



Plan Well Live Well!

“PLANNING IS BRINGING THE FUTURE INTO THE PRESENT SO THAT YOU CAN DO SOMETHING ABOUT IT NOW.” ALAN LAKEIN

If you are a lay employee of a parish, incorporated agency, or other participating institution of the Archdiocese of Philadelphia, you may be eligible for the benefits plans and Wellness Rewards Program described in this brochure. ***If you choose and use these resources effectively, the programs will help you maintain your health, protect your income while you’re working, and build financial security for the future.***

Before you enroll or change your elections, we encourage you to review this **Benefits Guide** carefully. Learn what each plan offers. Take time to think about the future—whether that’s next year or 30 years from now. Consider how you can use the individual benefit plans and programs to help you achieve your goals—and then put the benefits to work for you.



USE THE BENEFITS GATEWAY WEBSITE

This brochure summarizes the major provisions of the benefit plans. You can find detailed brochures, enrollment forms, and other information on the [Benefits Gateway](http://www.archphila.org/hrbenefits) (www.archphila.org/hrbenefits) website. Check the Benefits Gateway whenever you have questions.

If you have any questions about the benefits program, please contact your Benefit Coordinator or call the Human Resources staff at the Archdiocese Pastoral Center at **215.587.3910**.



A stylized logo consisting of three overlapping leaf-like shapes in blue, purple, and yellow, with a white circle in the center of the purple shape.

Plan Well Live Well!

Select a topic to learn more...





Benefit Program Overview

This chart shows the benefit and discount options at a glance.

BENEFIT PLANS, PROGRAMS, AND DISCOUNTS AT A GLANCE	
Eligibility	<ul style="list-style-type: none">You may be eligible for benefits if you are regularly scheduled to work at least 20 hours a week as a lay employee of a parish, incorporated agency, or other participating institution of the Archdiocese of Philadelphia.Benefit options and waiting periods vary by location.
Health Plans (vary by location)	<ul style="list-style-type: none">Medical—There are four options (Personal Choice PPO, Personal Choice HDHP with HSA, Keystone POS, and Keystone HMO). Vision coverage is included with all options except Personal Choice PPO, but a freestanding plan is available.Dental—There are four options (two United Concordia options and two Aetna options).Employee Assistance Program (EAP)—This program provides confidential short-term counseling, information, and referral services at no cost to you.
Income Protection (plans vary by location)	<ul style="list-style-type: none">Disability—You may elect one of three Short Term Disability (STD) options. Long-Term Disability (LTD) coverage is provided automatically at no cost to you. You also may elect Aflac Critical Illness and Unum Accident insurance.Cigna Life/AD&D Insurance—If you die while you are actively employed, your beneficiary may be eligible to receive a \$15,000 Life Insurance benefit. You may buy additional Cigna Voluntary Term Life and AD&D insurance up to \$500,000 for you and there also are coverage options for your spouse/children.New York Life Insurance—You may buy New York Life Whole Life insurance up to \$100,000 with no proof of good health.
Retirement	<ul style="list-style-type: none">403(b) Retirement Plan—Your employer contributes. You can add pre-tax or post-tax contributions.
Discounts and Other Programs (availability varies)	<ul style="list-style-type: none">Discounts—Health Improvement (gym membership, fitness equipment, and weight management program discounts), entertainment (movies, events, theme parks) discounts, and wireless service discounts are available.Tuition Assistance—NEW: Villanova University School of Business offers a 50% discount for an MS in Church Management. Widener University offers a 10% discount for certain online courses.Financial—AnnieMac VIP Mortgage Benefit Program offers preferred rates for mortgages, realty services, and home or auto insurance. Viriva Credit Union offers a range of financial services.



Eligibility and Enrolling

This section reviews who is eligible and how to enroll. See the Other Important Information section for details about changing your elections during the year and when coverage for dependents ends.

WHO'S ELIGIBLE FOR COVERAGE

You may be eligible for the benefits highlighted in this **Benefits Guide** if you are regularly scheduled to work at least 20 hours a week as a lay employee of a parish, incorporated agency, or other participating institution of the Archdiocese of Philadelphia. **Benefit options and waiting periods vary by location.** After you enroll, you may have to complete a waiting period before your Medical and Dental coverage begins. If you have questions about eligibility, contact the Benefit Coordinator at your location.

*Note: You may change your elections during the annual enrollment period. During the year, you may make changes **ONLY IF** you have a Qualified Life Event as defined by IRS regulations (see [Page 25](#)).*

Dual Coverage—If you and your spouse both work for any Archdiocesan parish, agency, or other institution, only one of you may enroll your children. Also, you may not be covered as an Archdiocesan employee and as your spouse's dependent at the same time.

COVERAGE FOR YOUR DEPENDENTS

If you enroll, your dependents also may be eligible for Medical, Dental, and Freestanding Vision coverage. Eligible dependents include your:

- spouse (marriage certificate must be made available upon request);
- unmarried dependent children under age 26 for Medical coverage (see [Page 26](#) for details about extending coverage up to age 30); Dental coverage may continue up to age 19 or 23 if a full-time student); and
- unmarried handicapped children over age 26 if covered before age 26 and incapable of self-support (for Dental, age 19).

To be covered under the Cigna Voluntary Life or Voluntary AD&D programs, your spouse must be under age 70 and your eligible dependent children must be at least 14 days of age and dependent upon you for support. Other limits may apply to Critical Illness or Voluntary Accident insurance.

Newborns/Newly-Adopted—You must enroll new dependent children within 30 days. If you do not submit an Enrollment Form within 30 days, the delivery will be covered but any other expenses for the child will not be covered. The 30-day period starts at birth or the date you assume legal obligation for support in anticipation of adoption (whichever applies). If you do not submit an Enrollment Form within 30 days, you will have to wait until the next annual enrollment period to enroll the child.



COST OF COVERAGE

You may be asked to contribute toward the cost of Medical coverage for you and your dependents. Your contributions, if any, are deducted before taxes are deducted (pre-tax)—that means tax savings for you. The required contribution varies by location, and you will be given information about your share of the cost when you enroll.

If you enroll for Dental, Freestanding Vision, or Voluntary Life/AD&D Insurance (Cigna) coverage for yourself, you pay the full cost on a pre-tax basis. If you enroll for Voluntary Whole Life Insurance, Critical Illness, Voluntary Accident, or Short-Term Disability (STD) coverage, you pay the full cost on a post-tax basis.

HOW TO ENROLL OR CHANGE YOUR ELECTIONS

You enroll for benefits when you are first eligible. If you do not enroll within 30 days of becoming eligible, you must wait until the annual enrollment period. If you elect Voluntary Life or Voluntary AD&D coverage more than 30 days after becoming eligible, proof of good health will be required, even at annual enrollment periods. **If you are waiving medical coverage during annual enrollment, you MUST return an enrollment form to certify that you have other medical coverage.**

To enroll, complete and return the Enrollment Form available on the Benefits Gateway (www.archphila.org/hrbenefits) website. You may complete the form online and submit it by email. Or, you may print the form, complete it, and submit it to your Benefit Coordinator. If you cannot use the website, ask your Benefit Coordinator to print a form for you.





