



Diocese of Manchester

The Catholic Church in New Hampshire

2021

Lay/Religious Plan

Open Enrollment

We are pleased to announce the Diocesan 2021 benefit offerings. These programs are effective July 1, 2021.

Choice of Four Medical Plans:

Option 1 (EPO 250)

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

Option 2 (EPO 500-1)

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

Option 3 (EPO 1000-1)

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

Option 4 (HSA 3000-2)

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



Annual Open Enrollment is the time for you to review your current elections and to make any adjustments in your coverage. **Whether you elect coverage or waive benefits, you must go online to make your 2021 benefit selection.** Failure to do so will impact you and your dependent(s) coverage.



Enrollment Deadline

All enrollments/changes are due by midnight on Tuesday, June 1st.



**Log on to RetaTrust
at www.retatrust.org.**

Open Enrollment and Change of Family Status

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

What You Need To Do

Visit Reta Benefits Center



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

RetaEnroll

All benefit elections must be made during this time.

Whether you elect coverage or waive benefits, you must go online to RetaTrust at www.retatruster.org to make your new plan year benefit elections.

A single user ID and Password allows you to access all online platforms/websites related to your Reta healthcare benefits. You may obtain your unique User ID and Password for the first time, or have it resent to you if you are a returning user, by going to the Reta Trust home page (www.retatruster.org) and clicking on the link for assistance with login. Enter your email address; provided your email address has previously been entered in the RetaEnroll system and validated. Otherwise, to view your User ID and Password on-screen, select “Identify Yourself Online Securely” and you will be prompted to enter:

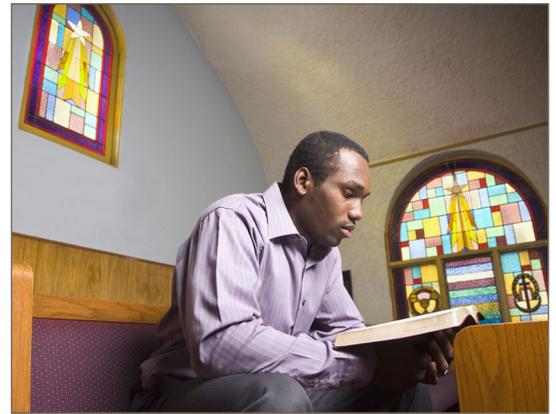
First Name

Last 4-Digits of your Social Security Number

Date of Birth

5-digit Zip Code

RetaEnroll will verify your information and ask you to enter an email address. Please save your confidential User ID and Password in a secure place. Neither your HR department nor BAS can provide you with your User ID or Password. You must use the self-service “Help” link at www.retatruster.org to obtain this information.



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

Login any time from Monday, May 17th to Tuesday, June 1st.

www.retatruster.org

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

What Do I Need To Do?

NEW EMPLOYEES OR NEWLY COVERED DEPENDENTS: Upon enrollment in Reta plans, you will be asked to verify your dependents with legal documentation. For a spouse you will need to provide two forms of documentation such as a marriage certificate and supporting second document like a joint utility bill. For a dependent child under 26 you will need to provide a birth certificate. Below is a list of acceptable documentation. These documents can either be uploaded during the online enrollment process, or can be faxed to **(877) 332-7382**.

Gather Dependent Documentation

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



To Enroll Follow These Steps

Step 1

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

Step 2

Click “Login”

Step 3

Start your enrollment process by clicking on Reta Enroll.

Step 4

Click “Yes” to be directed to the BAS enrollment portal.

Step 5

The Annual Open Enrollment screen will appear. Click “Go” to begin your enrollment and follow the instructions.

Step 6

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

Your Enrollment is complete.



Don't forget — Open Enrollment for 2021-2022 will begin on May 17th and will end at midnight on June 1st.

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

Reta Trust Customer Support



Personal
Assistance call:
1-877-303-7382

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



Email:
service@retaenroll.org



On-Line
Benefits Website:
www.retatrust.org

Open Enrollment: Q&A

What is Open Enrollment?

Open Enrollment is your opportunity to make changes to your existing benefits coverage. Our plan year runs from July 1, 2021 through June 30, 2022. This year's open enrollment will begin on May 17th and end at midnight on June 1st.

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

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

What's changing for 2021-2022?

