



# CATHOLIC DIOCESE OF ARLINGTON

## 2021 Lay Employees' Benefit Guide

## Have a question about your benefits?

If you have general questions about your benefits, including enrollment and eligibility questions, please contact the Employee Benefits Office (EBO) at:

Phone: 703-841-2588  
Fax: 703-358-9216  
Email: [ebo@arlingtondiocese.org](mailto:ebo@arlingtondiocese.org)



**Our benefits information is online!**

Access detailed benefit information and forms 24 hours a day, 7 days a week at our Benergy website:

**[www.arlingtondiocese.benergy.com](http://www.arlingtondiocese.benergy.com)**  
Logon: **arlingtondiocese**  
Password: **benefits**

You may also obtain information by contacting our benefit providers directly.

If you have questions about...	Contact	Phone Number	Website or Email
<b>Medical</b> Group Plan Number - 3337438	Cigna	1-800-244-6224	<a href="http://www.myCigna.com">www.myCigna.com</a>
<b>Dental</b> Group Plan Number - 0301834	MetLife	1-800-942-0854	<a href="http://www.metlife.com">www.metlife.com</a>
<b>Vision</b> Group Plan Number - 12204637	VSP	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Health Savings Account (HSA)</b>	Cigna HSA Customer Service	1-800-244-6224	<a href="http://www.myCigna.com">www.myCigna.com</a>
<b>Life Insurance</b> Policy Number - 52141	Prudential	<u>Customer Service</u> 1-888-598-5671 <u>Life Claims</u> 1-800-524-0542 <u>Portability &amp; Conversion</u> 1-800-778-3827	<a href="http://www.prudential.com">www.prudential.com</a>  ComPsych (Will Preparation): <a href="http://www.estateguidance.com">www.estateguidance.com</a> Web ID: EGP311
<b>Short and Long Term Disability</b>	Cigna	1-800-362-4462	
<b>Life Assistance Program</b>	Cigna	1-800-538-3543	<a href="http://www.CignaLAP.com">www.CignaLAP.com</a>
<b>Will Preparation Program</b>	Cigna	1-888-742-2262	<a href="https://cigna.mysecureadvantage.com">https://cigna.mysecureadvantage.com</a>
<b>Healthy Rewards</b>	Cigna	1-800-258-3312	<a href="http://www.Cigna.com/rewards">www.Cigna.com/rewards</a> username: <b>rewards</b> password: <b>savings</b>
<b>Family Medical Leave</b>	EBO	703-841-2588	Email: <a href="mailto:ebo@arlingtondiocese.org">ebo@arlingtondiocese.org</a>
<b>403(b) Plan</b>	Prudential	1-877-778-2100	<a href="http://www.prudential.com/online/retirement">www.prudential.com/online/retirement</a>
	Flagship Financial Partners UBS	1-888-435-6930	—
<b>Pension Plan</b>	EBO	703-841-2588	Email: <a href="mailto:ebo@arlingtondiocese.org">ebo@arlingtondiocese.org</a>

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## Catholic Diocese of Arlington Employee Benefits Office

200 North Glebe Rd  
Suite 205  
Arlington, VA 22203

Email: [ebo@arlingtondiocese.org](mailto:ebo@arlingtondiocese.org)  
Phone: 703-841-2588  
Fax: 703-358-9216



## Introduction

The purpose of the **Lay Employees Benefit Guide** is to provide a summary of the benefits offered to lay employees of the Catholic Diocese of Arlington and Catholic Charities. Please read through the guide to learn about the benefits for which you are eligible and how they work for you.

For questions about employment and other policies please refer to the Employee Policy Manual, which can be found on Benergy, our benefits website (refer to page 2 for web address and login).

Your payroll processor at your work location is your point of contact should you need to update personal information such as your address, phone number, and tax status.

If you are a new employee, your date of hire is your first day at work, unless you are a contracted employee. If you are a contracted employee your date of hire is your contract effective date.



## Eligibility and Enrollment

### Who is Eligible

#### Employees

Regularly scheduled full time employees (30 or more hours per week) are eligible for the full menu of benefits.

Regularly scheduled part time employees (20-29 hours per week) are eligible to participate in the 403(b) and Pension Plans. Enrollment in the Pension Plan is automatic and you may enroll in the 403(b) plan at any time.

If you are temporary, on call, or part-time limited (working fewer than 20 hours per week on a regular basis) you are not eligible for benefits.

New hire and change to full-time status enrollments must be made by paper submission to the Employee Benefits Office. Enrollment during our open enrollment period, however, is done exclusively online through Dayforce.

Enrollment forms for new hire and change to full-time status enrollments are found in the Appendix, beginning on page 25.

Generally, benefits will begin the first of the month following your hire date or eligibility date.

#### Dependents

In addition to enrolling yourself, you may also enroll your eligible dependents in the Medical, Dental and Vision plans. A complete list of eligible dependents is included in the back of this guide.

*\*Forms are also included in the back of this guide for your convenience.*





## When to Enroll

### When First Eligible

You must enroll in your benefit plans within 30 days of date of hire or the date you become a regularly scheduled full-time employee. If you are a new contracted employee, you have 30 days including your contract effective date to enroll - the contract effective date is the date of hire. If you miss this initial eligibility period, you will be required to wait until the next Open Enrollment period, unless you experience a qualified life status change, as defined by the IRS. (See blue box at right.)

Your enrollment form must be in the EBO by the 30th day. The EBO cannot make an exception to this deadline. The enrollment period begins with your hire date or the date you become eligible.

The benefits you choose when you are first eligible will remain in place until the next Open Enrollment period following your eligibility date, unless you experience a qualified life status change.

### During Open Enrollment

Open Enrollment occurs annually in January for an effective date of March 1. Beginning January 1, 2021, open enrollment is online, in Dayforce.

During Open Enrollment you may enroll or change current benefit elections. This coverage will remain in place until the next Open Enrollment period, unless you have a qualified life status change.



## How much will you pay for benefits?

Health Benefits Premiums are found in the Appendix on page 37. Paycheck premiums are dependent upon your annual pay schedule. Employees who receive their pay over 12 months will have their premiums deducted from the first 2 paychecks of each month of the year. Employees who do not receive their pay over 12 months will have their premiums deducted from the first 2 paychecks of each month for 10 months of the year; premiums will not be deducted during the months of July and August.



### Changes in Status

Your benefit elections will stay in place until the next Open Enrollment period unless you have a qualified life status change.

Examples of qualified life status changes are:

- Marriage, divorce, or annulment
- Birth or adoption of a child
- Change in eligibility of a child
- Death of a dependent
- Change in your employment status
- You lose or gain insurance in another health plan

You must notify the Employee Benefits Office within 30 days of the status change in order to make a change to your benefit elections. Your enrollment period begins on the date your status change occurs.

For more information, please logon to the Benergy website at [www.arlingtondiocese.benergy.com](http://www.arlingtondiocese.benergy.com).

On the home page look for:



Or contact the Employee Benefits Office at 703-841-2588.

## Medical Plan

The Diocese offers a comprehensive Medical Plan to keep you and your family in good health. **Cigna Choice Fund Open Access Plus** is a high deductible health plan with an associated Health Savings Account (HSA). For information on how the HSA works, please go to page 11.

The table below highlights your coverage under the Medical Plan. Please note that the benefit plan year runs from March 1 to February 28/29.



### Need Assistance?

If you have a question about your medical coverage or need assistance with a claim, please call Cigna at **1-800-244-6224**.

You may also access your claims, print temporary ID cards, search for a participating provider, and more at [www.myCigna.com](http://www.myCigna.com).