Medical Coverage

Your local Benefit Coordinator will give you information about the options available to you and your cost for coverage. All of the options are provided through Independence Blue Cross (IBC) or Keystone Health Plan East. **If you have specific questions, contact Member Services at 1.800.ASK.BLUE (275.2583).** The Medical Plan options offered by your employer may include:

- **Personal Choice® HDHP** is a type of plan that has a higher deductible than more traditional plans and allows you and your employer to contribute to a tax-advantaged Health Savings Account (HSA) if you are eligible. For this option, preventive care is covered at 100% with no deductible. All other expenses, including prescriptions, are subject to the deductible. *See the [Health Savings Account \(HSA\) section to learn how the HDHP and HSA work together.](#)*
- **Personal Choice® PPO** and Personal Choice HDHP are “Preferred Provider Organization” (PPO) plans. That simply means you receive a higher level of benefits if you use providers in the IBC Personal Choice network (called staying “In-Network”). You may use other providers (called going “Out-of-Network”). If you do, the Plan’s benefits are lower, you must file claim forms, some services may not be covered, and you may be responsible for charges above the IBC Plan allowance.
- **Keystone POS** is a “Point of Service” plan, which is a cross between a PPO and an HMO. If you enroll, you should select a primary care physician (PCP) from the Keystone POS/HMO network. Generally, to receive the highest level of benefits, your PCP must provide your care or give you a referral. This is called *Referred care*. If you use other providers without a referral from your PCP, you will receive a reduced level of benefits. This is called *Self-Referred care*—you must file claims, the Plan pays less, some services may not be covered, and you may be responsible for charges above the Keystone Plan allowance.
- **Keystone Health Plan East HMO** is a Health Maintenance Organization. To receive benefits, you must choose a PCP in the Keystone POS/HMO network who will provide your care or refer you to other Keystone HMO providers. Unlike the other options, all services must be provided by Keystone HMO network providers. If you seek services on your own, without receiving a referral from your PCP, the cost of services will not be covered by the Plan (except for true emergency care).

Before you complete your Keystone POS or Keystone HMO enrollment, you will choose a PCP for you and each covered family member. You may change your PCP at any time by calling Member Services or online at ibxpress.com. For more information about PCPs, see *Choosing Your PCP—Provider Choice Notice in the Other Important Information* section.

SEE CARRIER INFORMATION FOR DETAILS

The *Medical Option Comparison Chart* provides an overview of how each option covers typical services. The Medical options cover most services and supplies that are medically necessary and appropriate treatment for your condition. However, some services, such as experimental care or hearing aids, are not covered. The *Plan Summary* charts and individual Plan booklets available on the [Benefits Gateway](http://www.archphila.org/hrbenefits) (www.archphila.org/hrbenefits) or from Member Services show the details for each option. **For complete details, see the individual Plan booklets that will govern over this brochure in case of any conflict.**



GET THE MOST FROM YOUR MEDICAL COVERAGE WITH ibxpress.com

All of the medical options are provided by Independence Blue Cross. When you register for ibxpress.com, you will have quick, convenient, and secure access to your benefits information, health information, wellness resources and more. With up-to-date claims and coverage information, lifestyle improvement programs, and relevant health information, ibxpress.com makes it easy to manage your benefits. And because ibxpress.com uses the strongest encryption methods available, you can rest assured that your personal information is secure.

BRING HEALTHY HABITS WITHIN REACH

Your well-being journey is personal. Whether you want to eat healthier, manage stress better, be more active, or just get some more sleep, your goals are unique to you. **Achieve Well-being** from Independence Blue Cross is a motivating and personalized set of well-being tools and resources that can help you achieve what's important to you in a way that's simple, easy, and fun.

Personalized online tools that work for you—Visit ibxpress.com or download the IBX Mobile app to start your well-being journey today!

1. **Begin your Journey**—Register or log in to ibxpress.com or the IBX mobile app, then:
2. **Complete the Well-being Profile**—This easy-to-use health profile takes just 15 minutes to complete. Based on your answers, you'll get a personalized report with recommended focus areas.
3. **Start a Program**—Choose from hundreds of programs to create a personalized Action Plan and daily activities to help you meet your goals.
4. **Develop Your Action Plan**—Your daily Action Plan will display any current programs you are participating in, as well as helpful articles, videos, and healthy recipes that will help you on your well-being journey.
5. **Track Your Activity**—It's easy to track your progress and daily activity. If you use other apps or devices (like FitBit®) to track your health and well-being, you can sync them to ibxpress.com.

ACHIEVE
WELL-BEING



ibxpress.com

Download the IBX Mobile App for your iPhone or Android!

The new Achieve Well-being program is one part of our Wellness Rewards Program.

To help you stay motivated, you will earn credits for actions you take to improve and maintain your good health. When you have earned 200 credits, you may redeem them for a **\$200 gift card**.

PRE-CERTIFICATION REQUIREMENTS

Pre-certification review is designed to ensure that all the services you receive are medically necessary, appropriate, and cost-effective. Generally, when you receive In-Network PPO care, or when your PCP provides or coordinates your care, your doctor/PCP or the hospital will handle any pre-certification for you. However, if you receive Out-of-Network or Self-Referred care—or you are out of your plan’s service area—YOU may be required to call **1.800.275.2583** for pre-certification. For the Personal Choice HDHP and Personal Choice PPO plans, this is true even if you use a provider or facility that participates in the BlueCard PPO program.

If you do not get pre-certification when required, benefits may be reduced or not paid at all. The pre-certification requirements for each option vary. See the Plan Summary charts available on the [Benefits Gateway \(www.archphila.org/hrbenefits\)](http://www.archphila.org/hrbenefits) and read the carrier booklet for your option for details. Contact Member Services at the number shown on your ID card if you have questions.

URGENT OR EMERGENCY CARE

When you have a life-threatening medical situation, seek treatment at the nearest emergency room. For other issues that require attention, such as strains or sprains, fevers, earaches, and sore throats, consider calling your doctor or using the Telemedicine service described below. Or, go to the nearest In-Network urgent care center.

ADDITIONAL DISCOUNTS—BLUE 365

Blue365 offers discounts for fitness centers, nutrition and weight management programs, laser vision correction, parent and senior care, hearing aids, and fitness apparel. To take advantage of Blue365, just access the Blue365 website through ibxpress.com. These exclusive discounts from leading, national brands are included at no cost to you.





TELEMEDICINE (MDLIVE)

MDLIVE is a convenient option when it's not possible to visit your doctor's office, retail clinic, or urgent care center. Plus, it's more cost-effective than visiting the ER for an illness that's not an emergency. You can see a board-certified doctor by secure video, phone, or mobile app who can treat non-emergency conditions such as allergies, asthma, cold/flu, ear or respiratory infections, and nausea or vomiting. Medication can be prescribed if indicated.

Activate your account now so you will be ready to chat with a doctor when you need one. Go to mdlive.com/ibx and click Activate Now. Enter the information requested. When you receive an email from MDLIVE, be sure to click the link to verify your account.

TELEMEDICINE BENEFIT

If you are enrolled in Medical coverage, you pay nothing for each call (after the deductible for the Personal Choice HDHP plan).

PRESCRIPTION DRUG COVERAGE

When you elect any of the Medical options, you automatically receive prescription drug coverage administered by FutureScripts®. The Medical Plan uses a Preferred Drug List (called a formulary), which encourages the use of the most clinically-effective and cost-effective medications. Contact Member Services for a copy of the current Preferred Drug List.

PRESCRIPTION DRUG CATEGORY	GENERIC ON PREFERRED DRUG LIST	BRAND NAME ON PREFERRED DRUG LIST	DRUGS NOT ON PREFERRED DRUG LIST
Pharmacy (up to 30-day supply)*	\$15 copay	\$35 copay	\$60 copay
Mail-Order (up to 90-day supply)	\$37.50 copay	\$87.50 copay	\$150 copay

*If you use a participating retail pharmacy, you may receive up to a 30-day supply for one copay. If you use a non-network pharmacy, Personal Choice PPO, Keystone POS, and Keystone HMO pay 30% of the drug's retail cost; Personal Choice HDHP pays 50%. You must submit a claim form to be reimbursed.