- Our medical plan administrator will change to Blue Shield of California (BSC) with similar benefits (no change to the provider network).
- Our pharmacy plan administrator is changing from Elixir to CVS Caremark.
- You will receive one ID card to use for both medical and prescription drug coverage.
- DeltaVision will be our new vision plan administrator featuring the EyeMed network of providers.
- WebMD, WW, Livongo, and Vivante Health programs will end June 30, 2021. BCS's Wellvolution program will replace Livongo and Vivante Health. If you are a Livongo or Vivante member, BSC will email you sometime after July 1 to invite you to complete the self-assessment and enroll in Wellvolution programs of your choice.

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

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

Will I be receiving a new medical ID card?

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

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

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

Medical Plan

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

Plan Design	Option 1 EPO 250-1	Option 2 EPO 500-1	Option 3 EPO 1000-1	Option 4 High Deductible Plan PPO 3000-2 HSA
Deductibles ³	\$250 Individual/ \$500 Family	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family	\$3,000 Individual/ \$6,000 Family
Annual Out-of-Pocket Maximum ¹ (individual/family)	\$1,500 for any one member in the same family/\$3,000 for an entire family unit of two or more Members	\$2,500 for any one member in the same family/\$5,000 for an entire family unit of two or more members	\$5,000 for any one member in the same family/\$10,000 for an entire family unit of two or more members	\$7,000 for any one member in the same family/\$14,000 for an entire family unit of two or more members
Coinsurance ⁴	None	10% employee coinsurance	20% employee coinsurance	20% employee coinsurance
Preventive Care Visit	\$0 copay	\$0 copay	\$0 copay	\$0 (deductible does not apply)
Regular Physician's Office Visit	\$25 copay, deductible waived	\$25 copay, deductible waived	\$25 copay, deductible waived	Deductible & coinsurance
Specialty Physician's Office Visit	\$25 copay, deductible waived	\$25 copay, deductible waived	\$40 copay, deductible waived	Deductible & coinsurance
Emergency Room	\$100 copay, deductible waived	\$200 copay; deductible waived, then 10% coinsurance	\$200 copay; deductible waived, then 20% coinsurance	Deductible & coinsurance
Urgent Care	\$50 copay; deductible waived	\$50 copay; deductible waived	\$50 copay; deductible waived	Deductible & coinsurance
Inpatient Hospital	\$0 copay, deductible does not apply	10% coinsurance after deductible	20% coinsurance after deductible	Deductible & coinsurance
Outpatient Hospital	\$0 copay, deductible does not apply	10% coinsurance after deductible	20% coinsurance after deductible	Deductible & coinsurance
X-ray Therapy	No charge, deductible waived	10% coinsurance after deductible	20% coinsurance after deductible	Deductible & coinsurance
Primary Care Physician (PCP) required	No	No	No	No
Mental Health Benefits	<i>Inpatient:</i> \$0 copay, deductible does not apply; <i>Outpatient:</i> \$25 copay, deductible waived	<i>Inpatient:</i> 10% coinsurance after deductible; <i>Outpatient:</i> \$25 copay, deductible waived	<i>Inpatient:</i> 20% coinsurance after deductible; <i>Outpatient:</i> \$40 copay, deductible waived	Deductible & coinsurance
Substance Abuse Benefits	<i>Inpatient:</i> \$0 copay, deductible does not apply; <i>Outpatient:</i> \$25 copay, deductible waived	<i>Inpatient:</i> 10% coinsurance after deductible; <i>Outpatient:</i> \$25 copay, deductible waived	<i>Inpatient:</i> 20% coinsurance after deductible; <i>Outpatient:</i> \$40 copay, deductible waived	Deductible & coinsurance
Prescription Drugs Retail ²				Deductible applies, then;
Generic	\$10	\$10	\$10	\$10
Preferred	\$20	\$20	\$30	\$20
Non-Preferred	\$40	\$40	\$50	\$40
Mail Order				Deductible applies, then;
Generic	\$20	\$20	\$20	\$20
Preferred	\$40	\$40	\$60	\$40
Non-Preferred	\$80	\$80	\$100	\$80

The plan design listed illustrates In-network coverage only. For a more detailed summary please visit www.retatrust.org. This summary of benefits contains the highlights only. The specific benefits and exclusions are contained in your group service agreement.

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

²Additional cost may apply if you fill a maintenance medication at a retail pharmacy.

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

⁴Coinsurance: your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

Medical Plan: Q&A

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

May I go to any doctor I want and receive plan benefits?

No. You only receive plan benefits when you use network providers who participate in the Blue Shield of California EPO network.

Is pre-certification required for in patient hospital stays?

Yes.

Is there a deductible?

Yes.

Will I need to choose a Primary Care Physician (PCP)?

No.

Do I need a referral to see a specialist?

