider's fee and the insurance company's "allowed" amount. This amount can be signi cant. The insurance company also requires you to pay more coinsurance for services received from a non-contrac ng provider.

Medical Plans

All active, full-ti e employees are eligible the first day of the month following 30 days of full-ti e employment.

This summary briefl describes the contrac ng provider benefi s. If you receive medical services from non-contrac ng providers, the benefi s will be signific ntly less.

CHRISTIAN BROTHERS SERVICES	**PPO $1,000 Deduc ble 10% Coinsurance** MP 6Y07-RX1448	**PPO $1,500 Deduc ble 20% Coinsurance** MP 6Y10-RX1449	**PPO $2,500 Deduc ble 20% Coinsurance** MP 6Y14-RX1449
PCP O e Visits	$30 Copay	$30 Copay	$30 Copay
Specialist O e Visits	$50 Copay	$50 Copay	$50 Copay
Deducti le - per plan year	$1,000 per person $2,000 per family	$1,500 per person $3,000 per family	$2,500 per person $5,000 per family
OB/GYN	$30 Copay	$30 Copay	$30 Copay
Preventi e Services	Covered at 100% as required by Health Care Reform	Covered at 100% as required by Health Care Reform	Covered at 100% as required by Health Care Reform
Emergency Services Urgent Care Center Hospital ER Ambulance	 Deduc ble then Coinsurance $150 Copay then Coinsurance Deduc ble then Coinsurance	 Deduc ble then Coinsurance $150 Copay then Coinsurance Deduc ble then Coinsurance	 Deduc ble then Coinsurance $150 Copay then Coinsurance Deduc ble then Coinsurance
Maximum Out-Of-Pocket **(includes deductib e, copays, prescripti n drug copays, and coinsurance)**	$3,000 per person $6,000 per family	$5,000 per person $10,000 per family	$5,000 per person $10,000 per family
Coinsurance - per plan year	90% /10%	80% /20%	80% /20%
In Patient Lab **In Patient X-ray**	Deduc ble then Coinsurance Deduc ble then Coinsurance	Deduc ble then Coinsurance Deduc ble then Coinsurance	Deduc ble then Coinsurance Deduc ble then Coinsurance
Out Patient Lab **Out Patient X-ray**	Plan pays 100% Deduc ble then Coinsurance	Plan pays 100% Deduc ble then Coinsurance	Plan pays 100% Deduc ble then Coinsurance
Outpati nt Services MRI, CT & PT Scans Diabe c Equipment and Supplies	Deduc ble then Coinsurance	Deduc ble then Coinsurance	Deduc ble then Coinsurance
Prescriptio Drugs 3*0 day supply*			
Generic Drugs	$10 Copay / Specialty 10% to a max of $150	$10 Copay / Specialty 10% to a max of $150	$10 Copay / Specialty 10% to a max of $150
Preferred Drugs	$40 Copay / Specialty 20% to a max of $150	$40 Copay / Specialty 20% to a max of $150	$40 Copay / Specialty 20% to a max of $150
Non-Preferred Drugs	$70 Copay / Specialty 20% to a max of $250	$70 Copay / Specialty 20% to a max of $250	$70 Copay / Specialty 20% to a max of $250
Prescriptio Drugs *90 day supply*			
Generic Drugs	$25.00 Copay	$25.00 Copay	$25.00 Copay
Preferred Drugs	$100.00 Copay	$100.00 Copay	$100.00 Copay
Non-Preferred Drugs	$175.00 Copay	$175.00 Copay	$175.00 Copay

No PCP is required for these plans. All you need to do is u lize any in-network provider to get the in-network benefits.

Medical Plans

All active, full-ti e employees are eligible the first day of the month following 30 days of full time employment.

This summary briefl describes the contrac ng provider benefi s. If you receive medical services from non-contrac ng providers, the benefi s will be signific ntly less.

CHRISTIAN BROTHERS SERVICES	**PPO** **$5,000 Deduc ble** **0% Coinsurance** **MP 6Y17—RX1639**	**HDHP - HSA** **$3,000 Deduc ble** **20% Coinsurance** **MP 6X20—RX1620**	**HDHP -HSA** **$6,900 Deduc ble** **0% Coinsurance** **MP 6X25-RX1625**
PCP O e Visits	$40 Copay	Deduc ble then Coinsurance	Deduc ble then 0%
Specialist O e Visits	$80 Copay	Deduc ble then Coinsurance	Deduc ble then 0%
Deducti le - per plan year	$5,000 per person $10,000 per family	$3,000 per person $6,000 per family	$6,900 per person $13,800 per family
OB/GYN	$40 Copay	Deduc ble then Coinsurance	Deduc ble then 0%
Preventi e Services	Covered at 100% as required by Health Care Reform	Covered at 100% as required by Health Care Reform	Covered at 100% as required by Health Care Reform
Emergency Services Urgent Care Center Hospital ER Ambulance	 Deduc ble then 0% $150 Copay Deduc ble then 0%	 Deduc ble then Coinsurance Deduc ble then Coinsurance Deduc ble then Coinsurance	 Deduc ble then 0% Deduc ble then 0% Deduc ble then 0%
Maximum Out-Of-Pocket (includes deductib e, copays & coins)	$5,000 per person $10,000 per family	$6,000 per person $12,000 per family	$6,900 per person $13,800 per family
Coinsurance - per plan year	100% /0%	80% /20%	100% /0%
In Patient Lab **In Patient X-ray**	Deduc ble then 0% Deduc ble then 0%	Deduc ble then Coinsurance	Deduc ble then 0%
Out Patient Lab **Out Patient X-ray**	Plan pays 100% Deduc ble then Coinsurance	Deduc ble Deduc ble then Coinsurance	Deduc ble then 0%
Outpati nt Services MRI, CT & PT Scans Diabe c Equipment and Supplies	Deduc ble then 0%	Deduc ble then Coinsurance	Deduc ble then 0%
Prescriptio Drugs 3*0 day supply*			
Generic Drugs	$15 Copay / Specialty 10% to a max of $150	Deduc ble then Coinsurance / Specialty Deduc ble then Coinsurance	Deduc ble then 0% / Specialty Deduc ble then 0%
Preferred Drugs	$45 Copay / Specialty 20% to a max of $150	Deduc ble then Coinsurance / Specialty Deduc ble then Coinsurance	Deduc ble then 0% / Specialty Deduc ble then 0%
Non-Preferred Drugs	$90 Copay / Specialty 20% to a max of $250	Deduc ble then Coinsurance / Specialty Deduc ble then Coinsurance	Deduc ble then 0% / Specialty Deduc ble then 0%
Prescriptio Drugs *90 day supply*			
Generic Drugs Preferred Drugs Non-Preferred Drugs	$35.00 Copay $115.00 Copay $225.00 Copay	Deduc ble then Coinsurance Deduc ble then Coinsurance Deduc ble then Coinsurance	Deduc ble then 0% Deduc ble then 0% Deduc ble then 0%

No PCP is required for these plans. All you need to do is u lize any in-network provider to get the in-network benefits.

Preventive vs. Non-Preventive Care

Know the Di erence between Preventi e and Non-Preventi e Care

Most plans cover preven ve care services at 100%, however, you need to understand if your visit will be classi ed as preventi e care or as diagnosti . Use the guide below to help you understand the di erence.