Plan Features	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b> <i>Annual amount you must pay before the health plan begins to pay benefits. The deductible applies to all services unless copay is applied or otherwise noted.</i>	Individual \$1,500 Family \$3,000	Individual \$2,650 Family \$5,300
<b>Annual Out-of-Pocket Maximum</b>	Individual \$2,650 Family \$5,300	Individual \$5,300 Family \$10,600
<b>Physician's Office Visit</b> Primary doctor and specialists Allergy testing and injections	80%, after deductible 80%, after deductible	60%, after deductible 60%, after deductible
<b>Preventive Care</b> Routine adult annual physical exams Routine well child physical exams/immunizations Routine gynecological care Routine mammograms and cancer screenings	100%, no deductible	60%, after deductible
<b>Laboratory Services</b> (Diagnostic tests, labs, x-rays)	80%, after deductible	60%, after deductible
<b>Inpatient Hospital Facility</b> (semi-private room, board, tests, medications)	80%, after deductible	60%, after deductible
<b>Outpatient Facility Services</b>	80%, after deductible	60%, after deductible
<b>Emergency Medical Care*</b> Urgent Care Facility Emergency Room	80%, after deductible 80%, after deductible	80%, after deductible 80%, after deductible
<b>Maternity Care</b> (pre-natal and post-natal)	80%, after deductible	60%, after deductible
<b>Mental Health Services</b> Inpatient and Outpatient	80%, after deductible	60%, after deductible
<b>Home Health Care</b> 120 days maximum per plan year 16 hour maximum per day <i>(includes outpatient private duty nursing days when approved as medically necessary)</i>	80%, after deductible	60%, after deductible

\* Non-urgent use of Urgent Care provider or non-emergency care in an Emergency Room is not covered.

Plan Features	In-Network Benefits	Out-of-Network Benefits
<b>Hospice Care - Inpatient</b>	80%, after deductible	60%, after deductible
<b>Hospice Care - Outpatient</b>	80%, after deductible	60%, after deductible
<b>Skilled Nursing Facility</b> <i>Limited to 100 days per calendar year</i>	80%, after deductible	60%, after deductible
<b>Outpatient Short-Term Rehabilitation</b> Per Plan Year Maximums: <ul style="list-style-type: none"> <li>Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy, and Chiropractic Care - 60 days</li> <li>Cardiac Rehabilitation - 36 days</li> </ul>	80%, after deductible	60%, after deductible
<b>Durable Medical Equipment</b>	80%, after deductible	60%, after deductible
<b>Prescription Drugs</b> Retail - up to 30 day supply Generic Preferred Brand Non-Preferred Brand Home Delivery - up to 90 day supply Generic Preferred Brand Non-Preferred Brand	\$0 Preventive  \$10 copay, after deductible \$30 copay, after deductible \$45 copay, after deductible  \$20 copay, after deductible \$60 copay, after deductible \$90 copay, after deductible	Not Covered

Please note these are only highlights. The specific terms of coverage, exclusions, limitation and maximums are contained in the Benefit Plan Booklet. To the extent there may be differences, the terms of the Benefit Plan Booklet control.

**? Do I need to choose a Primary Care Physician?**  
No, you do not need to select a Primary Care Physician.

**? Do I need a referral to see a specialist?**  
No, you do not need a referral to see a specialist.

## Precertification

Our medical plan requires Precertification for certain procedures, treatments, and services. Your coverage may be reduced or denied if you don't get Precertification. Services that require Precertification include, but are not limited to:

- All Inpatient Admissions such as hospital admissions, skilled nursing facilities, rehabilitation facilities, and hospice care
- High-tech radiology (MRI, CAT Scans, PET scans, nuclear cardiology)
- Injectable drugs (other than self-injectable)
- Durable medical equipment (insulin pumps, specialty wheelchairs, etc.)
- Home Health Care
- Speech Therapy
- Sleep management
- Radiation Therapy
- External prosthetic appliances
- Dialysis (to direct to a participating facility)

For in-network services, your doctor will call Cigna for the Precertification.

For out-of-network services, you are responsible for the Precertification. To request Precertification, call the toll-free number on the back of your Cigna ID card.

## Medical Necessity Review: The Right Care for Your Health & Budget

Medical Necessity Review (MNR) is a process where certain services (like physical therapy & chiropractic care) are reviewed to determine if they are necessary and will be covered. This helps you get the care and services you need and avoid surprise bills.

## Prescription Drugs

The Medical Plan includes prescription drug coverage through Cigna. You can purchase prescription drugs from a retail pharmacy or Cigna Home Delivery Pharmacy. Your prescription drug benefit divides medications into three tiers:

- **Generic** is your lowest copay option. For the lowest out-of-pocket expense, you should consider generic drugs if you and your physician agree that they are appropriate for your treatment.
- **Preferred Brand** is your middle copay option. Use a preferred brand drug if no generic drug is available to treat your condition.
- **Non-Preferred Brand** is your highest copay option. The drugs that are a non-preferred brand are usually more expensive. Sometimes there are generic and preferred brand alternatives available. If a generic equivalent is available, you will pay the non-preferred brand copay plus the cost difference between the non-preferred brand and the generic drug.



**Preventive Medications:** The deductible and copays are waived for certain preventive medications. For a list of these drugs, please contact the Employee Benefits Office (EBO) or access a list on Benergy.

**Covered Drugs:** Prescription drug plan lists for covered drugs can change from year to year. Some prescriptions will move from one drug tier to another and some will no longer be covered. It is always a good idea to review Cigna's drug list for your routine prescriptions.

**Specialty Medications through Accredo Pharmacy:** These medications require precertification.

## Step Therapy

**Step Therapy** is a part of the Cigna prescription drug program that requires pre-authorization of certain medications. This means that certain medications will require approval by Cigna before they are covered. If you have a prescription that is part of the Step Therapy program, you may be asked to try the most cost-effective and appropriate medications available, typically a generic or lower cost brand, before more expensive brand name medications are approved for coverage.

**How Step Therapy works:** When you fill a prescription that is part of the Step Therapy Program, Cigna will allow the prescription to be filled one time before sending you and your doctor a letter describing the steps needed before you refill your medication. In some cases, Cigna may ask the doctor if a generic or lower-cost alternative could be prescribed for you before allowing the higher cost medication. If your doctor believes an alternative medication isn't right for you for medical reasons, he or she can request prior authorization for continued coverage of a Step Therapy medication.

**Are you taking a Step Therapy medication?** Go to [www.Cigna.com/druglist](http://www.Cigna.com/druglist) to look up your medication. If there is an (ST) next to your medication, then it is part of the Step Therapy program.

## Cigna 90 Now

For routine maintenance medication, 90 day prescriptions can now be filled at certain 90-day retail pharmacies in Cigna's pharmacy network. Cigna's network of 90-day retail pharmacies includes local pharmacies, grocery stores, retail chains and wholesale warehouse stores. For more information visit [www.Cigna.com/RX90network](http://www.Cigna.com/RX90network).

## Cigna Home Delivery Pharmacy

If you prefer to have your medication delivered, the Cigna Home Delivery Pharmacy will deliver your maintenance medication to the location of your choice. Standard shipping is free. For more information call customer service at 800-835-3784, or visit [www.cigna.com](http://www.cigna.com). On the main menu, choose Prescriptions and then Manage Prescriptions.



## Cigna Telehealth Connection

Cigna Telehealth Connection provides access to two telehealth services where you can get the care you need - including most prescriptions - for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. And the cost of a phone or online visit is the same or less than with your primary care provider, and will be applied to your deductible.



**MDLIVE**      [www.MDLIVEforCigna.com](http://www.MDLIVEforCigna.com)      888-726-3171

### Speak with a doctor for help with:

- » sore throat      » fever      » rash
- » headache      » cold and flu      » acne
- » stomachache      » allergies      » UTIs and more

### Register for one or both today:

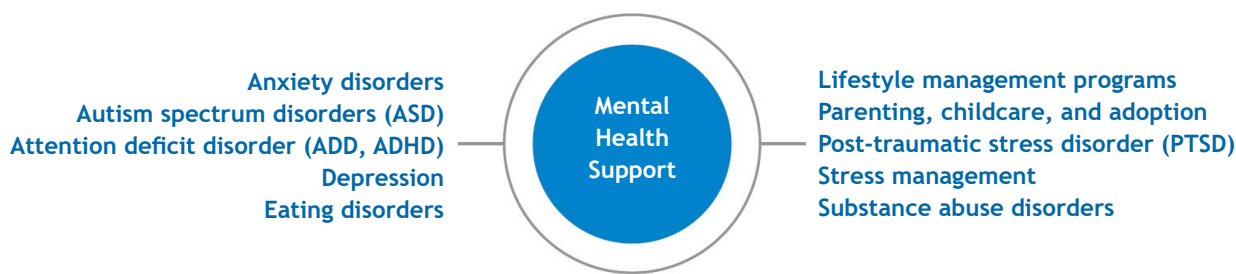
- » Step 1 - Set up and create an account with one or both
- » Step 2 - Complete a medical history using their “virtual clipboard”
- » Step 3 - Download vendor apps to your smartphone/mobile device



- When:** Day or night, weekdays, weekends and holidays.  
**Where:** Home, work or on the go.  
**How:** Phone or video chat.