No.

Is preventive care (well-child care checkups, etc.) covered?

Yes, when you use network providers.

Is there a limit to how much I may have to pay in one year?

Yes, the out-of-pocket maximum is a cap on the most you would pay out-of-pocket for medical services in a plan year.

Do I need a separate ID card for prescription drugs?

No, our medical and prescription drug benefit information will be contained on the same ID card.

After I submit my online enrollment, when will I receive my new I.D. card?

Once your online enrollment has been submitted through BAS and sent to Blue Shield, the turnaround period is approximately 7-10 business days and will be mailed directly to your home. The card becomes effective for services provided beginning July 1, 2021.

For All Medical Plans:

What is Wellvolution provided by BSC?

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

High Deductible Plan (PPO) – Option 4

May I go to any doctor I want and receive plan benefits?

Yes, you are allowed to go to any non-participating provider (out-of-network provider), but you will pay more out-of-pocket costs compared to seeing an in-network provider.

Is there a deductible?

Yes, there is a calendar year deductible. You will need to satisfy the deductible before Blue Shield of California starts to reimburse providers for any service. You will receive credit for the portion of your deductible and out-of-pocket accumulators your paid from 1/1/2021 through 6/30/201.

Will I need to choose a Primary Care Physician (PCP)?

No.

Are prescription drugs covered?

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

Is preventive care (well-child care, etc.) covered?

Yes, when you use in-network providers preventive care is covered in full and not subject to the deductible.

What is coinsurance and how does it work with the high deductible plan?

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

Prescription Drugs

The prescription drug coverage will be administered by CVS Caremark. All employees enrolled in medical coverage will have one identification card for medical and prescription drug benefits.

CVS Caremark (CVS) will replace your current pharmacy plan. CVS brings a nationwide network of pharmacies that includes Rite Aid, Walgreens, Walmart, local pharmacies and CVS stores. As a result of the partnership between CVS and BSC, you will have the convenience of carrying only one ID card for both BSC medical and CVS prescription benefits. Your claims history will be automatically transferred to CVS for open prescription refills, prior authorizations and formulary drug claims so you will not be required to obtain new scripts or prior authorizations from your doctors after July 1, 2021.

Are prescription drugs covered?

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

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

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

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

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

CVS Transition Notes

CVS direct member outreach for formulary disruption and specialty medications

If your formulary drug with your current pharmacy provider] becomes a non-formulary drug with CVS, CVS will send you a letter explaining next steps. To see a list of CVS non-specialty medications [click here](#).

CVS will also offer reach out directly to you on specialty medications. To see a list of CVS Specialty Formulary medications [click here](#).

Go to this Reta microsite for complete details about CVS

Here you will find all the information you will need about the CVS pharmacy plan. [Click here](#) and explore.

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

I have a question about...	Resource
Is my medication on the CVS Formulary	Reta Benefits Center Caremark.com Download and use the CVS App Call CVS: 800-844-0719 The number will be live as of April 26th
Did my Mail Order Drug get transferred	
Did my specialty Rx get transferred	
Did my Rx authorization get transferred	
I'm at the pharmacy but don't have my new ID card	

Note: As of July 1, 2021, your new prescription plan will be in effect. Your pharmacy will need your new plan information.

Dental Plan



The Diocese offers a comprehensive dental program through Northeast Delta Dental. You can visit any licensed dentist under this plan, but you will maximize plan value by selecting a

Delta Dental PPO dentist. PPO network dentists have agreed to reduced contracted rates and are not permitted to “balance bill” you for additional fees. Find a dentist at www.nedelta.com. You will have the option of enrolling in either dental plan during open enrollment.



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

The plan design listed illustrates In-Network coverage only.

Vision Plan



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



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

*See Vision Plan summary for details.

Flexible Spending Accounts



The Diocese of Manchester will continue to offer a Flexible Spending Account (FSA) benefit to our employees in effort to help our employees with controlling out-of-pocket

medical, dental, and vision expenses. These accounts will be available to you at no cost. The plan is administered through BAS (Benefit Allocation Systems).

There are two kinds of FSA Plans:

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

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

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

Health Care (or Medical) FSA

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

How does this work?

Simply estimate the out-of-pocket expenses you KNOW you are going to have for this next year **up to the Annual Maximum (7/1/21-6/30/22) of \$2,750**. Keep in mind, this includes any Medical, Dental, and Vision expenses for you AND your family (Spouse and Legal Dependents/Children). A large list of examples is provided by BAS showing what is covered under this plan for you and your family. Once you have an estimated total for the year, the annual amount elected is then divided by your total number of paychecks for the year. These amounts deducted from your paycheck would be deducted BEFORE taxes (pre-tax) and would lower your taxable income by the amount set aside in the FSA plan.