Preven ve Care	Non-Preven ve Care
Mammogram – annually for women starti g at age 40,	Pa ent found lump in breast and doctor recommends
Colonoscopy – every 10 years starting at age 50, recommenda on	Pa ent has unexplained weight loss and cons pa on. Afraid it's colon cancer; schedules colonoscopy
Annual physical/preven ve care exam – includes height, weight, blood pressure	O ce visit due to fever and rash
Pap smear – once annually for women who are 18 years of age or older	Abnormal Pap smear; returns for second exam. This second exam would be considered non-preven ve

Preven ve care: Rou ne annual screenings to "prevent" illness or injury.

Non-preven ve care: If diagnosed with a condi on, some screenings are o en considered part of treatment. Be sure to talk to your doctor.

Services covered at 100% under Preventive Care Benefit:

- Well child visits/immunization
- Routi e adult physical exams
- Mammograms
- Routi e gynecological exams including pap smear
- DRE and PSA (Prostate Screening)
- Colorectal cancer screening
- Labs, pathology, chest x-ray, and EKG (when performed as preven ve care)

  Be sure your doctor codes the claim as "preven ve."

Medical Payroll Deductions

The Catholic Diocese contributes a range of $560.16 to $636.34 per month towards the medical premiums that vary depending upon which plan is chosen. The amounts below are what you are responsible for AFTER the Catholic Diocese contributes their amount.

	PPO 1000	PPO 1500	PPO 2500	PPO 5000
	Employee Monthly	Employee Monthly	Employee Monthly	Employee Monthly
Employee Only	$ 130.22	$ 89.05	$ 69.09	$ 40.83
Employee + Spouse	$ 896.79	$ 808.28	$ 765.36	$ 704.58
Employee + Child(ren)	$ 696.58	$ 620.42	$ 583.51	$ 531.22
Family	$ 1,463.14	$ 1,339.65	$ 1,279.77	$ 1,194.97

	HDHP - HSA 3000	HDHP - HSA 6750
	Employee Monthly	Employee Monthly
Employee Only	$ -13.14	$ -60.09
Employee + Spouse	$ 588.57	$ 487.62
Employee + Child(ren)	$ 431.43	$ 344.56
Family	$ 1,033.13	$ 892.27

Health Savings Account (HSA)

How an HSA Works

Enroll in the HDHP and open Health Savings Account (HSA)

Contribute tax-free funds into HSA

Pay eligible medical, dental and vision expenses with tax-free dollars.

Rollover all unspent contributions to the next year tax-free.

Deposit tax free money into your HSA and use the HSA money to pay for eligible medical, dental and/or vision expenses. You are never taxed on this money.

Your HSA is completely portable. Whether you change jobs, change medical coverage, change marital status, become unemployed or move to another state you keep your HSA.

The money in your HSA rolls over each year to the next year. You do not lose your money.

As long as you spend the HSA money on eligible expenses, you are never taxed on the money.

You do not pay federal, state or social security taxes on the money contributed to your HSA. As long as you spend the HSA money on eligible medical, dental or vision expenses, you will never pay taxes on the money contributed to the HSA.

****Important****
You should open your HSA prior to the eff c ve date of your High Deduc ble Health Plan (HDHP). Medical costs incurred aft r your HDHP is eff c ve but before your HSA is established, can not be paid with money deposited in your HSA.

HSA Banking Highlights

You can open up an HSA bank account with HealthEquity through the Gallagher Marketplace. Below please fi d some key informa on:

⇒ HSA funds can be used for a variety of quali ed medical, dental, and vision expenses. For an expanded list of quali- ed expenses, visit: **healthequity.com/qme**

⇒ Each employee that opens up an HSA Bank account will receive a free debit card.

⇒ $1,000 minimum to invest; rst me only. 5 Fund classes. No addi onal enrollment or separate site access is required to invest. This is op onal.

⇒ $3.95 Monthly Fee. Account will close if balance falls to $0.

⇒ There is no use it or lose it rule like an FSA - this is your account, not your employers. So if you were to leave the company this account goes with you.

⇒ 2021 Annual Contribution Limits:

$3,600 - Self Only Coverage
$7,200 - Individual with Family Coverage
$1,000 - Catch Up Contributi n for Age 55+

⇒ Employee's responsibility to keep receipts on items they paid for with their HSA money in case they are audited.

HealthEquity Online Member Portal

The online member portal is a powerful tool that gives you access to all your account management features. You can:

- Check your balance
- Review transac ons
- View insurance claims
- Invest in mutual funds
- Pay providers
- Submit requests for reimbursement

Download the mobile App—Easy access to your account wherever you are!

Contact HealthEquity Member Services:
Phone Number: 866-346-5800
Email: memberservices@healthequity.com
Website: www.healthequity.com

HealthEquity

Health Savings Account Q&A

1. **Who can have an HSA?** The individual must be:
   1) covered by a qualified HDHP (last 2 plans on page 7);
   2) not covered under another HDHP insurance;
   3) not enrolled in Medicaid, Medicare or Tricare;
   4) not another person's dependent;
   5) not enrolled in a medical FSA plan.

2. **Where can I open an HSA?** Many banks and credit unions o er HSA's.

3. **Do I pay taxes on the money before it is put into my health savings account?** The money is deducted from your pay check tax free and deposited in your HSA. When you pay eligible medical expenses with your HSA money, the money is never taxed.

4. **If I switch jobs, do I lose my money?** The money in your HSA is yours. Whatever money you contribute to your HSA is yours, just like if you had a bank savings account. If you do not use all your HSA money during the year, it will roll over to the next year.

5. **How much can I contribute to my HSA account?** In 2021, with single coverage, you can contribute up to $3,600 per year and if two or more are insured, you can contribute up to $7,200 per year. Age 55+ can contribute an addi onal $1,000. Limits apply.

6. **What are some examples of HSA qualifying expenses?** HSA qualifying expenses include doctor offi visits, prescriptio drugs, eye exams, glasses, contact lenses, chiropractors, laser eye surgery, dental, and orthodonti to name a few. There are many more eligible items you can pay for with HSA money. You can get a list of covered expenses at www.irs.gov.

7. **What happens if I lose my health insurance?** You may contin e to use your HSA money to pay for eligible expenses, even if you do not have a qualifying health insurance plan, but you cannot keep contributing money to your HSA.

8. **Can I use my HSA money to pay for my premiums?** HSA money can pay for health insurance premiums if you are collecting Federal or State unemployment benefi s.

9. **What if I need medical care in another country?** You can use your HSA money for eligible medical expenses anywhere in the world.

10. **Can I withdraw my HSA money if I need to?** Yes, but you will be required pay the taxes PLUS a 20% penalty.

11. **What happens to any unused money in my HSA should I die?** If your bene ciary is your spouse, the HSA will become the spouse's HSA. As long as the money pays eligible medical expenses, it will never be taxed. If the beneficiar is not the spouse, the bene ciary will pay taxes on the amount received from the HSA.

12. **How much does it cost to set up an HSA?** This depends on the bank or credit union you choose. Most have a set up fee, monthly fee, debit card fees, printed check fees and/or overdraft fees. Shop around for the lowest fees.

13. **Can I use my HSA to pay at any doctors o ce?** You can use an HSA to pay for eligible expenses for any provider, but, remember you get significa t savings by using contrac ng PPO providers.