## Cigna Total Behavioral Health Benefit

If you or your dependent has been diagnosed with a behavioral health condition, it can be hard to know where to turn for help. **Cigna Total Behavioral Health** is a comprehensive program that provides dedicated support, lifestyle coaching, and educational tools. Many of Cigna’s mental health services are offered at no additional cost.



See Benergy for more information and call the number on the back of your Cigna ID card to get started.

## Cigna Diabetes Prevention Program with Omada

Omada is a lifestyle change program that combines the latest technology with ongoing support, so you can make the changes that help you lose weight and reduce the risks of type 2 diabetes and heart disease.

- » Eat Healthier
- » Increase Activity
- » Overcome Challenges
- » Strengthen Habits

You’ll get your own:



**Interactive Program**



**Wireless Smart Scale**



**Weekly Online Lessons**



**Professional Omada Health Coach**



**Small Online Group of Participants**

It is covered at the preventive level, so you’ll receive the program at no additional cost if you or your covered adult dependents are at risk for diabetes or heart disease, and are accepted into the program. See Benergy for details on the Omada program.

Take Omada’s 1-minute health screener to see if you’re eligible: [Omadahealth.com/arlingtondiocese](https://Omadahealth.com/arlingtondiocese)

## myCigna.com

myCigna.com is your starting point for answers to questions about your health care, types of treatment, cost of services, and more.

### Your online account gives you access to these features:



#### Find Care and Costs

Search for in-network providers, procedures, cost estimates, and more!



#### View Claims

See a list of your most recent claims, their status and reimbursements.



#### Manage Your Prescriptions

Refill & request new prescriptions, and track your orders so you know when they will arrive.



#### Manage Spending Accounts

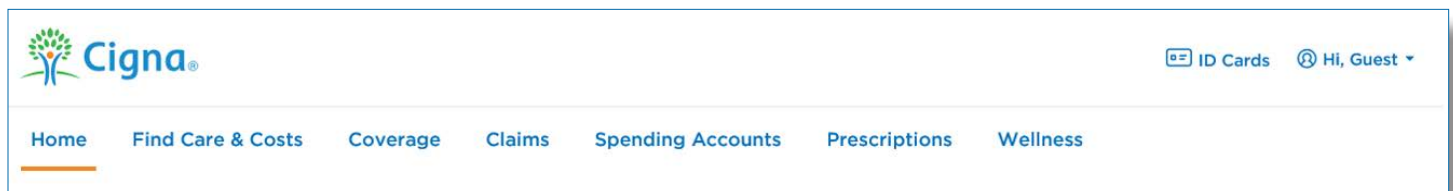
Review your spending account balances, contributions, and withdrawals all in one place.



#### Update Your Profile

Make sure your contact information is up-to-date so you don't miss out on important notifications about your plan.

### Use the menus at the top and bottom of the home page to easily move around myCigna:



## myCigna® Mobile App

### Download the myCigna® App

Now with fingerprint access, the myCigna® app makes it easier than ever to stay in-network—and save. Download the app today.\*



## How the HSA Works

### What is a Health Savings Account?

A Health Savings Account (HSA) is a savings account designed to help you pay for health care expenses and save on taxes. You have to be enrolled in the Diocesan high-deductible medical plan to participate in the health savings account. Money that is put into an HSA is tax deductible. As long as you use it to pay for eligible health care expenses, you don't pay any taxes when you take the money out. Any money that you don't use can be saved for future health care expenses.

### Who may have an HSA?

You may enroll in an HSA if you are enrolled in the Diocesan medical plan and you meet certain IRS eligibility requirements. You are excluded from participation if you: have other health coverage that is not a high-deductible plan; you are enrolled in Medicare; your spouse participates in a Flexible Spending Account; or you can be claimed as a dependent on someone else's tax return.

### How do I enroll in an HSA?

You do not need to submit a bank application to open a Health Savings Account. When you are enrolled in the Diocesan medical plan with an HSA, Cigna will forward your information to [HSA Bank](#) and your health savings account will automatically be opened. HSA Bank will send you a welcome kit and a debit card.

The USA Patriot Act requires the bank to conduct a Customer Identification Process (CIP). This process, which generally takes 2 to 3 days, involves verifying your name, Social Security Number, date of birth, and address. HSA Bank will contact you directly if it requires additional information to complete its verification. If the bank does not receive the necessary information, your health savings account will be closed.



### Using your Medical Benefits

When you go to the doctor, you will need to show the office staff your Cigna Medical ID card. You should not pay anything at the doctor's office at the time of your visit. You should allow Cigna to process your claim before you pay any part of the claims.

### How do I put money into my HSA?

There are three ways to fund your HSA:

- Pre-tax payroll deductions - you can choose to contribute funds out of each paycheck, or you may make a "one-time" contribution. You may start, stop, or change your contribution amount at any time or make several "one-time" contributions during the year. If you are a new hire or newly eligible, complete the HSA Payroll Deduction Form found in the Appendix on page 33 and submit to the EBO. Enrollments and changes made during open enrollment are submitted exclusively online through Dayforce and become effective March 1st.
- You (or someone else) can deposit after-tax money directly into your HSA account at the bank and account for the deposit on your tax return. Call the HSA bank for the deposit form.
- Earn money in your HSA by completing Wellness Incentives in our Cigna Wellness plan. Detailed information about our wellness program is found on Benergy.

### How much money can I put in to my HSA?

The IRS limits the amount of funds that can be put into your HSA each year. The limits are tied to your age and the level of medical coverage you have (Individual or Family Coverage). The limits for this year can be found on the IRS or Benergy web site.

### What can I use my HSA funds for?

You can pay any eligible health care-related expenses with your HSA, such as deductibles, copays, and coinsurance.

### How do I pay for these costs with my HSA?

You will be issued a debit card (and checks, if elected) by the bank when your HSA is opened. Once there are funds in your account, you may use your card when paying for prescriptions and copays. You may provide the debit card number on bills received from your doctor or you may use an ATM to reimburse yourself. Be sure to keep your receipts for the IRS and monitor your account balance on [www.myCigna.com](http://www.myCigna.com); if you have a negative balance, the bank will close your account.

### What happens to money that I don't use?

All funds in your account are yours to keep. The funds roll over year to year, and you take the funds with you if you leave the diocese.

### Are there additional resources available?

Please refer to IRS Publications 502 and 969 for information about HSAs. You will also want to review Instructions for IRS Form 8889. These resources can be found on the IRS and Benergy web sites.

## Dental Plan

The Dental Plan is administered by MetLife and is separate from the Medical Plan. You can go to any dentist you choose (even those who do not participate with MetLife), but the plan will pay more for covered services if you can use a MetLife dentist.

### Using the Dental Plan

When you go to the dentist, they will need the group number and your social security number to process your claim. You do not need an ID card to participate. The Group Number is **0301834**.

#### Claims Mailing Address:

MetLife Dental Claims  
PO Box 981282  
El Paso, TX 79998-1282

### MetLife Dental ID Card

See the Appendix for directions about printing MetLife Dental ID cards on MetLife's website, and how to download the MetLife Mobile App.

There is also a standard ID card available for your use in the Appendix on page 43.