Typical Items Not Covered

- Health Club Fees
unless prescribed for treatment of a medical condition
- Cosmetic Surgery
unless necessary to improve deformity resulting from congenital abnormality, accident, or disease
- Social Activities
such as swimming and dancing, even if medically necessary
- Massages
- Weight Loss Program
- Smoking Cessation Program
- Any medical expense not allowed by the IRS on a tax filing
- Please refer to IRS Publication 502 for a complete list of eligible expenses

The Benefit?

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

Flexible Spending Accounts (continued)

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

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

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

How do I get the money?

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

1. PDF
2. Word
3. HTML

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

Mail: BAS
P.O. Box 62407
King of Prussia, PA 19406

Fax: 1-888-265-2144

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

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

For more details, please visit the Reta Benefits Center, www.retatrust.org.

Keep in mind this is a "Use-it or Lose-it" account, so be sure you are being conservative in your estimates. You will have until the end of the plan year to file for a Healthcare FSA and/or Dependent Care FSA claims. (7/1/2021-6/30/2022)

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

Flexible Spending Accounts (continued)

Dependent Care FSA

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

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

Example: If you sign up for the full \$5,000 per year and are on a weekly payroll, you would see \$104.17 out of your paycheck, which is then sent to BAS to be applied to your account. This amount is then reimbursable to you as funds are sent to your Dependent Care FSA account.



Dependent Care Flexible Spending Accounts allow you to use tax-free

dollars on childcare, so you don't have to worry about your kids!

Examples of Allowable Dependent Care FSA Expenses:

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

Examples of Non- Allowable Dependent Care FSA Expenses:

- Kindergarten Expenses
- Health care expenses for your dependents

Optional 100% Employee Paid Hospital Indemnity Insurance Plan



The Diocese of Manchester will continue to offer Hospital Indemnity Insurance through MetLife that is 100% employee paid. Hospital Indemnity Insurance can help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Payments are made directly to covered employees to spend as they choose.



Who is eligible for this Hospital Indemnity coverage?

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

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

See the plan summary and you may contact MetLife Customer Service at **1-800-438-6388**.

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

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

Hospital Indemnity Insurance Benefits

Here are just some of the covered benefits/services, when an accident or illness puts you or a covered dependent in the hospital.¹

Benefit Type ²	MetLife Hospital Indemnity Insurance Pays YOU
Hospital Coverage (Accident)	
Admission (must occur within 180 days after the accident)	\$500 per accident (non-ICU) \$1,000 per accident (ICU)
Confinement (must occur within 180 days after the accident)	\$100 a day (non-ICU) for up to 31 days \$200 a day (ICU) for up to 31 days
Inpatient Rehab (stay must occur immediately following hospital confinement and occur within 365 days of accident)	\$100 a day, up to 15 days per accident and 30 days per calendar year
Hospital Coverage (Sickness)	
Admission (payable 1x per calendar year)	\$500 (non-ICU) \$1,000 (ICU)
Confinement (paid per sickness)	\$100 a day (non-ICU) for up to 31 days \$200 a day (ICU) for up to 31 days
Other Benefits	
Health Screening (Wellness) ³ Benefit provided if the covered insured takes one of the covered screening/prevention tests (payable 1x per calendar year)	\$50

¹Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

²Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

Hospital Indemnity Insurance Plan (continued)

How to Submit a Claim Online

Submitting a hospital Indemnity claim is as simple as 1-2-3:

1. Visit mybenefits.metlife.com to obtain a physician form.* (Or call 866-626-3705)
2. Answer some questions about the claim and attach completed physician form – the whole process takes just minutes!
3. Visit MyBenefits frequently to check claim status, letters and benefit payments.

*Note: Have the physician complete and sign the form. The claim cannot be processed without the physician form completed.

What Happens Next

A MetLife claims specialist will review your information, request any additional medical information from your doctor (if necessary), and notify you in writing of a claim decision.

MyBenefits: Quick and Easy Online Claim Submission

MyBenefits is the Employee Web Portal for MetLife group participants. Once Registered, employees can log in to:

- Submit a claim
- See claim status, history, and payments
- Set up direct deposit of benefits
- Read messages from MetLife
- Download Accident and Health forms



Employees can register at <http://mybenefits.metlife.com>



Download the MetLife app from the iTunes App Store or Google Play.