You pay the actual cost of the medication if that cost is less than the copay. For Personal Choice HDHP, the deductible applies. Mail-order is not covered Out-of-Network.

If your doctor prescribes a drug that is not on the Preferred Drug List, ask if another drug, such as a generic equivalent or therapeutic alternative, can be used to treat your condition.

VISION COVERAGE

Three of the Medical options include Davis Vision coverage. The Keystone POS and Keystone HMO plans include the \$35 Vision program that provides benefits for eyeglasses or contact lenses. The Personal Choice HDHP plan includes the \$75 Vision program that provides benefits for exams and eyeglasses or contact lenses. When you use Davis Vision providers, you receive higher benefits.

The names (\$35 or \$75) refer to the reimbursement for certain services. If you elect the Personal Choice PPO or waive coverage, you may enroll in the Freestanding Vision Plan (this is the \$75 Vision program). You pay the full cost (separate enrollment form required). See the Plan Summary Chart on the [Benefits Gateway](http://www.archphila.org/hrbenefits) (www.archphila.org/hrbenefits).



MEDICAL PLAN COMPARISON CHART

	PERSONAL CHOICE HDHP		PPO PERSONAL CHOICE		KEYSTONE POS		KEYSTONE HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	Referred	Self-Referred	
Using Doctors/Hospitals	Higher-level benefits	Lower-level benefits	Higher-level benefits	Lower-level benefits	Higher benefit level if PCP provides/refers care	Lower-benefit level if no referral or Out-of-Network	Benefits paid only for HMO providers
DEDUCTIBLE AND OUT-OF-POCKET LIMITS							
Benefit Period	Plan Year (7/1-6/30)		Calendar Year (1/1-12/31)				
How They Work	<p>Personal Choice HDHP—Benefit Period starts on July 1 and ends on June 30, 2018. Deductible applies to all services except preventive. If you cover dependents, you must always meet the family deductible dollar amount before services are covered at 100%. However, once the Out-of-Pocket Limit dollar amount (\$6,350) is met for one individual, eligible expenses for that individual will be covered at 100% for the rest of the Benefit Period.</p> <p>All Other Options—Benefit Period starts on January 1 and ends on December 31. If you cover dependents, these options cover an individual's expenses if he/she meets the single deductible or Out-of-Pocket Limit.</p>						
Deductible	\$1,500/single \$3,000/family	\$5,000/single \$10,000/family	None	\$1,000/single \$2,000/family	None	\$1,000/single \$2,000/family	None
Out-of-Pocket Limit	\$6,350/single \$12,700/family	\$10,000/single \$20,000/family	\$3,000/single \$6,000/family	\$6,000/single \$12,000/family	\$3,000/single \$6,000/family	\$6,000/single \$12,000/family	\$4,000 /single \$8,000/family
BENEFITS FOR COMMON SERVICES							
Inpatient Hospital Care*	100% after deductible	50% after deductible up to 70 days **	100% after copay	70% after deductible up to 70 days**	100% after copay	70% after deductible up to 70 days**	100% after copay
			*If applicable, the copay is \$150 per day; 5-copay maximum per admission; copay will be waived if readmitted within 10 days of discharge.				
Outpatient Surgery*	100% after deductible	50% after deductible	100% after \$100 copay	70% after deductible	100% after \$100 copay	70% after deductible	100% after \$100 copay
Doctor's Office Visits	100% after deductible	50% after deductible	100% after copay	70% after deductible	100% after copay	70% after deductible	100% after copay
			For primary care or specialist				
Routine Preventive, Well-Baby Care (based on schedule)	100%, no deductible	50%, no deductible	100%	70%, no deductible	100%, no copay or referral required for pediatric immunizations	70%, no deductible	100%
			No referral required for routine GYN exam and no referral or copay for routine mammogram				
Telemedicine (MDLIVE)	After deductible, 100% per call	N/A	100% per call	N/A	100% per call	N/A	100% per call
Emergency Room or Urgent Care Center	100% after deductible	100% after In-Network deductible	100% after copay	100% after copay	100% after copay	100% after copay	100% after copay
			If applicable, the copay for the Emergency Room is \$150 and it is NOT waived if admitted. The copay for an Urgent Care Center is \$70.				



	PERSONAL CHOICE HDHP		PPO PERSONAL CHOICE		KEYSTONE POS		KEYSTONE HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	Referred	Self-Referred	
Outpatient Laboratory/ Pathology	100%, after deductible	50% after deductible	100%	70%, after deductible	100%	70% after deductible	100%
Outpatient X-ray/ Radiology*	100%, after deductible	50%, after deductible	100% after copay	70% after deductible	100% after copay	70% after deductible	100% after copay
	Includes MRI/ MRA, CT/ CTA, PET scans; if applicable, the copay is \$50 for routine/diagnostic, and \$100 for MRI/ MRA, CT/CTA scan, or PET scan.						
Maternity*	100% after deductible	50% after deductible up to 70 days **	100% after copay	70% after deductible up to 70 days **	100% after copay	70% after deductible up to 70 days **	100% after copay
	If applicable, the copay is \$15 for first OB visit only; for hospital—100% after \$150 copay per day; 5-copay maximum per admission; copay will be waived if readmitted within 10 days of discharge.						
Home Health Care*	100%, after deductible	50% after deductible	100%	70%, after deductible	100%	70% after deductible	100%
Outpatient Private Duty Nursing	100% after deductible	50% after deductible	85%	70% after deductible	85%	70% after deductible	85%
	Up to 360 hours per Benefit Period		For each option, benefits are paid for up to 360 hours per Benefit Period (In-Network/Out-of-Network or Referred/Self-Referred combined).				
Skilled Nursing Facility Care*	100% after deductible	50% after deductible	100% after copay	70% after deductible	100% after copay	70% after deductible up to 60 days per Benefit Period	100% after copay
	120 day maximum per Benefit Period is for In-Network/Out-of-Network combined		If applicable, the copay is \$75 per day; 5-copay maximum per admission; copay will be waived if readmitted within 10 days of discharge. Benefits are limited to a maximum of 120 days per Benefit Period (In-Network/Out-of-Network or Referred/Self-Referred combined).				
Outpatient Physical, Occupational, or Speech Therapy	100% after deductible	50% after deductible	100% after copay	70% after deductible	100% after copay	70% after deductible	100% after copay
	30 visit limit for In-Network/Out-of-Network combined (20 visits for Speech Therapy)		If applicable, the copay is \$40 per visit limited to 30 visits per Benefit Period (20 visits for speech therapy). Limits for Out-of-Network/Self-Referred care may vary by type of therapy.				
Cardiac Rehabilitation Therapy*	100% after deductible	50% after deductible	100% after \$40 copay	70% after deductible	100% after \$40 copay	70% after deductible	100% after \$40 copay
	36 visit limit for In-Network/Out-of-Network combined		In-Network/Out-of-Network or Referred/Self-Referred care combined is limited to 36 visits per Benefit Period.				
Durable Medical and Prosthetics*	100% after deductible	50% after deductible	50%	50% after deductible	50%	50% after deductible	50%