### How to Locate an In-Network Dentist

1. Visit [www.metlife.com](http://www.metlife.com)
2. I want to Find a MetLife Dentist (right side of home-page)
3. Enter your zip code
4. Select a network: PDP  
Click – Submit

### Need Assistance?

When you need help with...	Contact MetLife at:
Claims or coverage questions	1-800-942-0854
If the dentist wants to verify coverage	1-800-474-7371

## Benefit Highlights

Plan Features	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$50 per individual; \$150 per family	
<b>Annual Maximum</b>	\$1,500 per person	
<b>Diagnostic and Preventive Care</b>	100%, no deductible	100%, no deductible
<b>Basic Restorative</b> Fillings	90%, after deductible	70%, after deductible
<b>Major Restorative</b> Single crowns, inlays, onlays	60%, after deductible	50%, after deductible
<b>Orthodontics</b> For eligible dependents up to age 26	60%, after deductible	50%, after deductible
<b>Orthodontic Maximum</b>	\$1,500 lifetime maximum per person	

Please note these are only highlights. The specific terms of coverage, exclusions, limitation and maximums are contained in the Benefit Plan Booklet. To the extent there may be differences, the terms of the Benefit Plan Booklet control.

## List of Primary Covered Services and Limitations

Type A - Preventive		How Many/How Often
Prophalaxis (cleanings)		Two cleanings per plan year
Oral examinations		Two examinations per plan year
Topical fluoride application		One fluoride treatment per plan year for dependent children up to 15th birthday
Bitewing x-rays		One set per plan year for adults; two sets per plan year for children
Space maintainers		Space maintainers for dependent children up to 15th birthday
Sealants		One application of sealant material every 60 months for each non-restored, non-decayed first and second molar of a dependent child up to 19th birthday
Type B - Basic Restorative		How Many/How Often
Fillings		One per 24 months per tooth surface
Non-Bitewing x-rays		Full mouth x-rays; one per 60 months
Simple extractions		
Crown, denture and bridge repair/ recementations		
Endodontics		<ul style="list-style-type: none"> <li>■ Pulp cap</li> <li>■ Pulpotomy</li> </ul>
Periodontics		<ul style="list-style-type: none"> <li>■ Periodontal scaling and root planning once per quadrant; every 24 months</li> <li>■ Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year</li> </ul>
Type C - Major Restorative		How Many/How Often
Implants		Once per tooth per 84 months
Bridges and Dentures		<ul style="list-style-type: none"> <li>■ Initial placement to replace one or more natural teeth, which are lost while covered by the Plan</li> <li>■ Dentures and bridgework replacement: one every 84 months</li> <li>■ Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns/Inlays/Onlays/Post & Cores		Replacement: once per tooth per 84 months
Endodontics		Root canal treatment limited to once per tooth per 24 months
Periodontics		Periodontal surgery once per quadrant, every 36 months
General Anesthesia		When medically necessary in connection with oral surgery, extractions or other covered dental services
Oral Surgery		
Type D - Orthodontia		
<ul style="list-style-type: none"> <li>■ Your children, up to the end of the months of their 26th birthday, are covered while Dental insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.</li> <li>■ Payments are on a repetitive basis.</li> <li>■ 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary.</li> <li>■ Orthodontic benefits end at cancellation of coverage.</li> </ul>		



## Vision

Your Vision coverage includes a full range of vision care services provided through a network of preferred vision providers, the Vision Service Plan (VSP) vision network. You may receive care from any provider you wish, but your benefits are greater when you see a participating provider. (The Vision plan is not part of the Medical plan.)

### Using Your Vision Benefits

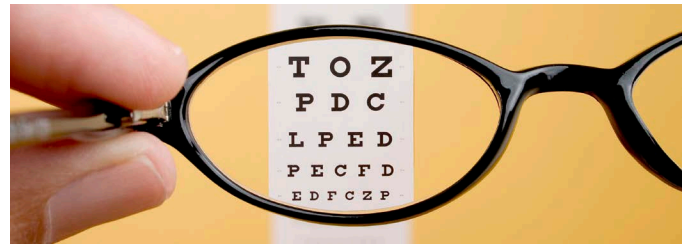
When you use a VSP provider, a copay is due at the time of service and an ID card is not needed. Many vision centers in the area (ex: My Eye Dr., Hour Eyes) commonly participate. If you use a non-VSP provider, you pay all the expenses at the time of service and you file for reimbursement later.

If the doctor wants to verify your coverage call VSP Customer Service at **1-800-877-7195** and provide the Group #: **12204637**.

### VSP Vision ID Card

See the Appendix for directions about printing VSP Vision ID cards on VSP.com, and how to download the VSP app.

There is also a standard ID card available for your use in the Appendix on page 43.



### Filing Claims

**In-network VSP providers will file any claims for you** and be reimbursed for allowable charges directly from VSP.

**If you use an out-of-network provider**, you are responsible for payment at the time of service. To receive reimbursement up to the allowed amount, submit an itemized bill along with your name, address, phone number, Social Security number, date of birth and the name of our group, Catholic Diocese of Arlington. Please make sure the bill lists the charges for the eye exam and materials, including the lens type as well as the name and address of the provider.

#### Claims Mailing Address:

VSP  
PO Box 385018  
Birmingham, AL 35238-0518

### Finding a VSP Provider

To locate a participating in-network provider, call VSP at **1-800-877-7195** or search online at **www.vsp.com**. Under the Members section of the website, click on “**Find the Right Doctor for You**”.

## Benefit Highlights

Covered Services	In-Network	Out-of-Network
<b>Comprehensive Eye Exam</b> every 12 months	\$10 copay	Reimbursed up to \$35 after \$10 copay
<b>Frames and Lenses</b> every 12 months	\$200 Allowance; no copay plus 20% off remaining costs	Reimbursed up to \$200
<b>Contact Lenses (in lieu of glasses) - Cosmetic</b> every 12 months	\$200 Allowance; no copay plus 15% off remaining costs (including fitting and evaluation)	Reimbursed up to \$200
<b>Laser Vision Correction</b>	Average 15% off regular price or 5% off a promotional offer Discounts only available from contracted facilities	

*Please note these are only highlights. The specific terms of coverage, exclusions, limitation and maximums are contained in the Benefit Plan Booklet. To the extent there may be differences, the terms of the Benefit Plan Booklet control.*

# Life Insurance

## Company-paid Basic Employee Coverage

Life insurance helps protect your family from a sudden loss of income in the event of your death. The Diocese pays the full cost for basic employee coverage. To be eligible for this benefit, you must be an active lay employee who is regularly working at least 30 hours each week. Enrollment is automatic upon becoming eligible.

Eligible employees receive a benefit equal to two times annual base salary (rounded up to the nearest \$1,000) up to a maximum benefit of \$500,000.

### Age Reduction Schedule

Your Basic Life insurance benefit will be reduced to a percentage of your pre-age 65 amount upon reaching the following ages:

Age	Reduced Benefit % of Pre-Age 65 Benefit
65	65%
70	50%
75	35%

## Supplemental Coverage for you or your Dependents

If you are eligible for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount.

**For you:** As a newly hired or newly eligible employee, you have 30 days to purchase additional life insurance in multiples of \$10,000 up to a maximum benefit of \$1,000,000. Evidence of Insurability (EOI) will be required if you elect an amount in excess of \$150,000.

**For your dependents:** As a newly hired or newly eligible employee, you are also eligible to purchase additional life insurance for your spouse and dependent children. You may purchase supplemental life insurance for your spouse in multiples of \$10,000 up to a maximum benefit of \$250,000 (benefit amount may not exceed the employee's life coverage). Evidence of insurability will be required if you elect an amount in excess of \$50,000.

You may purchase supplemental life insurance for your children in the amount of \$10,000. Evidence of Insurability is not required.

**Note:** You must purchase supplemental life insurance in order to elect supplemental life insurance for your spouse and/or dependent children. The combined amount of your Basic Life benefit plus your Additional Life coverage must be greater than or equal to your total dependent coverage.

If you and your spouse are both employed by The Catholic Diocese of Arlington, you may not elect supplemental life insurance for your spouse. Additionally you and your spouse may not both cover your dependent children.