14. **Can my HSA be used for dependents not covered by the health insurance?** Eligible medical expenses for dependents may be paid with your HSA even if they are not insured by a qualifying medical plan.

15. **Do I need to keep any records when I use my HSA?** It is your responsibility to retain records to show proof of your expenditures to the IRS. We recommend you designate a place to store all your receipts so they are available when you need them.

16. **What if I do not use all of the money in my HSA account by the end of the year?** All the money deposited in your HSA, but not spent during the year, rolls over to the next year. HSA's do not have a "use it or lose it" provision. You have the optio of accumulating money in your HSA and as long as the money is spent on eligible expenses, you will never pay taxes on the money.

17. **Can I deposit addi onal money into my HSA account without going through payroll?** You can make deposits directly to your HSA, but you will not enjoy the pre-tax savings unti you fil your income tax return. It is your responsibility to remember these on your income tax return.

18. **Will my bank no fy me if I have exceeded my allowable contribu on amount?** It is your responsibility to keep track of the amounts deposited and spent from your Health Savings Account.

Christian Brothers Services Highlights

Christi n Brothers Services o ers to you in addi on to your medical plans:

Case Management Program: This program is one of the leading providers of URAC-accredited chronic disease and case management programs. The main objecti e of this program is to improve the overall health and quality of life for each enrolled member.

Case Management can be reached at 866.458.4002

Maternity Management: This program is a voluntary program available to all expectant mothers covered by the Plan. Experienced nurses work with expectant mothers to emphasize early prenatal care and consistent physician contacts.

Neonatal and Pediatric Specialty Case Management: This program promotes high-quality NICU care for each infant through on-site and remote care management by physicians and nurse care managers with extensive NICU experience.

Oncology: Specialty Case Management: AHH engages with all key parti ipants as early as possible following a diagnosis, to assist with coping with the disease and serving the long-term needs of the pa ent. AHH maintains a dedicated group of professionals who understand and work closely with the medical team through the entir treatment process.

Util za on Management (Pre-Cer fi a on): This program is designed to posi vely impact claims costs and provide savings to benefit plans. The highly-specialized team of doctors and nurses view the best pati nt outcomes as their goal while ensuring opportuni es for cost savings are maximized.

Diabetes Management Program: Livongo Health makes diabetes management easier and at no cost to members and family members who are diagnosed with Type 1 and Type 2 diabetes. Members receive a connected meter, unlimited strips, and personalized support from a Livongo coach by phone, email, text, or mobile app to give guidance in managing diabetes.

Hypertension Program: The Livongo for Hypertension Program combines advanced technology with personalized coaching to help parti ipants manage their blood pressure. An automa c monitor connected to a smartphone app sends data to Livongo. Parti ipants receive a health summary report and convenient automatic reminders to check their blood pressure.

Livongo can be reached at 800.945.4355

Accordant Care: This program provides valuable support to members with chronic condi ons such as ALS, Crohn's Disease, Cysti Fibrosis, Parkinson's Disease, Rheumatoid Arthri s and more. It is specially designed to help meet our members' unique health care needs. This compliments our existing chronic condi on management programs.

Accordant Care Program can be reached at 866.655.7490

Christian Brothers Services Highlights

Christi n Brothers Services o ers to you in addi on to your medical plans:

Wellness Ini a ves: All plans o ered through the CBEBT cover some preven ve care before co-payments and/or deduc bles when using an in-network provider. Preventi e Care benefi s will be based upon the Health Care Reform guidelines and, as such, may be amended from time to time. Benefi s will include such services as:

- Annual Routine Physical Exam
- Annual Routine Gynecological Exam
- Well Child Care
- Immunizatio s
- Preven ve X-Ray and Lab Services (provided during Exam)
- Routine Preven ve Colonoscopy/Sigmoidoscopy
- Preven ve Mammogram

For a complete list visit healthcare.gov/center/regula ons/preven on/recommenda ons.html

Women's Health Guidelines: In accordance with the Department of Health and Human Services (HHS) and under the Pati nt Protectio and A ordable Care Act (PPACA), Chris an Brothers Employee Benefi Trust (EBT) is covering the following preventi e care for women:

- Domes c violence screening and counseling screening and counseling for interpersonal and domes c violence
- Screening for gestatio al diabetes
- Annual well-woman visits
- Breas eeding support, supplies and counseling

For more informa on call 800.807.0100

Consult a Doctor 24/7: The telemedicine benefi o ers accessible and convenient care, as well as providing pati nts and physicians a way to communicate, which bypasses the tradi onal offi visit yet provides excellent care through the use of technology. Members can talk with a doctor anyti e, anywhere about non-emergency medical condi ons via telephone, secure email, video or mobile app. The Doctor is ALWAYS in!

Connect today by visi ng mycbs.org/health or call 800.TELADOC (835.2362)

Flu Shot Program: This program is available beginning mid-September at no cost to covered employees and their enrolled dependents.

Visit mycbs.org/health for more informa on

Smoking Cessa on Program: Quit for Life is a telephone-based program brought to you in partnership with the American Cancer Society that has helped thousands of people double their chances of giving up tobacco for good. The clinically-proven program provides support that helps parti ipants stay focused on their personal reasons for qui g. It also o ers Nicoti e Replacement Therapy, which includes patches, gum, and lozenges, and can be provided in conjunc on with the counseling program.

Call Quit for Life at 866.784.8454

Christian Brothers Services Highlights

Christi n Brothers Services o ers to you in addi on to your medical plans:

VSP Vision Savings Pass: VSP Vision Savings Pass is a discount vision program that o ers immediate savings on eye care and eyewear. This is not an insurance plan.

Find a VSP doctor at vsp.com or call 800.877.7195

Hearing Aid Discount Program: This program, o ered through American Hearing Benefi s (AHB) is designed to o er signific nt savings on all styles of digital hearing aids through 1,800 provider locatio s. Addi onally, the program o ers free hearing screenings for parti ipants, their spouse, children, parents and grandparents.

To take advantage of this discount program please call 866.925.1287 or visit americanhearingbenefits.c m

Prescrip on Drug Program: The Chris an Brothers Employee Bene t Trust Plan has chosen Express Scripts to manage prescrip on drug benefit for our members. Express Scripts is dedicated to providing member, clients, and healthcare professionals with services that deliver safe and a ordable pharmaceutica s, 24 hours a day/seven days a week. With Express Scripts sophisti ated dispensatio technology and mail-order pharmacies, our Trust members are provided with high-quality prescriptio drugs at discounted prices.

To learn more call 800.718.6601

Health As We Age: Chris an Brothers Employee Bene t Trust Plan (CBEBT) has partnered with Health As We Age (HAWA) to help our members realize their wellness potential and to place them in control of their health and fi ness goals. The pursuit of good health starts with assessing your current health and lifestyle risks. The checkup provided by HAWA and Empower Health Services can include a simple blood draw that includes a variety of preventati e blood tests. The checkup is convenient, confi ential, ac onable, educatio al, and easy to complete, and is free to all members covered under the plan. Parti ipants can contact Christia Brothers to obtain more informati n.

Medication Information

Any member that is prescribed and/or taking a maintenance medication can receive up to three 30-day fills. After that limit has been met the member must use either the Smart90 Program through Walgreens or mail order through Express Scripts (ESI). If the member continues to purchase maintenance medications from other retail pharmacies they will have to pay the difference in cost.