	PERSONAL CHOICE HDHP		PPO PERSONAL CHOICE		KEYSTONE POS		KEYSTONE HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	Referred	Self-Referred	
Spinal Manipulation	100% after deductible	50% after deductible	100% after copay	70% after deductible	100% after copay	70% after deductible	100% after copay
	20 visits per Benefit Period limit for In-Network/Out-of-Network combined		If applicable, the copay is \$40 per visit. In-Network/Out-of-Network or Referred/Self-Referred care combined is limited to 20 visits per Benefit Period.				
Mental Health*	100% after deductible	50% after deductible up to 70 days **	100% after copay	70% after deductible up to 70 days **	100% after copay	70% after deductible up to 70 days **	100% after copay
	Different outpatient benefit limits may apply for Serious Mental Illness and HMO benefits may vary by state. Personal Choice HDHP benefits apply to both inpatient and outpatient mental healthcare and serious mental healthcare. If applicable, the inpatient copay is \$150 per day with a 5-copay maximum per admission (waived if readmitted within 10 days of discharge). If applicable, the outpatient copay is \$40 per visit.						
Substance Abuse Care*	100% after deductible	50% after deductible up to 70 days **	100% after copay	70% after deductible up to 70 days **	100% after copay	70% after deductible up to 70 days **	100% after copay
	HMO benefits may vary by state. For Personal Choice HDHP, benefits apply to both inpatient and outpatient substance abuse care. If applicable, the inpatient copay is \$150 per day with a 5-copay maximum per admission (waived if readmitted within 10 days of discharge). If applicable, the outpatient copay is \$40 per visit.						
Injectable Medications*	100% after deductible	50% after deductible	100% after copay if applicable	70% after deductible	100% after copay if applicable	70% after deductible	100% after copay if applicable
	For Personal Choice PPO, no copay for standard injectables. For Keystone POS and Keystone HMO, the office visit copay applies for standard injectables, if applicable. For Personal Choice PPO, Keystone POS, and Keystone HMO, the copay is \$75 for biotech or specialty medications.						

*Pre-Certification may be required. See [Page 8](#).

**The 70-day limit per Benefit Period applies to all Out-of-Network or Self-Referred inpatient medical, maternity, mental health, serious mental illness, substance abuse and detoxification services.

For Out-of-Network/Self-Referred care, providers may bill you for charges above the Plan allowance, and the amount may be significant.

Contraceptives, abortions and voluntary sterilizations are not covered by any Plan provided for employees of any Archdiocesan agency, parish, or institution. This summary provides a brief overview of each Plan's benefits. See the carrier booklets for details and exclusions.

PRESCRIPTION DRUG CATEGORY	GENERIC ON PREFERRED DRUG LIST	BRAND NAME ON PREFERRED DRUG LIST	DRUGS NOT ON PREFERRED DRUG LIST
Pharmacy (up to 30-day supply)	\$15 copay	\$35 copay	\$60 copay
Mail-Order (up to 90-day supply)	\$37.50 copay	\$87.50 copay	\$150 copay

For Personal Choice HDHP, the deductible applies. Mail-order is not covered Out-of Network. You pay the actual cost of the medication if that cost is less than the copay.



Health Savings Account (HSA)

The Personal Choice HDHP medical option comes with a Health Savings Account (HSA), a tax-advantaged “piggy bank” that lets you save for current and future healthcare expenses on a tax-free basis. This section reviews key facts about how the HSA works. You also can watch presentations on the Benefits Gateway or on the **HealthEquity** website (healthequity.com).

HSA CONTRIBUTIONS

Employer Contributions—To help you meet the deductible, your employer will contribute \$750 (prorated if you participate for less than the full plan year). Your employer will contribute even if you don’t—and their contribution may be more than \$750 if they share the cost of family medical coverage.

Your Contributions—You may add pre-tax contributions to your HSA through payroll deductions. The IRS sets a maximum contribution for each calendar year. For the 2018 calendar year, you and your employer can contribute up to \$3,450 if you have individual HDHP coverage or \$6,850 if you have family HDHP coverage. **Note: Tax penalties apply if you contribute too much.**

Eligibility for HSA Contributions—You and your employer can contribute to an HSA only if your only medical coverage is a high deductible health plan (HDHP), such as Personal Choice HDHP, you are NOT enrolled in any part of Medicaid, Medicare, or VA benefits, you are a U.S. citizen or resident alien at least age 18 with a valid U.S. address and Social Security number, and you are not claimed as a dependent on anyone else’s tax return.

Eligible Expenses— You may use your HSA for eligible health expenses not covered by another source. The IRS determines what expenses are eligible. For details, see IRS Publication 502 at irs.gov.

MANAGING YOUR HSA

The HSA is administered by **HealthEquity**. You manage your HSA through the website at healthequity.com. The website includes videos, calculators, FAQs, and narrated presentations about how HSAs work and how to use your account. For specific tax questions, speak with a tax advisor.

The HSA is YOUR account. YOU are responsible for ensuring that you are eligible for HSA contributions, that contributions do not exceed the IRS maximum, and that you use the account only for qualified medical expenses. Be sure to keep your receipts.

TOP 5 HSA ADVANTAGES

- 1. Triple Tax Advantage**— Contributions, earnings, and qualified distributions are tax free (state tax treatment varies) provided IRS regulations are followed.
- 2. Free Money**— Your employer will contribute (see *Employer Contributions*). You can add pre-tax contributions.
- 3. Roll Over**—Unused contributions roll over each year and grow with new contributions and earnings.
- 4. It’s Yours**—The HSA is your account—you take it with you wherever you go.
- 5. Use It or Save It**— You can use your HSA for eligible expenses today for you, your spouse, or your eligible dependents—or save it for future expenses.



Dental Coverage

Your Dental Plan election is separate from your Medical Plan election. Depending on your location, you may have the option to choose one of four plans.

The Dental Plan options include two dental maintenance organization plans (the Concordia Plus DHMO or the Aetna Dental DMO) and two preferred provider organization plans (the Concordia Flex PPO or the Aetna Dental PPO). If you elect coverage, you pay the full cost on a before-tax basis.

UNITED CONCORDIA OPTIONS

Concordia Plus DHMO—Each covered person chooses a Primary Dental Office that provides or arranges all eligible dental care. This option pays 100% for periodic exams, cleanings, and fluoride treatments. Reduced copayments apply to more complex procedures.

Concordia Flex PPO—This option pays the same percentage for In-Network and Out-of-Network services. However, if you use dentists in the extensive Advantage network, you will benefit from the lower negotiated rates, and you cannot be billed for charges above that amount.

AETNA OPTIONS

Dental DMO—Benefits are paid only if your primary care dentist provides your care or gives you a referral to another Aetna network provider for specialized care. You may go directly to an Aetna network orthodontist without a referral from the primary care dentist.

Dental PPO—You may use the dentist of your choice. However, when you use a network provider, you get the advantage of the discount offered under the Plan, and your out-of-pocket costs are lower. When you use a non-network dentist, you pay a greater share of the cost, and the Plan discount is not available.

The chart on the next page shows key features of each option. For more information, see the Plan Summary charts on the [Benefits Gateway](http://www.archphila.org/hrbenefits) (www.archphila.org/hrbenefits).