### Evidence of Insurability

If you wish to purchase supplemental life insurance for you or your spouse, you may be required to complete an Evidence of Insurability form. Any changes or elections after your initial enrollment period as a newly hired or newly eligible employee will require evidence of insurability. The Evidence of Insurability form is available on the Benergy website at [www.arlingtondiocese.benergy.com](http://www.arlingtondiocese.benergy.com). If you have any questions, please contact the Employee Benefits Office at 703-841-2588.

### Cost for Supplemental Life Insurance

The cost for you and your spouse is based on your individual ages and the amount of coverage elected. Please refer to the chart below.

The cost for children is \$0.090 per \$1,000 of coverage.

Age as of March 1	Monthly Rates per \$1,000
<25	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.100
40-44	\$0.110
45-49	\$0.180
50-54	\$0.275
55-59	\$0.480
60-64	\$0.710
65-69	\$1.300
70+	\$2.100

## Accelerated Benefits

If you become terminally ill, you may be eligible to receive up to 75 percent, to a maximum of \$650,000, of your combined Basic and Additional Life Insurance coverage before your death. Please refer to your Additional Life Employee Brochure for further details.



### Don't forget to designate a beneficiary!

You are automatically enrolled in the basic employee Life coverage as soon as you become eligible. However, you must submit your beneficiary designation form on Dayforce. Login to your Dayforce account and choose Forms.

# Disability Insurance

Short and Long-Term Disability benefits provide income while you are unable to work for an extended period of time due to illness or injury. The Diocese provides this benefit to full-time employees at no cost, through Cigna.

## Summary of Benefits

### Short-Term Salary Continuation under Disability

- Short-term salary continuation begins after seven days of continuous absence (including weekends) due to illness or injury.
- After day 7, absence must be reported to Cigna in order to be paid available sick leave.
- Beginning day 8, accrued sick and vacation leave is used first, then the remainder of short-term salary continuation is paid at the Short-Term Disability (STD) rate of 100% of weekly earnings (not to exceed a maximum benefit of \$1,000 per week).
- Benefits are paid through the normal payroll process.
- The maximum short-term disability period is 90 days.
- The date of your disability is the date you are no longer able to perform the duties of your job, whether or not you are scheduled to work (e.g. during summer break for teachers).



### Long-Term Disability Insurance

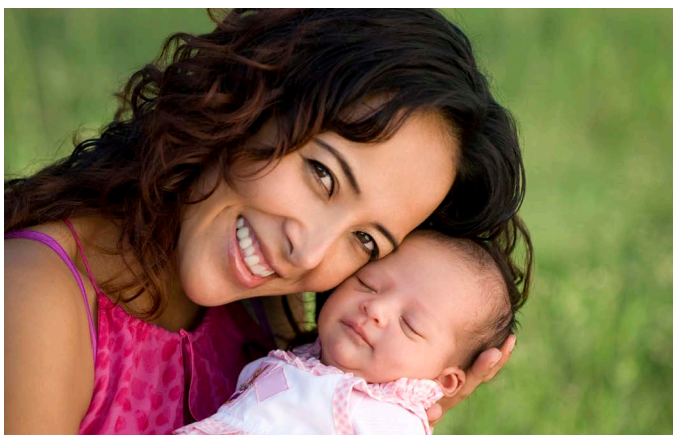
- If you are unable to work after 90 days, the STD benefit transitions to Long Term Disability (LTD).
- The LTD Benefit pays 60% of your monthly earnings to a maximum benefit payment of \$12,500 per month.
- Benefits are paid by Cigna on a monthly basis.
- The maximum benefit duration is Social Security Normal Retirement Age.

## Claim Filing Procedures

### How to report a Disability claim

- Seek appropriate medical attention immediately.
- Tell your manager on or before your first day out of work.
- When you know you will be out of work for more than seven days in a row, please contact Cigna as soon as possible at **1-800-36-Cigna** (1-800-362-4462).
- Cigna offers Telephonic Claim intake for all employees of Catholic Diocese of Arlington. During this call, an employee will be able to complete the entire portion of his/her claim and give a HIPAA compliant voice signature. The call typically lasts 7-10 minutes and ensures the quickest possible disability turnaround time.
- While we recommend filing your claim telephonically, you can also complete the online claim form at **www.Cigna.com**. Click on Forms located in the Customer Care tab.





## Family Medical Leave

The Family Medical Leave (FML) Act requires employers of a certain size to provide up to 12 weeks of unpaid leave for eligible employees. You are eligible for FML if you have worked for the Diocese for one year, and have worked at least 1,250 hours during the previous 12 months. FML provides you with up to 12 weeks of unpaid, job protected leave annually for certain family and medical reasons. FML protects your job and your benefits for the approved period.

### What are the reasons for taking Family Medical Leave?

FML is granted to care for a new baby after birth or adoption; to care for a spouse, son, daughter, or parent who has a serious healthy condition; or to care for yourself if you have a serious health condition. Additionally, you may qualify if you are the next of kin of a service member called to active duty, or who is deployed in support of a contingency operation.

### Filing a FML claim

To file a FML claim, call the Employee Benefits Office (EBO) at **703-841-2588** or email the EBO at [ebo@arlingtondiocese.org](mailto:ebo@arlingtondiocese.org). Please also notify your direct supervisor of your need to be absent.

### When does FML start?

FML begins on the first day of absence, and runs concurrently with the short-term disability plan in most cases. The Employee Benefits Office will send you a letter with additional FML information, including the start and end dates.



### Need more information about Family Medical Leave?

To find out about FML, please contact the EBO at 703-841-2588 or via email at [ebo@arlingtondiocese.org](mailto:ebo@arlingtondiocese.org).

Additional information can also be found online at [www.arlingtondiocese.benergy.com](http://www.arlingtondiocese.benergy.com).

## Life Assistance Program

Our Life Assistance Program (LAP), provided through Cigna, provides professional, confidential counseling visits, as well as referrals and other information at no additional cost to you.

This program includes unlimited telephonic counseling consultations and three face-to-face counseling sessions per issue per year. These services also extend to members of your household, and are available 24/7.

### Call for Advice or Referrals

In addition to behavioral health services, you may call for advice or a referral to a service in your community on topics such as:

- **Legal Consultation** - receive one free 30-minute consultation and up to a 25% discount on select fees.
- **Parenting** - receive guidance on child development, sibling rivalry, separation anxiety and much more.
- **Senior care** - learn more about challenges and solutions associated with caring for an aging loved one.
- **Child care** - whether you need care all day or just before or after school, find a place that's right for your family.
- **Pet care** - from grooming to boarding to veterinary services, find what you need to care for your pet.



### Getting Help

You don't have to handle your problems alone. Get the help you need by calling toll-free at 1-800-538-3543 or go online at [www.CignaLAP.com](http://www.CignaLAP.com).



## Advanced Planning

Get resources and tools to help you plan and learn more about:

- Will preparation
- Estate preparation
- Funeral planning

Create legal documents online, including:

- Last will and testament
- Living will
- Financial power of attorney
- Power of attorney for health care
- Medical treatment authorization for minors

We now offer 2 ways to plan for your family's future and financial well-being at zero or minimal cost:

### Cigna.mysecureadvantage.com



Call 888.724.2262, Monday - Friday from 9:00 am to 11:00 pm EST (6:00 am to 8:00 pm PST) to speak with an MSA representative.

All you'll need to give is your name, city, state, zip code and the name of your employer or plan sponsor. You can also visit [cigna.mysecureadvantage.com](http://cigna.mysecureadvantage.com) for more information, or to register and access online tools and educational resources and create legal documents.

## Estate Guidance Program

Go to [www.estateguidance.com](http://www.estateguidance.com) and enter the Catholic Diocese of Arlington Web ID: EGP311.

For specific information on both programs, go to Benergy to download detailed flyers.



## Travel Assistance Program

### What if I...

- Forget my prescription medication when I am traveling?
- Become sick or injured while I'm traveling?
- Lose my passport?
- Need a physician referral during my holiday?
- Need information about visa & passport requirements?
- Need information about local customs?
- Need an emergency cash transfer?
- Need to evacuate due to a natural disaster or political unrest?