Smart90 Prescription Drug Program

Participants now have two options to receive their 90-day supply of medications. Participants can continue to have the medications delivered directly to their homes by mail from the Express Scripts home delivery pharmacy or pick them up at a Walgreens retail pharmacy.

What is the Smart90 Program?

The Smart90 Program allows participants to fill a 90-day prescription at any of more than 8,000 Walgreens pharmacies nationwide. The program gives participants an option if they would rather pick up their medications from a Walgreens retail pharmacy than have them delivered through the mail.

The Smart90 Program is…

- Fast - Instead of waiting for mail-order prescriptions to arrive, participants can simply go to their nearest Walgreens pharmacy and pick up their medication.
- Economical - Participants still pay the same low price if they opt to pick up their maintenance medications at a local Walgreens pharmacy instead of mail order.
- Convenient - Mail order or local pickup, participants choose what works best for them.

How to use Smart90

Participants have the choice to receive 90-day supplies of maintenance medications through home delivery from Express Scripts or directly at a Walgreens retail pharmacy for the same copayment.

Both Smart90 retail pharmacies and the Express Scripts home delivery pharmacy can aid members in transferring prescriptions, contacting their physicians, or discussing clinical questions one-on-one.

If participants want to switch from ESI home delivery to the Walgreens Smart90 program they can apply the following simple steps:

- If they still have medicine on hand, they can bring their current prescription bottle to the Walgreens pharmacy to transfer their prescription.
- If they are out of medication, they can request a 90-day prescription from their doctor and bring to the Walgreens pharmacist of their choice; or
- If they require a new maintenance medication, they can submit a 90-day prescription from their doctor to the Walgreens pharmacy.

Questions: Contact Express Scripts at 800.718.6601 or visit mycbs.org/health

CHRISTIAN BROTHERS SERVICES

Dental Plan

The Roman Catholic Diocese of Salina offe s Dental Insurance through the Gallagher Marketplace. The dental carrier is Delta Dental. New employees are eligible the first of the month following 30 days of full time employment.

Search Contrac ng Providers

On the internet, go to: www.deltadentalks.com and click on "Find a Den st." Select the "Specialty" then under "Your Plan" click on "Delta Dental PPO plus Premier." You can either search by current loca on or enter your Zip Code or address. Then click "Find Den sts."

		High Plan	Medium Plan	Low Plan
Max Bene t	Bene ts are on a calendar year.	$1,500	$1,000	$750
Diagnostic & Preventi e	**Oral Evalua ons**—two times per Calendar year **Bitewing X-Rays—** Two mes per Calendar Year for a child under age 18. For an adult (18 and over), once in 12 months **Full mouth or panoramic x-rays**—once each 5 years **Prophylaxis: Cleanings —**unlimited **Fluoride —** two times per calendar year for a dependent children under age 19 **Sealants** – Once per tooth per life me for dependent children under age 16 when applied only to permanent molars with no decay or restora ons on the occlusal surface and with the occlusal surface intact.	100%	100%	100%
Deducti le (fam x3)	**Basic, Major and Orthodon cs Services**	$50	$25	N/A
Basic Services	**A er Deductib e** **Ancillary—**Provides for one emergency examina on per plan year by the Den st for the relief of pain **Oral Surgery—**Provides for extrac ons and other oral surgery including pre and post opera ve care **Regular Restora ve**—Provides amalgam (silver) restora ons; composite (white) resin resto-ra ons on all teeth; and stainless steel crowns for dependents under age 12 **Endodontic** —Includes procedures for root canal treatments and root canal llings. When covered, payment for root canal therapy is limited to only once in any twenty-four month period, per tooth. **Periodontic** —A. Includes procedures for the treatment of disease of the ssues suppor ng the teeth. Periodontal maintenance, including evalua on, is counted toward the frequency limita on for prophylaxis. B. Surgical periodontal procedures.	90%	80%	80%
Major Services	**A er Deductib e** **Special Restora ve Prosthodonti s—**When teeth cannot be restored with a lling material listed in Regular Restora ve Den stry, provides for individual crowns. A. Includes bridges, par al and complete dentures B. Including repairs and adjustments of bridges and dentures **C.** Implants	60%	50%	None
Orthodonti s	Max is $2,000.	50%	None	None
Dependents	Covered up to age 26 (no full time student status required).			

	$1,500 High Plan	$1,000 Medium Plan	$750 Low Plan
	Monthly Premium	**Monthly Premium**	**Monthly Premium**
Employee Only	$ 62.05	$ 44.67	$ 40.13
Employee + Spouse	$ 122.76	$ 88.40	$ 79.38
Employee + Child(ren)	$ 122.38	$ 88.11	$ 79.14
Family	$ 208.53	$ 150.16	$ 134.85

Vision Plan

SUPERIOR VISION			
	Plan 1	**Plan 2**	**Plan 3**
Network	Superior Vision	Superior Vision	Superior Vision
Benefit	Network	Network	Network
Exam Frequency	Per Calendar Year	Per Calendar Year	Once every 12 months
Vision Exam	$10	$10	$15
Lenses Frequency including Contacts	Per Calendar Year	Per Calendar Year	Once every 12 months
Lenses Benefi **Single Vision** **Bifocal** **Trifocal** **Len cular** **Progressive**	 $25 Copay $25 Copay $25 Copay $25 Copay Covered at lined trifocal level	 $25 Copay $25 Copay $25 Copay $25 Copay Covered at lined trifocal level	 $30 Copay $30 Copay $30 Copay $30 Copay Covered at lined trifocal level
Contact Lenses Medically Necessary	$175 allowance Covered in Full	$130 allowance Covered in Full	$100 allowance Covered in Full
Frames Frequency	Per Calendar Year	Per every other Calendar Year	Once every 24 months
Frames Benefi	$175 allowance	$130 allowance	$100 allowance
Eligibility	**Dependents eligible up to age 26** **All ac ve, full- me employees are eligible the fi st day of the month following 30 days of employment.**		

To find a provider go to:
www.superiorvision.com
Click on "Find an eye care professional"
Enter your zipcode
"Choose Your Coverage Type" click on "Insurance Through Your Employer"
"Choose Your Network" select "Superior Na onal"
Last choose your distance then click on "Search"

	Plan 1	**Plan 2**	**Plan 3**
	Monthly Premium	**Monthly Premium**	**Monthly Premium**
Employee Only	$10.10	$ 7.74	$ 6.18
Employee + Spouse	$20.20	$15.47	$12.37
Employee + Child(ren)	$22.93	$17.48	$13.84
Family	$35.43	$27.04	$21.45

SUPERIOR VISION
See yourself healthy.

Flexible Spending Accounts

The Flexible Spending Account Plan allows you to convert a por on of your taxable income into a non-taxable employee bene t. Since you pay for these items before taxes, your take-home pay increases because federal and state income tax, FICA, and Medicare tax are not deducted from your paycheck.

A **Premiums Savings Plan** allows you to pay your share of eligible insurance premiums on a pre-tax basis from your payroll. Since these are pre-tax from your payroll they are not eligible to be reimbursed under the Flex Spending Account. You may not stop the deducti ns or change how you enroll in these plans unless you have one of the below status changes.

A **Flexible Spending Account** also operates on a plan year basis. Each year you must elect to par cipate in the Flexible Spending Account. You es mate the amount of eligible expenses you and your dependents will likely incur, and from this amount, determine how much you would like to set aside in the Flexible Spending Account.