CONCORDIA PLUS DHMO OR CONCORDIA FLEX PPO

(Advantage network)

1.866.357.3304

www.ucci.com

AETNA DMO OR PPO

(PPO II network)

1.877.238.6200

www.aetna.com





DENTAL PLAN COMPARISON CHART

FEATURES AND BENEFITS	CONCORDIAPLUS DHMO*	CONCORDIA FLEX PPO*		AETNA DENTAL DMO**	AETNA DENTAL PPO**	
	Network Only	In-Network	Out-of-Network	Network Only	In-Network	Out-of-Network
Annual Maximum	Unlimited	\$1,500 per year		Unlimited	\$1,000 per year	
Deductible	None	\$50 per person; \$150 per family		None	\$50 per person; \$150 per family	
PREVENTIVE/DIAGNOSTIC SERVICES						
Exams	100% once every 6 months	100%, no deductible, once every 12 months		100%, 4 times per calendar year	100%, no deductible In-Network, 2 routine and 2 problem-focused exams per calendar year	
Full Mouth X-rays	100% 1 set every 3 years	100%, no deductible, 1 set every 5 years		100% 1 set every 3 years	100%, no deductible In-Network, 1 set every 3 years	
Bitewing X-rays	100% 1 set every 6 months to age 13, then once every 12 months	100%, no deductible, 1 set every 12 months under age 19 and 1 set every 18 months at age 19 and over		100% 1 set every calendar year	100%, no deductible In-Network, 1 set per calendar year	
Cleanings	100% once every 6 months with no copayment	100%, no deductible, 2 every 12 months for individuals 14 years and over; 1 every 12 months for children up to age 14		100% after copay (\$10 child or \$12 adult); 2 times per calendar year	100%, no deductible In-Network, 2 times per calendar year	
Fluoride Application	100% once every 6 months up to age 18	100%, no deductible, 1 every 12 months up to age 14		100% once per calendar year up to age 16	100%, no deductible In-Network, once per calendar year, up to age 16	
BASIC AND MAJOR SERVICES AND ORTHODONTIA						
Fillings	100% after copay	90% after deductible	90% after deductible	100% for amalgam after copay	80% after deductible	65% after deductible
Crowns, Bridges, or Dentures	100% after copay	60% after deductible	60% after deductible	100% after copay	50% after deductible	50% after deductible
Endodontics (root canal)	100% after copay	90% after deductible	90% after deductible	100% after copay	After deductible: 80% for anterior teeth or 50% for major teeth	After deductible: 65% for anterior teeth or 50% for major teeth
Periodontics (non-surgical)	100% after copay	90% after deductible	90% after deductible	100% after copay	80% after deductible	65% after deductible
Simple Extractions	100% after copay	90% after deductible	90% after deductible	100% after copay	80% after deductible	65% after deductible
Orthodontia	No lifetime maximum applicable copays	50%, after deductible for diagnostic, active, retention treatment, up to \$1,500 lifetime maximum; coverage is for children up to age 19		Screening Exam for adolescents: \$30 copay; Diagnostic Records: \$150; Orthodontic Retention: \$275; Comprehensive Orthodontic Treatment for children up to age 19: \$1,845 copay	50%, no deductible, up to \$1,000 lifetime maximum; coverage is for children only (appliance must be placed prior to age 20)	
Out-of-Area Care	Up to \$50 (each occurrence)	N/A (Provider network is nationwide)		Contact Aetna for details	N/A (Provider network is nationwide)	

* See UCCI Concordia Plus and Concordia Flex PPO Schedules of Benefits on the [Benefits Gateway](#).

** See Aetna DMO and Aetna Dental PPO Plan Summaries on the [Benefits Gateway](#).

** Coverage is provided for out-of-area care if there are no participating specialists in a 30-mile range of your home zip code.



Employee Assistance Program (EAP)

The EAP is a free, confidential, resource that provides access to counseling, resources, and support when you need it.

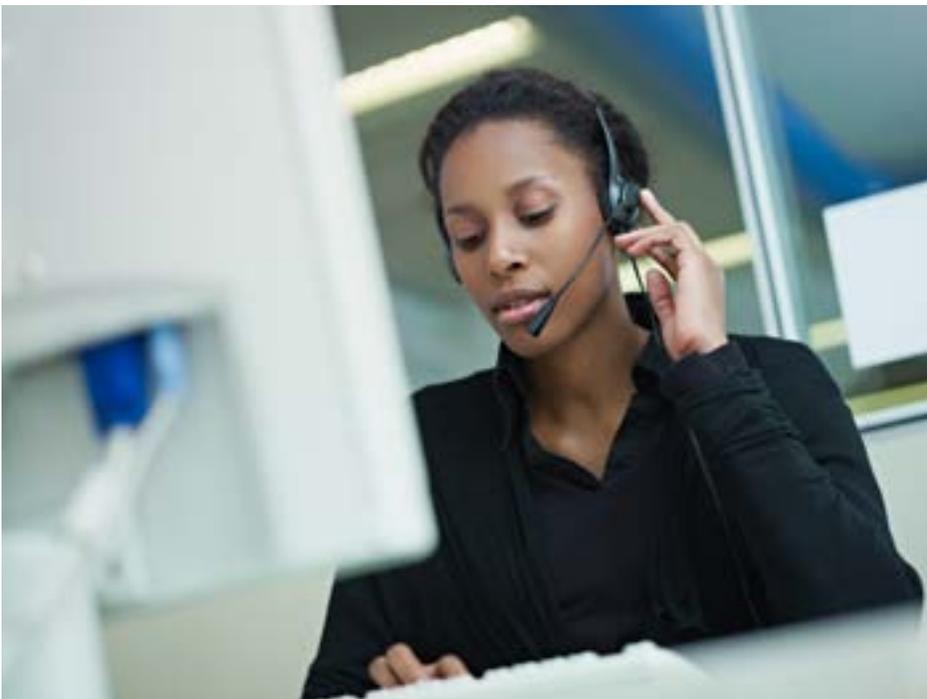
The Penn Behavioral Health Services EAP offers access to a free counseling and referral service to help you resolve problems that may affect your personal or professional life, such as anxiety, stress, parenting or relationship concerns, grief, or substance abuse.

All calls to the EAP are confidential, except as may be required by law. Trained professionals who will listen to your issue and refer you to a source of professional assistance at a convenient location.

Your employer pays the full cost for eligible services (if applicable, your medical coverage may provide benefits for additional counseling). Online resources and support for a wide range of work-life concerns including child care, elder care, health and wellness, workplace tools and much more.

You can reach EAP representatives at **1.888.321.4433** or online at <http://www.pennbehavioralhealth.org> (in the top row, choose Login).

The User Name is pbhadp and the Password is pbhadp.





Disability Income Protection

Disability coverage protects your income when illness or injury prevents you from working. There are two types of coverage: Short-Term Disability (STD), if available at your location and Long-Term Disability (LTD). You also have the option to buy Critical Illness or Accident insurance.

SHORT-TERM DISABILITY (STD) COVERAGE

Short-Term Disability (STD) coverage provided by Unum may be available for active employees between the ages of 17 and 69. Your Benefit Coordinator can tell you if this coverage is available at your location.. Three coverage options may be available:

OPTION 1	OPTION 2	OPTION 3
Up to \$400 per month	Replaces up to 30% of monthly income	Replaces up to 60% of monthly income
Maximum benefit of \$3,000 per month		

If you are disabled for at least three months, you may be eligible for Long-Term Disability (LTD) benefits.

If you purchase this coverage and Unum determines that you have a qualifying illness or injury, benefits may begin after 14 days of continuous disability. This benefit may be reduced by income you receive from other sources, and benefits may not be provided if you have a pre-existing condition. Benefits will continue for the duration of your disability for up to a maximum of three months.

LONG-TERM DISABILITY (LTD) COVERAGE

Your employer pays the full cost of this coverage that begins to pay benefits after 90 days of continuous disability. Cigna Group Insurance can provide a booklet that explains the plan in detail.

While you are totally disabled, the Plan will replace up to 60% of your monthly earnings up to \$9,200 per month. This benefit is taxable. LTD benefits are reduced by income you receive from other sources, such as Social Security or Workers' Compensation.

To qualify for benefits, you must be considered disabled. For the first three years of disability, you must be under the care of a licensed physician and completely unable to do your regular job. After three years, you must be unable to perform the duties of any job for which you are, or could become, qualified for by education, experience, or training. Benefits may not be available if you have a pre-existing condition. Benefits will be paid while you remain disabled as determined by the insurance carrier. Benefits will end if you recover, reach the maximum benefit and or die, whichever occurs first.