### Your Travel Assistance Program can help!

Travel Assistance is an invaluable service that is provided and administered by International Medical Group Travel Assistance Services. IMG offers full-time employees (regularly scheduled to work 30 hours per week) medical, travel financial and legal services, 24 hours a day, 365 days a year, if traveling 100 or more miles from home, up to 180 days.

### How do I access Travel Assistance?

Your ID card is included on the inside back cover. IMG Assistance Services can be accessed 24/7/365 via the following:

#### Phone:

US: 1-855-847-2194

International: 1-317-927-6881

#### Email:

[assist@imglobal.com](mailto:assist@imglobal.com)

Before you travel, please call the EBO for the complete IMG brochure, and download the IMG App. See the appendix at the back of the guide for instructions on downloading the IMG App.

## Healthy Rewards Program

Employees have access to a variety of discounts on a health and wellness related services and products. Savings are available in the following areas:

- Weight management and nutrition
- Fitness and wellness
- Vision and hearing care
- Tobacco cessation
- Alternative medicine
- Mind/body
- Dental care
- Wellness products
- Healthy life products

To access the Healthy Rewards program, and view the list of programs available, please visit [www.Cigna.com/rewards](http://www.Cigna.com/rewards). The User name is **rewards**, and the password is **savings**.



## Retirement

The Diocese recognizes our shared responsibility in planning your future. The organization shares this important responsibility with you by providing a foundation of retirement income as well as opportunities to supplement that income through your own savings.

The Diocese provides two plans to help you reach your retirement goals: The 403(b) Tax Deferred Savings Plan (403(b) Plan) and the Lay Employees' Retirement Plan (Pension Plan).

### 403(b) Plan

The Catholic Diocese of Arlington provides a 403(b) plan that is 100% funded by you, the employee. There is not a company match in the 403(b) plan. We consider the 403(b) plan as your contribution to your retirement. The 403(b) plan provides you with a mechanism to save for your retirement on a pre-tax basis.

You may contribute up to 92% of your pay to your 403(b) account. Please consider your benefit deductions before you set a percentage contribution. Please keep in mind that the IRS limits the amount of pre-tax money you can set aside annually.

#### Eligibility for the 403(b) Plan

To be eligible to participate in the 403(b) Plan, you must be scheduled to regularly work 20 hours or more per week.

#### Enrolling in the 403(b) Plan

To enroll in the 403(b) Plan, you must log on Prudential's website and create your account. Please visit [www.prudential.com/online/retirement](http://www.prudential.com/online/retirement) to create your account.

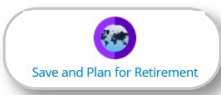
For step by step instructions on how to create your 403(b) account, visit our Benergy website at:

[www.arlingtondiocese.benergy.com](http://www.arlingtondiocese.benergy.com)

Logon: arlingtondiocese

Password: benefits

On the home page look for:



Please refer to the document titled Guide to Prudential Online Services for easy to follow instructions on setting up your account.

#### Contributing to the 403(b) Plan

To initiate a contribution to your 403(b) account through payroll deductions, you must log on Prudential's website and select a contribution rate. Please keep in mind that the IRS limits the amount of pre-tax money you can set aside annually. Exceeding the IRS limits may result in fines.

You may elect a flat dollar contribution or a percentage contribution. You may increase, decrease, stop and re-start contributions at any time by visiting [www.prudential.com/online/retirement](http://www.prudential.com/online/retirement).

#### Prudential Retirement Counselors

If you are eligible to participate in the 403(b) Plan, counselors at Prudential are available to provide guidance. See page 2 for the Prudential phone number.

#### 403(b) Plan Required Minimum Distributions (RMDs)

As long as you are working 20 or more hours per week on a regular basis you will be eligible to continue contributing to your 403(b) account. You will not be required to begin distributions out of your 403(b) account until after you have terminated all employment with the Diocese and you are age 72.

#### 403(b) Account Beneficiaries

It is very important that you provide beneficiary information for your 403(b) account in the event of your passing. Beneficiary information for your 403(b) account is maintained by Prudential - not the Employee Benefits Office.

To enter or update your beneficiary information for your 403(b) account, please log in to your account on Prudential's website by visiting [www.prudential.com/online/retirement](http://www.prudential.com/online/retirement).

### Pension Plan

The Catholic Diocese of Arlington provides a pension plan that is 100% funded by the Diocese. The pension plan is the Diocese's contribution to your retirement. The pension plan provides eligible employees with a lifetime benefit payment. Your work location makes contributions on your behalf to the Pension Plan. Employees do not contribute to the pension plan.

#### Eligibility for the Pension Plan

To be eligible for the pension plan, you are required to be a diocesan lay employee and regularly work 20 hours or more per week.

Employees of Catholic Charities (CCDA) have a separate retirement plan. CCDA employees should visit [www.ccda.net](http://www.ccda.net) or contact the CCDA HR office to learn more.

As an eligible employee, you begin to accrue service for this plan effective with your date of hire or the date you become eligible due to a status change. You become a participant in the plan after one year of eligible service. You are vested in the plan after five years of service. At your retirement, your compensation and years of service are used to calculate a monthly payment. This payment continues for the duration of your lifetime. Spousal benefits are offered as well. Spousal benefits do not include coverage for domestic partners or same-sex marriages.

For detailed information regarding the pension plan, visit our Benergy website at:

[www.arlingtondiocese.benergy.com](http://www.arlingtondiocese.benergy.com)

Logon: arlingtondiocese

Password: benefits

### Enrollment in the Pension Plan

You will automatically be enrolled in our pension plan when you become eligible.

### Vesting in the Pension Plan

When you are vested in the pension plan, you are promised a retirement payment. To be vested, you need to work 20 or more hours on a regular basis for a period of 5 years or more. You become vested after completing 5 years of service from your pension service date. Changing your employment status to fewer hours per week or terminating employment can have an effect on your vesting status.

### Pension Service Date

The pension service date is the date you become eligible to accrue pension service. This date can be your date of hire or the date you first become eligible for the pension. You will see your pension service date in the upper right hand corner of the pension statement mailed to you each year.

If you leave employment for a period of time or you work in a non-eligible position for a period of time, your pension service date will be adjusted to reflect these breaks in pension eligible service. Certain rules will apply depending on the length of your break in service. In some cases, previously accrued service can be forfeited because the break in service was too long.

If you have any questions about your pension service date, please email the Employee Benefits Office (EBO) to request a review of your service date. These types of reviews can take several weeks because your entire work history and paychecks are reviewed. The EBO will communicate their final decision about your pension service in a letter to your home. This communication will supersede any previous communication on this matter.

### Changes in Employment Status & Pension Eligibility

As an eligible employee, working 20 or more hours per week on a regular basis, you will accrue service years in the pension plan. You become vested in the plan when you have continued this level of work hours (or more) for five years. When you are vested, you are promised a retirement payment.

If you decrease your hours worked per week, you will no longer be eligible to participate in the pension plan and continue to build service years. You will want to keep your pension in mind as you make changes to your work schedule.

*EXAMPLE: An instructional assistant is hired for 25 regular hours per week. She is enrolled and begins to accrue pension service time. She works these hours every week for four entire school years. In her fifth year of employment, she works as an occasional substitute teacher and works 10 hours every month. The period of time she worked as a substitute teacher is not added to her years of pension service. At the end of five years, she has four years of pension eligible service and she is not vested in the plan.*

Please note that the pension calculation is an income average multiplied by a pension plan factor and then multiplied by the years of service. See page 22 for a sample calculation. The years-of-service is an important number in this calculation. It is determined by reviewing your pension eligible periods of work. In other words, it is based on periods when you worked 20 or more hours per week on a regular basis.

Please also note that temporary, occasional and seasonal positions are not pension eligible positions because they are not considered regular hours worked and are arranged on a temporary basis.

### Leave of Absence

A paid or unpaid leave of absence can have an impact on your service accrual.