Minimum: $100 per year pre-tax **Maximum: $2,750 per year pre-tax**

CARRY OVER:

Up to $550 of unused amounts in a current plan year's health flexible spending account (FSA) can be "carried over" to be paid or reimbursed to plan par cipants for quali ed medical expenses with a date of service during the following plan year. **Any balance over $550 will be forfeited.**

Flex Accounts are spending accounts NOT savings accounts. Excluding the carry over provision, all money deposited into your Flex Spending Account must be spent each year, as it will not carry over from one plan year to the next.

RUN-OUT PERIOD:

Plan par cipants have an extended me at the end of the plan year to submit receipts for reimbursement. You can only get reimbursed for claims with a date of service during the previous plan year. The run-out period is 60 days after the plan year ends. A er 60 days, only expenses with a date of service within the current plan year will be allowed. **One important thing to note, if you have up to $550 of unused Flex money that will be rolling over to the new plan year, that money will not be available on the debit card unti the 60 days are over. Once the 60 days are over, any money you had le (up to $550) from the prior plan year will be loaded onto your debit card.**

LIMITED PURPOSE FLEX SPENDING ACCOUNT:

The limited purpose Flexible Spending Account allows you to pay for eligible dental and vision expenses with "tax-free" dollars **if you are enrolled in the HDHP plan**. The Limited Purpose FSA works the same way as the tradi onal FSA, **but limits the eligible expenses to dental and vision only.**

QUICK FACTS:

- Your plan year is January 1 through December 31.
- You **do not** have to be enrolled in a medical plan to par cipate in a FSA!
- In most cases, you can use your FSA money to pay for expenses incurred by your spouse and dependents (up to age 26).
- The amount you contribute from your paycheck cannot be changed up or down during the year unless you have a quali ed elec on change event.
- In the event your debit card is used to pay for ineligible expenses, a reimbursement will be necessary before your debit card will be available for further use.

Need ideas on how to spend your flex dollars?

Go to www.fsastore.com for one of the largest selec ons of FSA eligible products online

Flexible Spending Accounts

Most expenses applied to the deduc ble, coinsurance or copays of your health benefi plan are considered eligible expenses. For example, your health plan contains o ce visit, prescription drug and other copays. You may consider contributi g money to your Flexible Spending Account so you can pay with tax-free dollars. Remember to keep your receipts in case it is needed to verify the medical expense. Use the lists below for reference, but keep in mind these lists do not include all eligible/ineligible expenses.

COMMON FSA ELIGIBLE EXPENSES			
Adult Diapers	Dental Treatment	Hospital Services	Prescrip on Drugs
Ambulance	Denture Adhesives & Repair	Hot/Cold Therapy Packs	Prenatal Care (Vitamins)
Athle c Care (ACE Bandages, etc.)	Denture Pain Relief & Cleansers	Immuniza ons	Psychiatric/Psychologist Care
Blood Pressure Monitors	Diabetes Tes ng, Diabetes Supplies	Laboratory Fees	Smoking Deterrents (EX: Nicore e)
Catheters	Diagnos c Devices	Orthodon a	Splints & Casts
Cholesterol Tes ng	Doctor's O ce Visits	Orthopedic Supports	Thermometers
Chiroprac c Manipula ons	Eyeglasses (Prescrip on & Reading)	Oxygen	Transplants
Contact Lenses, Solu on, & Cleaners	Glucosamine and/or Chondroi n	Pap Smears	Vision Exams
Crutches	Hearing Aids (& Batteries)	Physical Therapy	X-Ray Fees

INELIGIBLE FSA EXPENSES			
Burial/Funeral Expenses	Fitness Programs/Health Club Dues	Marriage Counseling	Tanning
Cosme c Procedures	Funeral Expenses	Maternity Clothes	Teeth Whitening
Dance Lessons	Household Help	Nutri onal Supplements/ Vitamins (Over-the-Counter)	Toiletries (Toothbrush, Tooth-paste, etc.)
Diapers	Illegal Treatments	Piercings	Vaca ons
Exercise Equipment (unless prescribed)	Insurance Premiums	Sunglasses (non-prescrip on)	Warran es (for Eyeglasses or Hearing Aids)
Facelift	Items Covered by Insurance	Swimming Lessons	Weight Loss Programs (unless prescribed)

Exci ng news in the bene ts administra on industry! The CARES Act, that was signed into law on March 27th, makes access to over-the-counter (OTC) drugs easier for FSA par cipants.

Here's what you need to know:

- √ Prescrip ons are no longer required for OTC drugs to be considered an eligible expense. FSAs can now reimburse OTC drugs without a prescrip on. Par cipants will no longer need to provide prescrip ons for OTC drug reimbursements eff c ve immediately.
- √ Menstrual care products such as a tampon, pad, liner, cup, sponge, or similar products are now eligible expenses.
- √ These changes are permanent and apply to OTC drugs and menstrual care products purchased on or aft r January 1, 2020.

Please note it will take some me for merchants to update their payment processing standards so that debit cards related to FSA plans can be accepted. For now, all par cipants will need to submit a request for reimbursement. We recommend doing so through the participant website www.my exaccount.com or via the My Flex Account mobile app.

Questions Regarding your FSA Account?

Contact Flexible Benefit Service Corporation (FLEX)

Email: service@myflexaccount.com
Website: www.myflexaccount.com
Phone: (888) 345-7990

Available Monday through Friday
7am - 7pm Central Standard Time

FLEX

Flexible Spending Accounts

FLEX DEBIT CARD:

The FLEX Card is a simple way to pay for quali ed expenses without having to pay anything out-of-pocket. The ex card gives you access to the funds in your account by swiping the card at the point of sale and it can be used at any quali ed service provider that accepts MasterCard. There are no out-of-pocket costs to you and no need to le a claim for reimbursement.

In some instances, Flex will noti y you that they need addi onal documenta on to con rm that your purchase was eligible. It's very important to **keep all of your receipts** and submit the informa on right away when necessary!

You will automa cally receive a debit card for yourself when you enroll. To obtain a card for your spouse and/or children over 18, you will need to update their info on the Flex par cipant website. There is no cost for additi nal cards.

DEPENDENT CARE ACCOUNT:

Dependent Care Account reimburses you for eligible dependent care expenses with tax-free dollars. This account allows working parents to pay for quali ed dependent care expenses like day care, nursery school, preschool, before/a er-school care, and adult day care.

The maximum amount you may set aside is **$5,000** per plan year and the deducti ns are pre-tax. Unlike a Health Flex Account, the employee only has access to the amount contributed.

Eligible dependents must be under the age of 13, and/or physically or mentally unable to care for themselves and claimed as an exemptio on your tax return. Dependents can include step-children, grandchildren, adopted children, or foster children.

The care may be provided in your home or at a licensed center outside of your home. If the care is in your home, the service cannot be provided by your spouse, or by your dependents.

Only those dependent care expenses enabling you to work are eligible. Some expenses you incur during the plan year may not be eligible for reimbursement under current IRS regula ons such as weekend or evening babysitti , transporta on, food, clothing, entertainment, and registra on fees.