COST OF COVERAGE

If you enroll for STD coverage, you pay the full cost with after-tax dollars. If you become disabled, the benefits you receive are not taxable. STD coverage is portable—that means you can continue coverage if you leave your employer by paying premiums directly to Unum.

For details, see the information in the Voluntary Protection Benefits section of the [Benefits Gateway \(www.archphila.org/hrbenefits\)](http://www.archphila.org/hrbenefits).

To enroll, call TriBen at 1.888.264.2147, Option 8.

CIGNA GROUP INSURANCE
1.800.362.4462



CRITICAL ILLNESS OR ACCIDENT INSURANCE

Depending on your location, you may have the option to elect additional voluntary benefits. If you enroll, you pay the full cost. Two additional voluntary coverages may be available depending on your location:

- **Aflac Critical Illness Insurance**—This coverage provides a lump-sum payment for specified catastrophic conditions, and the benefit can be used for medical and non-medical expenses. The Plan does not cover certain types of accidents (such as injury while learning how to fly a plane). Proof of good health may be required. Children are automatically covered at 50% of your coverage amount at no additional cost.
- **Unum Accident Insurance**—This coverage is designed to help you meet out-of-pocket expenses and extra bills that can follow even ordinary accidents. Coverage is available for employees, spouses and children, and proof of good health is not required. If you enroll, the benefits are tax-free, and the coverage is portable.

For more information, see [Voluntary Protection Benefits on the Benefits Gateway](#). To enroll, call TriBen at 1.888.264.2147, Option 8.





Voluntary Life/AD&D Insurance Options

If available at your location, you may elect term life insurance, AD&D insurance, or whole life insurance. If you elect this coverage, you pay the full cost. For details, see the information in the Voluntary Protection Benefits section of the [Benefits Gateway](http://www.archphila.org/hrbenefits) (www.archphila.org/hrbenefits).

EMPLOYER PAID LIFE INSURANCE BENEFIT

If you die while you are actively employed and you were regularly scheduled to work at least 20 hours a week, your designated beneficiary will receive a \$15,000 Life Insurance benefit through CIGNA Life Insurance. This \$15,000 Life Insurance benefit is provided at no cost to you and is in addition to any Voluntary Life Insurance benefit to which your beneficiary may be entitled.

CIGNA TERM LIFE INSURANCE COVERAGE FOR YOU

This coverage, provided through the Life Insurance Company of North America, a Cigna company, may pay benefits if you die while you are enrolled and eligible for the plan (the "term" of the coverage).

If available at your location, you may buy coverage for yourself in \$10,000 increments up to \$500,000. If you elect this coverage, you pay the full cost on a pre-tax basis. The cost is based on your age as of July 1 and the amount of coverage.

Proof of good health is required if:

- You elect coverage more than 31 days after you first become eligible;
- You elect Voluntary Life Insurance for yourself and the amount equals the lesser of \$200,000 or three times your annual salary rounded to the next higher \$10,000; or
- You want to increase your coverage. If proof of good health is required, the coverage amount subject to medical evidence will take effect only after the insurance carrier approves.

Note: Benefits will not be paid if loss of life is the result of suicide within the first two years of coverage.

To elect this coverage and name your beneficiary, use the Enrollment Form on the [Benefits Gateway](http://www.archphila.org/hrbenefits) (www.archphila.org/hrbenefits). Refer to the Cigna Life/AD&D brochure on the [Benefits Gateway](http://www.archphila.org/hrbenefits) for a complete description of benefit limitations and exclusions.



COVERAGE FOR YOUR FAMILY

If you elect Voluntary Life Insurance for yourself, you may buy Life Insurance coverage for your spouse or eligible children. You pay the full cost of this coverage on an after-tax basis. The Spouse Life cost is based on your spouse's age and the amount of coverage. The Child Life rate is a flat amount, regardless of the number of children covered. As explained on the previous page, proof of good health may be required. Your coverage options are:

- **For Your Spouse**—\$10,000 to \$200,000 (proof of good health is required for coverage over \$30,000)
- **For Children**—\$5,000 or \$10,000 (same option applies to all covered children).

For example, you may buy \$50,000 of Voluntary Life Insurance for your spouse and cover each child for \$5,000. Benefits are payable to you upon the death of your spouse or child.

These limits apply:

- To be covered, your spouse must be under age 70, and your children must be unmarried and at least 14 days old (coverage for children under 6 months is \$500).
- Coverage for dependent children stops when the child reaches age 19 (or age 26 for full-time students).
- The Plan will not pay benefits if loss of life is the result of suicide within the first two years of coverage.

CIGNA VOLUNTARY AD&D INSURANCE

If available at your location, you may buy Voluntary AD&D coverage for yourself from \$10,000 to \$300,000. If you elect this coverage, you pay the full cost on a pre-tax basis. Your cost is based on a fixed rate for each \$10,000 of coverage. If you insure your family, the cost is slightly higher.

If you die in a covered accident, your beneficiary receives 100% of the coverage amount. All or part of the benefit is paid for certain serious injuries that occur within one year of a covered accident. If you elect family coverage, your spouse and each child are insured for a percentage of your coverage amount.

These limits and exclusions apply to Voluntary AD&D Insurance.

- To be eligible, the coverage must be offered at your location and you must be a full-time employee regularly scheduled to work at least 20 hours a week.
- To be covered, your spouse must be under age 70, and your children must be unmarried, at least 14 days old and dependent on you for support.

To elect this coverage and name your beneficiary, use the Enrollment Form on the [Benefits Gateway](#). Be sure to update your beneficiary information for life changes, such as marriage or a new child. For details, see the [Life/AD&D brochure on the Benefits Gateway](#) or call Cigna (see [Contact Information](#)).



NEW YORK LIFE WHOLE LIFE INSURANCE

To create the life insurance that's best for your needs, you may have the opportunity to elect New York Life Whole Life Insurance that's portable and builds a cash value.

If available at your location, you may buy Voluntary Whole Life Insurance coverage from \$5,000 up to \$100,000 if you are a full-time employee under age 70. Proof of good health is NOT required if you enroll when you are first eligible. If you elect this coverage, you pay the full cost on a post-tax basis. The cost is based on your age as of July 1 and the amount of coverage. Here are key facts to know about this coverage:

- This is whole life insurance that pays benefits to your beneficiaries if you die AND builds a cash value.
- Your premium will never increase and you may keep your policy if you leave the Archdiocese or retire.
- The cash value builds tax-deferred. You may borrow against the cash value for various needs, such as children's college, paying off a mortgage, or supplementing retirement income.
- Loans against your policy accrue interest and decrease the death benefit and cash value.
- Coverage also is available for your spouse, children, and grandchildren.

Whole Life Insurance coverage is provided through New York Life Insurance Company. For details and to enroll, contact Legacy Benefits at 215.441.6554.



403(b) Retirement Plan

This section provides a brief overview of the 403(b) Retirement Plan.

For details, see the Summary Plan Description (SPD) on the [Benefits Gateway](http://www.archphila.org/hrbenefits) (www.archphila.org/hrbenefits).

PLAN TO RETIRE WELL

While you're working, you are building income for your future through the 403(b) Retirement Plan.

Employer Contribution—Even if you don't contribute, your employer may make a discretionary contribution if you complete 1,000 hours of service in a calendar year. The current contribution is 4.5% of your eligible pay, and the amount will be announced each year. You become vested (own) this contribution when you complete one year of service.