### Estimating Your Pension Benefit

The Employee Benefits Office mails pension statements annually during the summer months to all participants in the pension plan. The statement shows your accrued benefit and your projected benefit at retirement, assuming you work until age 65. A sample calculation is provided on page 22. Please note that EBO cannot do “what if” calculations if you are considering different dates for retirement.

### Disability

If you become disabled and have completed at least five years of pension eligible service, you continue to accrue service in the pension plan as long as you are receiving benefits from our diocesan disability plan.

### Normal Retirement - Age 65

If vested, you may begin receiving your retirement benefits at your normal retirement date, which is the first of the month following the date you attain age 65.

### Approaching Age 65

The normal retirement age of 65 is also the age of eligibility for Medicare. When you are eligible for Medicare, there are many things to consider. You will receive literature in the mail regarding Medicare and its different parts. You may be wondering if you are ready to retire from the diocese or you may wish to continue to work, but, are unsure if you should enroll in Medicare or stay in the diocese's health plan. To learn more about your options as you approach the age of Medicare eligibility, please refer to “Appendix B: The World of Medicare” in the Lay Employees' Retirement Guide.

### Retiring Before Age 65

You may retire as early as age 55 if you have 10 years of service. Early retirement benefits are reduced by 5/12% for each month (5% per year) that your retirement precedes age 65. If you have 30 or more years of service at age 60, you may retire with full benefits and no payment reduction.

### **If You Die Before You Retire**

If you are vested (have five or more years of service) and die before you retire, and you are married or have dependent children, your surviving spouse/children may be eligible for a benefit from the Plan.

### **Terminating Employment**

If you terminate employment...

**Before 1 year of service:** You are not yet a participant in the plan. Should you be rehired at a later date, this period of employment will not count towards your pension eligible service.

**Before 5 years of service:** You are not entitled to a benefit from the plan because you have not satisfied the plan's five year vesting requirement. Should you be rehired within five years from your date of termination, this period of employment may count towards your pension eligible service.

**After 5 years of service:** You are entitled to a benefit from the plan. Depending on the value of your accrued benefit, you may be eligible for an immediate lump sum payment or you may have to defer receiving your benefit. Benefits are normally payable at age 65. The Employee Benefits Office will send you a final Deferred Vested Benefit Statement of your pension benefit 120 days after you terminate. You will no longer receive annual statements from EBO as your final statement will not change. Please notify the EBO if you have a change of address.

### **If You Are Rehired**

If you terminate employment after at least one year of pension eligible service and are rehired later, your past service may be included in calculating your benefit, depending on the length of your break in service.

### **Health Benefits After Retirement**

You are eligible to continue your medical, dental, vision, and life insurance coverage for yourself if you retire directly from active employment and have been enrolled in health plan coverage for a minimum of 36 consecutive months. Your dependents must have been enrolled in coverage a minimum of 12 consecutive months in order to continue coverage. You must pay the full cost of the health coverage and, once you make your election, you may not increase coverage levels unless you experience a Qualified Life Event (e.g. marriage). Dependents must be added within 30 days of the event. Premiums will increase to the appropriate coverage level.

## **Actively Working at Age 65 and Beyond**

### **Pension Benefit**

You have many options to consider as you approach age 65 if you are currently working. One of the decisions you may make is whether to continue working beyond age 65. If you decide you want to continue working, your years of service and compensation will continue to accrue and apply to your pension benefit. You may, however, decide that you want to

be able to enjoy retirement but you are not ready to stop working altogether. Many people will decide to work a few hours a week. If you reduce your work schedule to fewer than 20 hours per week, you will be offered retirement options and your pension payments will start. Please keep in mind that once your pension payments start, you cannot work more than 19 hours per week on a regular basis. If this happens, your retirement payments will stop and your service will resume accruing.

### **Medical Coverage**

As long as you are actively working full-time, you and members of your family may defer enrolling in Medicare and continue to be covered by the Diocesan medical plan, regardless of age. However, you may want to consider the following to help you make your decision.

**Enrolling in Cigna only:** As long as you are actively working full-time, you and members of your family may defer enrolling in Medicare and continue to be covered by the diocesan medical plan, regardless of age.

Medicare will not penalize you for not enrolling in Medicare at age 65 as long as you are actively working and covered by your employer's group health plan.

Be mindful of Medicare enrollment deadlines when you decide to enroll later. Medicare will charge you higher premiums if you have a gap in coverage.

**Enrolling in Medicare and dropping Cigna:** To replace diocesan medical coverage you must enroll in Medicare Part A (Hospitalization), Part B (Medical Insurance), and Part D (Prescription Drug).

Please notify the EBO of your intent to enroll in Medicare and drop Cigna. There is a 60 day deadline from the effective date of your Medicare coverage to end your diocesan medical plan.

**Enrolling in Medicare and keeping Cigna:** If you choose to enroll in Medicare and maintain your medical coverage through the diocese, your diocesan medical plan will continue to be the Primary insurance (Primary Payor) for you and your dependents.

If you choose to enroll in Medicare, you will not be eligible to contribute your own money, or accept employer contributions, to a Health Savings Account.

Medicare will charge you a premium for your enrollment in Part B (Medical Insurance) and it will be a secondary Insurance (Secondary Payor) for you and your dependents. This means that claims will be processed through your diocesan medical plan first, and then it will be processed by Medicare.

If you do enroll in Medicare part A (Hospitalization), Part B (Medical Insurance) or Part C (Medicare Advantage), you need to notify the Employee Benefits Office so that we can adjust your medical plan to show Primary Payor and Secondary Payor correctly.

## Sample Pension Calculation

Your Pension Plan Benefit payment amount depends on two things:

- Final average compensation (as shown on your W-2)
- Years of service (a minimum of five years is required)

Final Average Compensation is the Lesser of:

- The average of the highest five consecutive calendar years out of the last ten years before termination, or
- The average of completed calendar years after December 31, 2007, if an employee had worked at least five full calendar years after December 31, 2007.

Employee Example:

- Retirement Age = 65
- Years of Service = 20
- Final Average Compensation = \$36,000

Pension Calculation Example:

- $1.35\% \text{ times } \$36,000 = \$486.00$
- $\$486.00 \text{ times } 20 \text{ years of service} = \$9,720.00 \text{ annual benefit}$
- $\$9,720.00 \text{ divided by } 12 = \$810.00 \text{ monthly benefit}$

Benefit Payment Options for Sample Calculation:

	Employee Benefit	Spousal Benefit	Certain & Continuous Beneficiary
■ Single Life Annuity	\$810.00	None	None
■ Joint & Survivor Annuity			
Joint & Survivor 50%	\$769.50	\$384.75	n/a
Joint & Survivor 75%	\$745.20	\$558.90	n/a
Joint & Survivor 100%	\$729.00	\$729.00	n/a
■ Certain & Continuous Annuity			
Certain & Continuous 5	\$801.90	n/a	\$801.90
Certain & Continuous 10	\$785.70	n/a	\$785.70
Certain & Continuous 15	\$753.30	n/a	\$753.30

### Benefit Payment Options

**SINGLE LIFE ANNUITY:** This option pays a monthly pension to you during your lifetime only. When you die, all payments stop and no further payments are made to anyone else. This option provides you with the highest lifetime monthly benefit.

**JOINT & SURVIVOR ANNUITY:** This option gives you a monthly income for your lifetime. If you die before the spouse you name as your joint annuitant, your spouse will continue to receive payments for his or her lifetime. Section 1.32 of the Plan Document defines a spouse as “only an individual who is of the opposite sex to the Participant.” Once you have named a survivor annuitant under this option, no other person may be named as your annuitant at a later date, even if you should remarry.

You may choose to have your surviving spouse receive 100%, 75%, or 50% of the monthly benefit you receive during your lifetime. The benefits under this option are payable for two lifetimes, so the amount of monthly income is always less than if it were payable to you alone under a single life annuity. In addition, the higher the percentage you choose to have paid to your survivor, the lower will be your benefit during your lifetime.