ELIGIBLE DEPENDENT CARE EXPENSES			
Aft r/Before School Programs	Latchkey (before & after school)	Summer Day Camp	Adult Day Care Center
Child Care	Pre-School/Pre-K	Sick Child Care	Elder Care
Day Care Center/Provider	Nanny	Disabled child daycare	Senior daycare

INELIGIBLE DEPENDENT CARE EXPENSES			
Arts & Crafts Fees	Field Trips	Meals, Food, Snacks	Overnight camp
Boarding School	Household Services (maid, cook)	Nursing Home Care	Summer School
Babysi g (not work related)	Kindergarten	School Tui on	Swimming Lessons

Note: This list is not meant to be all-inclusive, as other expenses not specifi ally men oned may also qualify.

FLEX - Website

Access your medical and/or dependent care accounts any tim , 24/7. Simply create a user name and password to login and view your informa on, submit claims, check balances, etc. The par cipant website can be accessed at: **www.myfle account.com**

Registra on

Step 1. If this is your rst me accessing my exaccount.com, simply click the register bu on atop the right corner of the home screen (as shown to the right).

Step 2. After clicking the register bu on, complete the registra on form (as shown below). Create your own username and password. Enter the required demographic informa on. The standard employee ID provided by the administrator is your rst ini al + last name + last 4 digits of SSN (Example: John Smith = jsmith1234). If you do not know what your employee or employer ID is, please contact the customer service team at 1-888-345-7990. Before clicking Next, be sure to view and accept the terms of use.

Aft r Step 2 con nue to complete Steps 3 through 6 to fin sh se ng up your account.

FLEX - Mobile App

The secure My Flex Account Mobile App helps you make smart money moves by providing convenient access to your Flexible Spending Account.

Easily:

- Check account balance
- Get transacti n details and claim status
- Submit new claims and add itemized receipts to pending claims
- Update reimbursement method
- Manage your Flex Card (if applicable)

Download the free My Flex Account Mobile App today!

Download on the App Store

Google play

FLEX

Section 125 Plan

Eligibility
All active, full-tim employees are eligible the rst day of the month following 30 days of full time employment.

The Internal Revenue Code Secti n 125 allows an employer to establish a salary reducti n agreement for the bene t of employees. The employee's por on of the insurance premiums may be paid from the employee's "gross income" before taxes are calculated. The amount of taxes withheld uses the lower "net taxable income" amount.

Since deduc ons are before taxes are calculated, the employee's taxable income is reduced. The employee's take-home pay increases because federal and state income tax, FICA and Medicare tax are not paid on the amount deducted.

Compare the savings for a married employee with two children earning $30,000 and paying $2,400 per year for health insurance premiums:

	AFTER Tax	BEFORE Tax
Gross Income	30,000.00	30,000.00
Less: Health Insurance Premiums	*.00*	*2,400.00*
Net Taxable Income	30,000.00	27,600.00
Less: Federal Income Tax Withholding	*1,848.00*	*1,488.00*
FICA Withholding	*1,860.00*	*1,711.20*
Medicare Withholding	*435.00*	*400.20*
State Income Tax Withholding	*576.00*	*480.00*
Income a er Taxes	25,281.00	23,520.60
Less: Health Insurance Premiums	*2,400.00*	*.00*
Take-Home Pay	22,881.00	23,520.60
Savings per Year	**639.60**	

With the ***Premium Savings Plan***, you may pay for your share of the group health, dental and vision insurance premiums on a before tax basis. You must elect not to par cipate in the Premium Savings Plan when rst eligible to par cipate or prior to open enrollment. You may not stop the deducti ns or change how you enroll in these plans unless you have one of the following status changes:

- Termina on of employment
- Spouse changes jobs
- Change of marital status
- Child no longer eligible
- Death of a dependent
- Birth or adop on of a child
- Change in employment status (full time/part time)

Other reasons may be within the provisions of the plan. The plan administrator must approve all changes.

Short Term Disability Plan

How long can you go without a paycheck?

What are your chances of becoming disabled and unable to work? Are you prepared if it happens to you? If you are like most people, you do not have disability insurance or enough emergency savings to last 31 months. Yes, the average long-term disability claim lasts 31 months.

Unum is off ring a voluntary disability plan to take away the worry of not being able to work and bring home a paycheck.

Features

Bene t Amount: You may elect a weekly bene t in increments of $100, from a minimum of $100 up to a maximum bene t of $2,000 per week, not to exceed 60% of your covered earnings.

Elimina on Period: 7 days (bene ts begin the day a er the elimina on period is completed)

The **Elimina on Period** is the number of days that must pass between your firs day of a covered disability and the day you can begin to receive your disability bene ts. Injury (accident) and Sickness (Illness) benefi s begin on the **8th consecu ve day** of disability.

Maximum Bene t Dura on: 12 weeks

Pre-Exis ng Limita on

This plan has a Pre-Existi g Limita on. You have a pre-existi g condi on if:

- You received medical treatment, consulta on, care, or services including diagnos c measures, or took prescribed drugs or medicines in the 3 months just prior to your effe ve date of coverage; and
- The disability begins in the fir t 12 months a er your effe ve date of coverage

For a comprehensive list of coverages and exclusions, please refer to the Certi ate of Insurance.

Long Term Disability Plan

Long Term Disability	
Benefit Amount	• 60% of gross monthly earnings
Benefit Maximum	• $4,500 per month
Eliminati n Period	• 90 Days
Pre-Ex Conditi n	• 3 month look-back / 12 months on the plan
Benefit Durati n	• Social Security Normal Reti ement Age / Reducing Benefi Duratio (SSNRA/RBD)

Age at Disability	Maximum Period of Payment
Less than age 62	To Social Security Normal Re rement Age
Age 62	60 months
Age 63	48 months
Age 64	42 months
Age 65	36 months
Age 66	30 months
Age 67	24 months
Age 68	18 months
Age 69 or older	12 months

Year of Birth	Social Security Normal Re rement Age
1937 or Before	65 years
1938	65 years 2 months
1939	65 years 4 months
1940	65 years 6 months
1941	65 years 8 months
1942	65 years 10 months
1943—1954	66 years
1955	66 years 2 months
1956	66 years 4 months
1957	66 years 6 months
1958	66 years 8 months
1959	66 years 10 months
1960 and after	67 years

Additional Benefit Options

Gallagher Marketplace Additional Benefit Options

Employee Paid Benefit

In addi on to medical, dental and vision benefi s, you will have the optio to purchase these other valuable benefi s to customize your personal benefi s portf lio:

UNUM - VOLUNTARY LIFE and AD&D

Insurance that can help you and your loved ones prepare for the unexpected. You can purchase up to $500,000 OR 5X annual earnings ; On Spouse up to 100% of employee amount ($25,000 max); up to $10,000 on your child(ren).

HYATT LEGAL

Telephonic and o ce-based legal consulta ons for estate planning, financial ma ers, real estate matt rs, tra c o enses and other services.

ID WATCHDOG - IDENTITY THEFT

Everyone deserves protec on. Now, you have access to purchase it. Don't let anyone steal your identi y! You will have 2 op ons to choose from; Pla num Plan and 1B Plan.

AFLAC - HOSPITAL INDEMNITY

Plan pays regardless of any other insurance program. Benefi s paid are per hospital confinement. Additi nal paid benefi s when your confined due to sickness or injury and if you are con ned to the ICU.

AFLAC - CRITICAL ILLNESS AND ACCIDENT

CI - Plan pays directly to you if you are diagnosed with a criti al illness. Accident- Plan pays directly to you if you are injured or in an accident on or o the job.