Your Contributions—If you are a full-time or part-time employee, you can increase your retirement income by adding your own pre-tax or post-tax savings (in a Roth account). You can choose one method or both. Your contribution comes out of your pay before you miss it or spend it.

When you enroll, you can choose to contribute any percentage of your pay, up to the annual IRS limit (\$18,500) for 2018). Or, you can simply accept a 1% paycheck deduction with a 1% deferral increase each year. Your 403(b) account is yours. You take your account with you, even if your employment ends before you retire.

Vanguard Administers the Plan—You have a range of investment options, secure 24/7 access to your account, planning tools, and service from experienced professionals. Keep in mind that the value of your investment will fluctuate and you may gain or lose money.

You can change your savings percentage and investment elections as often as you wish at the Vanguard website or by calling Vanguard at 1.800.523.1188.

ENROLLING IS EASY!

To contribute and manage your account, you need to enroll. With the ENROLL NOW feature, you are just two clicks from your path to a more comfortable retirement: Go to Vanguard.com/Enroll and enter your Social Security number, zip code, birth date, and Plan No. 094572. Click Continue and you are halfway there. If this link does not work, use retirementplans.vanguard.com.

LAY EMPLOYEES RETIREMENT PLAN

If you were employed prior to 2014 and a participant in the Lay Employees Retirement Plan, you may have earned a benefit. See the Summary Plan Description (SPD) on the [Benefits Gateway](http://www.archphila.org/hrbenefits) (www.archphila.org/hrbenefits).

DISCOUNT AND OTHER PROGRAMS

DISCOUNT PROGRAMS

The following discount programs are available (see *Contact Information*):

- **Health Improvement—GlobalFit** provides discounts for gym memberships, fitness equipment, weight loss programs, and more.
- **Entertainment**—You can get discounted tickets to **Morey's Pier** in Wildwood, NJ.. **Plum Benefits** and **Ticket Monster Perks** offer discounts on movie tickets, theme parks, hotels, plays, and sporting events.
- **Wireless Service**—You can receive discounted rates for **AT&T** or **Verizon wireless** services. Show your employee ID badge or your pay stub at the store.
- **Tuition Savings**—The **Villanova University** School of Business offers 50% tuition savings for an MS in Church Management. The **Widener University** Collegiate Partnership program offers 10% tuition savings for a Master of Business Administration (MBA), a Masters in Social Work (MSW), or a Registered Nurse-Bachelor of Science in Nursing (RN-BSN).

ANNIE MAC VIP MORTGAGE BENEFIT PROGRAM

If you are buying a home or refinancing, this program offers preferred group mortgage rates, a homebuyer privileges discount program, 10% rebated realtor commissions, a one-year home warranty for home purchases, discounted rates for Liberty Mutual home or auto insurance, and more.



VIRIVA COMMUNITY CREDIT UNION

Membership is open to anyone who lives, works, worships, volunteers or attends school in Bucks, Delaware, Montgomery or Philadelphia counties in Pennsylvania, or is a family member of an existing member. As a member, you are a shareholder, so regardless of account balance, you own an equal share of the organization. As a not-for-profit, the Credit Union is able to return excess income back to its members in the form of better rates on savings and loans, the addition of new and improved services, and excellent member service.

Services available to you as a member of the Viriva Community Credit Union include:

- **“Banking” Services**—ATM/debit cards, Visa credit cards, direct deposit, online account access, and electronic bill pay—plus, there are six local branches. Checking account with no minimum balance, savings (Share) accounts, Share certificates (similar to CDs at banks), and market index certificates, traditional, Roth, and education IRAs.
- **Loans**—Competitive rates for personal loans, auto loans, mortgages, home equity lines of credit, revolving lines of credit, and Keystone Best (student) and Keystone PLUS loans.
- **Financial Support and Legal Services**— Access to discounts on home and auto insurance. Notary (free) by appointment, 30 minutes of free legal consultation, and financial checkups.



The screenshot shows the Viriva Community Credit Union website. At the top left is the Viriva logo with the tagline "Community Credit Union". To the right is a phone number "1-800-247-2477" and a "LOGIN" button. Below the header is a navigation menu with links for Home, About, Membership, Lending, Deposits, eServices, Business Services, Branches & ATMs, and Contact. The main content area features a large banner with the text "Need More House To Run Around In? Get Into Your Next Home With A Mortgage From Viriva" and "3% Down Conventional Loan Program Available". A "MORE DETAILS" button is positioned at the bottom right of the banner. Below the banner are four columns of service categories: "JOIN US" (with "Become a Member" and "Apply for a Loan" buttons), "LOAN ACCOUNTS" (listing Auto Loans, Business Loans, CarFax Report, Credit Cards, Exclusive Loan Savings, and First Mortgages), "SERVICES" (listing Access My CreditCard Account, CU Talk Telephone Banking, Direct Deposit, Electronic Bill Pay, eStatements, and eMortgage Online Banking), and "DEPOSIT ACCOUNTS" (listing Business Checking, Consumer Checking, IRAs, Money Market, Market Index Certificates, and Rates).



Other Important Information

This section gives you more information about changing your elections during the year and when dependent coverage ends, as well as legally-required notices.

CHANGING YOUR ELECTIONS

Under IRS rules, benefits that you pay for with pre-tax contributions (Medical, Dental, Freestanding Vision, Voluntary Life Insurance coverage for you, and Voluntary AD&D) stay in effect for the full Plan Year (7/1-6/30), unless you have a change in status (Qualified Life Event) and request the change within 30 days (60 days for CHIP).

CHANGES IN STATUS INCLUDE:

- a change in your marital status (such as marriage, divorce, legal separation, or annulment);
- a change in your dependents for tax purposes (such as birth, legal adoption of your child, placement of a child with you for adoption, or death of a dependent);
- certain changes in employment status that affect benefits eligibility for you, your spouse, or your child(ren) (such as, termination of employment, start or return from an unpaid leave, a change in worksite, change between full-time and part-time work, or a decrease or increase in hours);
- your child no longer meets the eligibility requirements;
- entitlement to Medicare or Medicaid (applies only to the person entitled to Medicare or Medicaid);
- a change to comply with a state domestic relations order pertaining to coverage of your dependent child;
- eligibility for COBRA coverage for you or your dependent spouse or child;
- a change in place of residence;
- a significant increase in the cost of coverage or a significant reduction in the benefit coverage under your or your spouse's health care plan;
- the addition, elimination, or significant curtailment of coverage;
- change in your spouse's or child's coverage during another employer's annual enrollment period when the other plan has a different period of coverage; and
- a loss of coverage from a governmental or educational institution program.

LOSS OF MEDICAID OR CHIP COVERAGE

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program (CHIP or SCHIP) is in effect, you may be able to enroll yourself and your dependents for Medical coverage if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.



WHEN DEPENDENT COVERAGE ENDS

Health plan coverage for children will end on the last day of the month in which the child reaches age 26 (for Dental, age 19 or age 23 for full-time students).

Extended Medical Coverage—You may enroll your adult child for individual coverage and extend his/her medical coverage from age 26 until age 30 if your child is: unmarried and under age 30 with no dependents of his or her own; a Pennsylvania resident (may be a full-time college student elsewhere); and not enrolled in any other health coverage, whether individual, group, or government provided, including Medicare.

If you choose this option, your child will be covered as an individual, not as your dependent. This will affect your total cost. You will continue to pay your share of the cost for your coverage plus the full cost (no employer contribution) for your child's coverage. You will need to complete a separate enrollment form for your adult child. See your Benefit Coordinator for more information. There is no requirement that your child be a tax dependent. This extended coverage does not apply to Dental or Vision coverage.