Before using the MetLife US App, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

MetLaw Legal Plan: Optional 100% Employee Paid

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

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

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

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

2. Does not cover DUI.

To learn more, visit
info.legalplans.com
 and enter access code:
 9902396 or call our
 Client Service Center
 at **1-800-821-6400**
 Monday–Friday,
 8am–8pm (EST Time).

Employer & Employee Contributions

All eligible employees who elect medical coverage will have deductions withheld from their paycheck. The monthly employer's contribution for medical insurance is reflected below. These contributions are effective July 1, 2021 through June 30, 2022.

Medical

	EPO 250-1 Plan				EPO 500-1 Plan			
	Monthly Plan Cost	Diocesan Contribution	Employer Contribution	Employee Contribution	Monthly Plan Cost	Diocesan Contribution	Employer Contribution	Employee Contribution
Employee	\$1,025.83	\$64.52	\$739.31	\$222.00	\$962.84	\$38.70	\$739.31	\$184.83
Employee + 1	\$2,102.96	\$283.61	\$1,062.49	\$756.86	\$1,973.82	\$228.81	\$1,062.49	\$682.52
Family	\$2,821.03	\$408.99	\$1,352.64	\$1,059.40	\$2,647.81	\$339.03	\$1,352.64	\$956.14

	EPO 1000-1 Plan				High Deductible Plan			
	Monthly Plan Cost	Diocesan Contribution	Employer Contribution	Employee Contribution	Monthly Plan Cost	Diocesan Contribution	Employer Contribution	Employee Contribution
Employee	\$916.03	\$53.85	\$739.31	\$122.87	\$792.27	\$103.23	\$589.40	\$99.64
Employee + 1	\$1,877.85	\$255.71	\$1,062.50	\$559.64	\$1,624.15	\$287.38	\$834.81	\$501.96
Family	\$2,519.07	\$383.76	\$1,352.64	\$782.67	\$2,178.74	\$322.86	\$1,168.74	\$687.14

Dental

	Dental 2000			Dental 1000		
	Monthly Plan Cost	Employer Contribution	Employee Contribution	Monthly Plan Cost	Employer Contribution	Employee Contribution
Employee	\$53.84	\$45.79	\$8.05	\$45.79	\$45.79	\$0.00
Employee + 1	\$111.37	\$45.79	\$65.58	\$93.96	\$45.79	\$48.17
Family	\$200.09	\$45.79	\$154.30	\$168.35	\$45.79	\$122.56

Please check with your Pastor or Principal regarding the amount, if any, of employer contribution toward dental insurance premiums.

Vision

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

Hospital Indemnity

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

MetLaw

Rate	\$18.00
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Covered Dependents

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

Eligible dependents include:

- Your spouse
- Any child of yours who is
 - Under 26 years of age as of July 1, 2021, not eligible for coverage under an employer's plan
 - Older than 26 years, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was a covered dependent under this Plan, or while covered as a dependent under a prior plan with no break in coverage

Any election change must be consistent with the permitted reason for a change. If you have a change in dependent status, contact the person at your parish, Catholic school or diocesan institution who handles benefits within 30 days of the family status change to make a change in your insurance coverage.

You will need to provide acceptable documentation to add a dependent (if you are enrolling a dependent for the first time).



Process for Coverage Continuation

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

Once notified, BAS has 14 days to provide the employee and/or employee's family member about the opportunity to continue coverage. The employee, employee's spouse & dependent child(ren) have 60 days to decide whether or not to continue coverage at his/her own expense. This election period is counted from the date the employee's notification is sent by BAS or the date that the employee lost health coverage, whichever is later. Note: Health insurance continues until the last day of the month in which the resignation or termination is effective.



Reta Medical and Rx Contact Information

Blue Shield of California
1-888-772-1076
www.provider.bcbs.com

Contact Member Services
for ID card

CVS Caremark
1-800-844-0719
www.caremark.com

DeltaVision
1-800-537-1715
www.nedelta.com

Contact Member Services or
access the website for ID card

BAS – Cobra Control Services
1-877 360-7382

Northeast Delta Dental
1-800-537-1715
www.nedelta.com

Contact Member Services
for ID card

BAS – FSA Administration
1-800-945-5513
www.MyEnroll.com

**MetLife – Hospital
Indemnity Insurance**
1-800-438-6388

Contact Member Services
for ID card

Women’s Health & Cancer Rights Act Notice

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

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

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

HIPAA Privacy Notice Availability

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

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.



Diocese of Manchester

The Catholic Church in New Hampshire