PET INSURANCE

Protect your pet and get insurance that helps pay for your pet's unexpected veterinary care.

Gallagher Marketplace - ComPsych

Guidance for Better Health Care Choices

Your HealthChampion® program empowers you to make be er health care choices. Our trained health care advocates will partner with you to help you e ec vely navigate your health care plan. Call any me, 24/7, to schedule an appointment to speak with a HealthChampion specialist.

Employer Paid — *COSTS YOU NOTHING!*

Expert Medical Benefits Assistance

Talk to a degreed, experienced health insurance claim specialist for:

- An easy to understand explanati n of your benefi s—what's covered and what's not
- Cost es mati n for covered and non-covered treatment optio s
- Step-by-step guidance on claims and billing issues
- Fee and payment plan nego ati n
- Referral to fi ancial resources for the under- and uninsured
- Explanati n of the appeals process

Support for Your Medical Concerns

If you are scheduled for a medical procedure or seeking informa on regarding other personal health matters, a HealthChampion registered nurse can provide:

- One-on-one review of your health concerns
- Preparatio for upcoming doctor's visits, lab work, tests and surgeries
- Straigh orward answers regarding diagnosis and treatment opti ns
- Coordina on with appropriate health care plan provider(s)
- Referral to community resources and applicable support groups

Just call your toll-free number to access this free and confidential service.
Phone: 888.628.4809 TDD: 800.697.0353

COMPSYCH®
GuidanceResources® Worldwide

Gallagher Marketplace - ComPsych

Employer Paid — *COSTS YOU NOTHING!*

Call ComPsych® GuidanceResources® anytime for confidential assistance.

Call: 888.628.4809 TDD: 800.697.0353

Go online: guidanceresources.com Your company Web ID: GALLAGHER

Personal issues, planning for life events or simply managing daily life can affect employees' work, health, and family. The suite of confidential services offered by ComPsych provides support, resources and information for personal and work-life issues. This flyer explains how ComPsych services can help employees and their families deal with everyday challenges.

Confidential Counseling

Someone to talk to.

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants℠—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for:

- Stress, anxiety and depression
- Relationship/marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

GuidanceResources® Online

Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you... relationships, work, school, children, wellness, legal, financial, freetime and more.

- Timely articles, HelpSheets℠, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Online wellness tools with a Health Risk Assessment
- Child care, elder care, attorney and financial planner searches

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

Work-Life Solutions

Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

Health Care Navigation

Helping you make better health care choices.

HealthChampion℠ provides confidential assistance with:

- Claims review and fee negotiation
- Cost estimates for health care treatments
- Explanation of health plan coverage
- Understanding diagnosis and treatment options
- Preparation and support for medical appointments and procedures
- Assistance with understanding your short-term and long-term disability coverage

COMPSYCH®
GuidanceResources® Worldwide

Gallagher Marketplace - ComPsych

Guide to Using GuidanceResources® Online

First-time users, follow these simple instructions and start exploring the resources offered to you on Guidance Resources® Online.

1. Go to **guidanceresources.com** to reach the website.
2. Once on the guidanceresources.com home page, click the blue link at the bo om right of the page that states **Register.**
3. You will then be asked to enter your **Company/Organiza on Web ID**.

Employer Paid — *COSTS YOU NOTHING!*

Your Company/Organization Web ID: **GALLAGHER**

You will then be asked to enter a **User Name** and **Password**. Both can be anything you would like them to be but should be something you will remember. The **User Name** (o en your name) must be at least six characters long and should have no spaces (for example: joesmith). The **Security Ques ons** are meant to prompt you if you forget your password. You must select the bu on verifying that you are at least 13 years of age, as required by federal law.

Make sure that you complete all elds that have red asterisks, as these are required elds. When you've nished, click the **Submit** bu on at the bo om of the page.

4. On the next page, you will be asked to enter the rst ve (5) characters of the name of your company or organizatio .

Your Company Name (first five [5] characters): **RCDS**

When you've nished, click the **Submit** bu on on the bo om of the page.

5. On the next page, you will be asked to select your company from a drop down menu. When you've nished, click the **Submit** bu on at the bo om of the page.
6. On the next page, you will be asked to provide some demographic informa on. All of the elds are op onal. Be sure to read the **Terms of Use** and click inside the check box to indicate your agreement to those terms. When you've nished, click the **Submit** bu on at the bo om of the page.
7. You should now be on the website.

For Future Log-ins

You will NOT have to enter all of the demographic informa on again. You will only need to remember your User Name and Password. When you get to step 2 above, instead of clicking on the register link, go to the Login secti n and enter your User Name and Password and click the login bu on. This will take you directly to GuidanceResources Online.

If you have any problems registering or logging into GuidanceResources Online, e-mail Member Services at **memberservices@compsych.com**.

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Notices

Woman's Health and Cancer Notice

If you have had or are going to have a mastectomy, you may be entitl d to certain benefi s under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefi s, coverage will be provided in a manner determined in consultatio with the a ending physician and the pati nt, for:

- All stages of reconstruc on of the breast on which the mastectomy was performed.
- Surgery and reconstruc on of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complicati ns of the mastectomy, including lymphedema.

These benefi s will be provided subject to the same deduc bles and coinsurance applicable to other medical and surgical benefi s provided under this plan. The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Noti e of Privacy Prac ces.

Special Enrollment Period

If you elect not to enroll yourself and/or your eligible dependents at your fir t opportunity or during the Open Enrollment Period, you will only be allowed to enroll if you have a qualifying event. Qualifying events may consist of any of the following "family events":

- Marriage or divorce;
- Birth or adoptio of a child;
- Death of a spouse or dependent;
- Significa t change in the health care coverage of the employee or the employee's spouse a ributable to the spouse's employment;
- Taking an unpaid leave of absence; and
- Change from part-ti e to full-ti e employment or from full-ti e to part-ti e employment.

You must noti y Human Resources within 30 days of a qualifying event to make changes aft r your ini al eligibility date.

Newborn's Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefi s for any hospital length of stay in connec on with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean sectio .

However, Federal law generally does not prohibit the mother's or newborn's a ending provider, a er consul ng with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorizatio from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA - Privacy

The Roman Catholic Diocese of Salina is commi ed to the privacy of your health informati n. The administrators of the Roman Catholic Diocese of Salina (the "Plan") use strict privacy standards to protect your health informati n from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Noti e of Privacy Prac ces. You may receive a copy of the Noti e of Privacy Prac ces by contac ng the Human Resource Department.

Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more informati n, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP o ce to nd out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP o ce or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to nd out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have ques ons about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more informati n on eligibility –

ALABAMA – Medicaid	**FLORIDA – Medicaid**
Website: h p://myalhipp.com/ Phone: 1-855-692-5447	Website: h p:// medicaidtplrecovery.com/ medicaidtplrecovery.com/hipp/index/html Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**

The AK Health Insurance Premium Payment Program
Website: h p://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: h p://dhss.alaska.gov/dpa/Pages/medicaid/ default.aspx
	Website: h ps;//Medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
	- Click on Health Insurance Premium Payment (HIPP)
	Phone: 678-564-1162, Ext. 2131

ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: h p://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: h p://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: h ps://www.in.gov/medicaid/ Phone 1-800-457-4584
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: h ps://www.health rstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 HIBI: h ps://wwwcolorado.gov/paci c/hcpf/health-insurance-buy-program	Website: h ps://dhs.iowa.gov/ime/members Phone: 1-800-338-8366 Hawki Website: h p://dhs.iowa.gove/Hawki Hawki Phone: 1-800-257-8563
KANSAS – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: h p://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: h p://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345 x 5218

Notices

KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Kentucky Integrated Health Insurance Premium Payment Program (KI -HIPP) Website: h p://chfs.ky.gov/agencies/dms/member/Pages/ kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: h ps://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: h ps://chfs.ky.gov	Medicaid Website: h p://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: h p://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: h ps://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: h p://www.maine.gov/dhhs/o /applica ons-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: h ps://www.maine.gov/dhhs/o /applica ons-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: h ps://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: h p://www.mass.gov/eohhs/gov/departments/ masshealth/ Phone: 1-800-862-4840	Website: h p://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: h p://mn.gov/dhs/people-we-serve/seniors/health-care/ health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: h p://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: h p://www.dss.mo.gov/mhd/parti ipants/pages/hipp.htm Phone: 573-751-2005	Website: h p://healthcare.oregon.gov/Pages/index.aspx h p://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: h p://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: h p://www.dhs.pa.gov/providers/Providers/Pages/Medical/ HIPP-Program.aspx Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: h p://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: h p://eohhs.ri.gov/ Phone: 855-697-4347 or 401-462-0311 (Direct Rite Share Line)
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: h ps://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: h ps://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: h p://dss.sd.gov Phone: 1-888-828-0059	Website: h p://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: h p://gethipptexas.com/ Phone: 1-800-440-0493	Website: h p://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

Notices

UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: h ps://medicaid.utah.gov/ CHIP Website: h p://health.utah.gov/chip Phone: 1-877-543-7669	Website: h ps://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: h p://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: h ps://health.wyo.gov/healthcare n/medicaid/programs-and-eligbility- Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Website: h p://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2020, or for more informati n on special enrollment rights, contact either:

U.S. Department of Labor
Employee Bene ts Security Administra on
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Op on 4, Ext. 61565

Paperwork Reductio Act Statement

According to the Paperwork Reduc on Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collec on of informati n unless such collec on displays a valid O ce of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collec on of informati n unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collec on of informati n unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collec on of informati n if the collec on of informati n does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporti g burden for this collec on of informati n is es mated to average approximately seven minutes per respondent. Interested parti s are encouraged to send comments regarding the burden es mate or any other aspect of this collec on of informa on, including sugges- ons for reducing this burden, to the U.S. Department of Labor, Employee Bene ts Security Administra on, O ce of Policy and Research, A en on: PRA Clearance O cer, 200 Cons tu on Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and refer- ence the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 01/31/2023)

Contact Information

Gallagher Insurance | Risk Management | Consulting	**Your Bene t Advocate** Gallagher Renae DeSan s 8110 E 32nd St. N, Suite 100 Wichita, Kansas 67226	Phone: (316) 977-9779 Fax: (316) 685-5520 E-mail: Wichita.GBS.Info@ajg.com E-mail: Renae_DeSan s@ajg.com Web: www.ajg.com
FLEX	**Flex and Dependent Daycare** FLEX 8700 W. Bryn Mawr Ave., Suite 1010S Chicago, IL 60631	Phone: (888) 345-7990 E-mail: service@myfl xaccount.com Web: www.myflexa count.com
Christian Brothers Services	**Medical Insurance Plan**	Phone: (800) 807-0400 Web: www.myCBS.org/health Email: hbscustomerservice@cbservices.org
DELTA DENTAL	**Dental Insurance Plan** 1619 N. Waterfront Pkwy. P.O. Box 789769 Wichita, KS 67278	Phone: (800) 234-3375 Fax: (316) 462-3392 Web: www.deltadentalks.com
SUPERIOR VISION See yourself healthy.	**Vision Insurance Plan** P.O. Box 967 Rancho Cordova, CA 95471	Phone: (800) 507-3800 Web: www.superiorvision.com
Aflac	**Cri cal Illness, Accident and Hospital Indemnity Insurance Plan**	Phone: (866) 542-9661
unum	**Long Term Disability and Voluntary Products: Voluntary Short Term Disability and Voluntary Life AD&D**	Phone: (800) 255-6148 Web: www.unum.com

Benefit Information Post Employment

E ec ve January 1, 2021, the Diocesan plans will have new guidelines in place for con nuing coverage post employment. Some of the changes will be as follows:

- Maximum ti eframe of 18 months to contin e the coverage
- You must elect to extend the coverage within 30 days of your terminati n date
- You must pre-pay the premiums so payment will be due by the 1st of the month

Below is more informati n on post employment. benefi s

Medical , Dental, and Vision Plans

- If you are enrolled in the medical, dental, or vision plan your coverage will terminate at the end of the month in which you terminate employment with the Diocese.
- You are able to contin e the benefi s for 18 months. You will receive paperwork in the mail from FLEX that will outline the contin ati n of coverage process, and will be provided the rates at that time.
- If you have questio s regarding the contin ati n of coverage you can contact FLEX at 1.888.345.7990.

Short-Term and Long-Term Disability Plans

- If you are enrolled in the short-term or long-term disability plans your coverage will end the day of your terminati n.
- These plans are not eligible for portability/conversion.

Voluntary Life and AD&D

- If you are enrolled in the Voluntary Life and AD&D plan your coverage will end the day of your terminati n.
- These plans are eligible for portability/conversion. You will receive an applicati n from your employer upon your terminati n regarding the portability/conversion process. If you wish to port/convert your policy you must get it sent into Unum within 31 days of your terminati n date in order to contin e the policy.

Flexible Spending Account

- If you are enrolled in the Flexible Spending Account (medical, limited purpose, or dependent care account) your coverage will end the day of your terminati n (i.e. your card will be shut o the day of terminati n). You have a 60 day runout period to submit claims to FLEX for reimbursement for expenses that were incurred while you were employed with the Diocese. Expenses incurred aft r you leave employment are not eligible unless you meet the requirements to contin e the bene t via the extension of coverage.
- If you have questio s please contact FLEX at 1.888.345.7990.

ID Watchdog

- If you are enrolled in either of the ID Watchdog plans your coverage will end the day of your terminati n.
- These plans are eligible for portability. To contin e the benefi you will need to call 1.866.513.1518 to speak to a customer advocate.

Hya Legal

- If you are enrolled in the Hya Legal plan your coverage will end the day of your terminati n.
- If you wish to contin e your legal plan benefi you must enroll for portable enrollment within 30 days of your last day of employment. You will need to call Hya 's Client Service Center at 1.800.821.6400.
- Please be mindful that if you want to port the benefi payment for the full 30 months is required up front.

Aflac Cri cal Illness/Hospital Indemnity/Accident

- If you are enrolled in the Aflac Critical Illness, Hospital Indemnity, or the Accident plan your coverage will end the day of your terminati n.
- These plans are eligible for portability. You must contact A ac directly within 30 days of your terminati n date. You can call 1.800.433.3036 to request the coverage be ported.

Notes

Notes

8110 E. 32nd St. N., Suite 100
Wichita, Kansas 67226-2605

Telephone: **(316) 977-9779**
Fax : **(316) 685-5520**

E-mail: Wichita.GBS.Info@AJG.com