ANNUAL REQUIRED NOTICES

CHOOSING YOUR PCP—PROVIDER CHOICE NOTICE

The Keystone POS and Keystone HMO options allow (POS) or require (HMO) you to designate a Primary Care Provider (PCP). You have the right to designate any PCP who participates in the Keystone POS/HMO network and available to accept you or your family members.

Before you complete your enrollment in the Keystone POS or HMO option, you will choose your PCP. Each member of your family can choose a different PCP, and you may choose a pediatrician for your children. You may change your PCP at any time by calling the Member Services number on your ID card or online at www.ibx.com/archdiocese.

Designated Facilities—PCPs are required to choose one radiology, physical therapy, occupational therapy, and laboratory provider where they will send all their Keystone members. You can view the sites selected by your PCP at www.ibx.com/archdiocese.

You do not need prior authorization from Keystone Health Plan East or from any other person (including a PCP) to obtain access to obstetrical or gynecological care from a Keystone POS/HMO network healthcare professional who specializes in obstetrics or gynecology. However, that healthcare professional may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Your local Benefit Coordinator can give you more information about how you select a PCP. A Keystone POS/HMO network directory that includes PCPs and physicians who specialize in obstetrics or gynecology is available from Member Services. You can also access the directory online at www.ibx.com/archdiocese or ibxpress.com.

IMPORTANT— FOR THE KEYSTONE POS OPTION

Benefits will be paid at the lower Self-Referred level if you do not choose a PCP. Benefits also will be paid at the lower level if you use a provider without a PCP referral, even a provider in the Keystone POS/HMO network.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act requires group health plans to provide coverage for these services to any person receiving benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prosthesis and the treatment of physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

If you receive benefits from the Medical Plan for a mastectomy and elect to have reconstructive surgery, then the Medical Plan must provide coverage in a manner determined in consultation with the attending physician and the patient. The Medical Plan's benefit for breast reconstruction and related services will be the same as the benefit that applies to other services covered by the Medical Plan. While the law requires that we provide this notice, it is important to note that the Company's Medical Plan already covers these expenses.



CHIP NOTICE

Premium Assistance Under Medicaid and 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 information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find 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 office or dial 1.877.KIDS NOW or www.insurekidsnow.gov to find 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 questions 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 January 31, 2018. Contact your State for more information on eligibility.

NEW JERSEY (Medicaid and CHIP)	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1.609.631.2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1.800.701.0710
NEW YORK (Medicaid)	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1.800.541.2831
PENNSYLVANIA (Medicaid)	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1.800.692.7462

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. DEPT. OF LABOR	U.S. DEPT. OF HEALTH & HUMAN SERVICES
Employee Benefits Security Administration www.dol.gov/ebsa 1.866.444.EBSA (3272)	Centers for Medicare & Medicaid Services www.cms.hhs.gov 1.877.267.2323, Menu Option 4, Ext. 61565



IMPORTANT CONTACT INFORMATION (BENEFITS OFFERED MAY VARY)

PLEASE CONTACT	FOR QUESTIONS ABOUT	HOW TO CONTACT
Archdiocese of Philadelphia	Benefits Gateway Website (benefits information) Human Resources	http://archphila.org/hrbenefits 215.587.3910
MEDICAL AND EMPLOYEE ASSISTANCE PROGRAM (EAP)		
Independence Blue Cross	<ul style="list-style-type: none"> Medical Plans (HDHP, PPO, POS, and HMO) Member Services, provider directory, pre-certification, claims, Telemedicine, coaching 	1.800.275.BLUE (2583) www.ibx.com/archdiocese lbxpress.com (requires you to register)
Davis Vision	<ul style="list-style-type: none"> Member Services, In-Network Providers 	1.888.393.2583 https://www.davisvision.com
Future Scripts™	<ul style="list-style-type: none"> Mail-Order Pharmacy 	1.888.678.7012
HealthEquity	<ul style="list-style-type: none"> Health Savings Account (HSA) with Personal Choice HDHP 	1.866.346.5800 www.healthequity.com
Employee Assistance Program (EAP)	<ul style="list-style-type: none"> Penn Behavioral Health offers confidential counseling and referral services 	1.888.321.4433 http://www.pennbehavioralhealth.org
DENTAL		
Aetna – Dental	<ul style="list-style-type: none"> 2 DPO and 2 DMO options 	1.877.238.6200 www.aetna.com
United Concordia (UCCI)	<ul style="list-style-type: none"> 2 PPO and 2 DHMO options 	1.800.772.1919 www.ucci.com
DISABILITY, VOLUNTARY TERM LIFE/AD&D OR WHOLE LIFE INSURANCE, AND OTHER INSURANCE		
Short-Term Disability (STD)	<ul style="list-style-type: none"> UNUM (3 options if available) 	1.888.264.2147, Option 8 (TriBen)
Long-Term Disability (STD)	<ul style="list-style-type: none"> Provided automatically if eligible 	1.800.362.4462 (Cigna Group Insurance)
Term Life/AD&D (Cigna)	<ul style="list-style-type: none"> Member Services Claims filing and status updates 	1.800.732.1603 1.800.238.2125
Whole Life (New York Life)	<ul style="list-style-type: none"> Builds cash value 	215.441.6554 (Legacy Benefits)
Other Voluntary Insurance	<ul style="list-style-type: none"> Aflac Cortical Illness Unum Accident 	1.888.264.2147, Option 8 (TriBen)

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IMPORTANT CONTACT INFORMATION (BENEFITS OFFERED MAY VARY)

PLEASE CONTACT	FOR QUESTIONS ABOUT	HOW TO CONTACT
FINANCIAL SECURITY		
403(b) Retirement Plan	<ul style="list-style-type: none"> • Employer contribution • You can contribute pre-tax or post-tax 	1.800.523.1188 retirementplans.vanguard.com (Plan Number 094572)
OTHER BENEFITS AND DISCOUNTS		
Annie Mac VIP Mortgage Benefit Program	<ul style="list-style-type: none"> • Preferred group mortgage rates • 1-year home warranty and other discounts 	1.800.645.6560 https://anniemac.smartmove.com/
GlobalFit	<ul style="list-style-type: none"> • Discounts for certain gym memberships, fitness equipment, and weight loss programs 	1.800.294.1500 www.globalfit.com/archphila
Morey's Pier	<ul style="list-style-type: none"> • Discount tickets for amusement park in Wildwood, NJ 	https://store.moreyspiers.com/AuthorizeSiteClient.aspx (enter ARCHPHILA as ID)
Plum Benefits	<ul style="list-style-type: none"> • Discounted tickets to Broadway shows, hotels, movies, theme parks, and more 	https://www.plumbenefits.com/ (Company Code: ARCHPHILA215)
Ticket Monster Perks	<ul style="list-style-type: none"> • Discounted tickets to concerts, movies, sporting events, and theme parks 	www.ticketmonsterperks.com (Company Code: ARCHPHILA)
Viriva Community Credit Union	<ul style="list-style-type: none"> • Banking services, savings and checking accounts, loans • Financial and legal support services and discounted auto and insurance 	215.333.1201 or 1.888.784.7482 (outside PA) www.viriva.com
Villanova Center for Church Management	<ul style="list-style-type: none"> • 50% tuition discount for Master of Science in Church Management (2-year online program) 	610.519.6015 churchmanagement.villanova.edu
Widener University Collegiate Partnership Program	<ul style="list-style-type: none"> • 10% tuition discount for certain online courses for MBA, MSW, or RN-BSN 	1.844.386.7321 http://landing.onlineprograms.widener.edu/Archdiocese-of-Philadelphia
Wireless Service	<ul style="list-style-type: none"> • Discounted rates for AT&T or Verizon 	Show employee ID or pay stub at store