**CERTAIN AND CONTINUOUS ANNUITY:** This option guarantees a monthly retirement income to your beneficiary for a certain number of years after you retire. You may choose 5, 10, or 15 years as the guaranteed period. If you die before receiving all the payments for the guaranteed period, the remainder is paid to your beneficiary, if living, or to your estate. If you are still alive after the expiration of the guaranteed period, you will continue to receive your retirement benefit for the rest of your life. By guaranteeing a payout period, your monthly benefit will be less than it would be if it were paid to you under a single life annuity. Once you have named a beneficiary under this option, no other beneficiary may be named after pension payments have begun. If you are married and choosing this option, you must have your spouse’s notarized consent on the Joint and Survivor Annuity Waiver. This form must be completed even if you name your spouse as a beneficiary under this option.



## Leaving the Diocese

If your employment with the Catholic Diocese of Arlington ends, your benefits will terminate. You will receive a letter from the Employee Benefits Office outlining what happens to any benefits you may have such as health, life insurance, 403(b) Tax Deferred Savings, and the Pension Plan.

### Medical, Dental, and Vision Benefits

Your benefits will end on the last day of the month in which your employment ends. We provide employees the option to enroll in our Continuation Coverage program in which you can elect to continue your medical coverage for up to 18 months. Vision and dental benefits may not be continued.

Continuation of medical benefits is NOT subject to the terms and conditions of COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1986, as amended) since the Diocese's plan is a church-sponsored plan (26 CFR 54, 4980B-2).

You will have 60 days from the date of the termination letter mailed to you by EBO to enroll in the Continuation Coverage program.

### Health Savings Account

If you had a Health Savings Account (HSA) associated with the medical plan, you will no longer be eligible to make payroll contributions to your account or receive employer funding. You can continue to use the funds in your account for future health care expenses. You will receive a packet from H.S.A. Bank confirming that your account is no longer associated with the Catholic Diocese of Arlington health plan. You may contact H.S.A. Bank customer service via telephone at (800) 357-6247.

### Life Insurance

If you were a full-time employee, you participated in the life insurance plans and these plans will end at the end of the month in which you terminate employment.

As a result of your employment and Group Life Insurance coverage ending, you may be eligible to convert your basic coverage and port or convert your optional life coverage(s) with Prudential. To be eligible to port coverage, you must have been actively at work on the date employment ended. You must complete an application and apply for these options within 31 days of your coverage termination. To obtain an application, please contact Prudential at (800) 778-3827. Please provide the policy number - 52141 when calling.

If you are using a telecommunications device for the hearing impaired (TDD), please call (800) 496-1214. Representatives are available to assist you Monday through Friday between 8:00am and 8:00pm EST.

### 403(b) Plan

If you were a full or part-time employee that participated in the 403(b) plan, please contact Prudential at (877) 778-2100, or access your account at [www.prudential.com/online/](http://www.prudential.com/online/) retirement to learn about your options.

### Pension Plan

If you terminate employment...

**Before 1 year of service:** You are not yet a participant in the plan. Should you be rehired at a later date, this period of employment will not count towards your pension eligible service.

**Before 5 years of service:** You are not entitled to a benefit from the plan because you have not satisfied the plan's five year vesting requirement. Should you be rehired within five years from your date of termination, this period of employment may count towards your pension eligible service.

**After 5 years of service:** You are entitled to a benefit from the plan. Depending on the value of your accrued benefit, you may be eligible for an immediate lump sum payment, or you may have to defer receiving your benefit. Benefits are normally payable at age 65. The Employee Benefits Office will send you a final Deferred Vested Benefit Statement of your pension benefit 120 days after you terminate. You will no longer receive annual statements from EBO as your final statement will not change. Please notify the EBO if you have a change of address.

## Important Notices and Provisions

### Intent to Remain a Grandfathered Health Plan

The Catholic Diocese of Arlington believes the medical coverage is a "Grandfathered Health Plan" under the Patient Protection and Affordable Health Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at [ebo@arlingtondiocese.org](mailto:ebo@arlingtondiocese.org).



## Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Catholic Diocese of Arlington to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice please access the Benergy web site in the Medical, Dental or Vision Plan sections under Legal Documents.

You may also contact the Plan's Privacy Official to request additional information about the Plan's privacy policies or your rights under HIPAA by calling **703-841-2588** or sending an email to [ebo@arlingtondiocese.org](mailto:ebo@arlingtondiocese.org).

## Special Enrollment Rights for Medical Insurance

The following rules apply under the Health Insurance Portability and Accountability Act of 1996 (HIPAA):

- If you do not enroll in the medical plan at the time you are eligible because of other health insurance coverage, you may be eligible to enroll yourself or your dependents at a future date, provided that you request enrollment within 30 days after your other coverage ends.
- In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be eligible to enroll yourself and/or your qualified dependents, provided that you request enrollment within 30 days after marriage, birth, adoption, or placement for adoption.

## Medicaid and the Children's Health Insurance Program (CHIP)

Effective April 1, 2009, if you or your dependent lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or you become eligible for a state's premium assistance program under Medicaid for CHIP, then you may be able to enroll yourself and/or your qualified dependent. You will have 60 days - instead of 30 - from the date of the Medicaid / CHIP event to request enrollment under the Plan. Note that this new 60-day extension does not apply to enrollment opportunities other than the Medicaid/CHIP eligibility change. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

## Newborn and Mother's Health Protection Act Notice

Group Health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Medicare Part D Notice of Creditable Coverage

The Catholic Diocese of Arlington has determined that the prescription drug coverage offered under its Cigna plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug plan will pay and is considered Creditable Coverage. Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

To obtain a complete copy of the Notice of Credible Coverage please access the Benergy web site in the Medical, Dental or Vision Plan sections under legal documents. You may also contact EBO at **703-841-2588** or send an email to [ebo@arlingtondiocese.org](mailto:ebo@arlingtondiocese.org) to request additional information.

## Women's Health and Cancer Rights Act of 1998

Your health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for an appropriate mastectomy and related services (including reconstruction and surgery) to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Call Cigna Member Services at the number on your ID card for more information.

## A Note about Legal Notices

Please refer to Benergy for full review of HIPAA Privacy, CHIP, and Medicare Creditable Coverage notices.

[www.arlingtondiocese.benergy.com](http://www.arlingtondiocese.benergy.com)

Logon: arlingtondiocese

Password: benefits

## Forms Appendix

- A. Health Benefits Enrollment & Change Form
- B. Health Savings Account (HSA) Eligibility Information
- C. Health Savings Account (HSA) Death Beneficiary Form
- D. Health Savings Account (HSA) Payroll Deduction Form
- E. Health Benefits Dependent Eligibility Definition
- F. Plan Year Rates
- G. Cigna ID Cards and MyCigna.com
- H. How to Access Dental ID Cards
- I. How to Access Vision ID Cards
- J. Travel Intelligence App
- K. MetLife Dental ID Card
- L. VSP Vision ID Card
- M. Travel Assistance ID Card

Benefit	Form to Complete	Enrolling Dependents?
Dental	A	Please review the Dependent Eligibility Definition
Vision		
Medical	A and B	
Health Savings Account	C	
HSA Payroll Contributions	D	
Basic Life & Additional Life Insurance	Enrollment and Beneficiary Forms are found in the Life Insurance Benefit booklet	



### NOTE:

- Mail HSA Bank Death Beneficiary Form directly to HSA Bank, as the form indicates. Do not send it to EBO.
- Fax all other forms directly to EBO at 703-358-9216.
- For your own personal security, please do not email forms due to the sensitive information on the forms.

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**OPTIONS:**

- ☐ NEW HIRE/RE-HIRE  
☐ OPEN ENROLLMENT  
☐ QUALIFIED LIFE EVENT^^  
     ☐ Birth, Adoption or Death  
     ☐ Marriage or Divorce  
     ☐ Gain or Loss of Coverage  
     ☐ Overage Dependent (Age 26)

Date of Event Above: \_\_\_\_\_

^^You have 30 days after an event to submit your request to the Employee Benefits Office.

For EBO Use Only  
Effective Date:



Catholic Diocese of Arlington  
Encourage and teach with patience

# Health Benefits Enrollment & Change Form

Fax Completed Forms & Documentation To:  
(703) 358-9216

## EMPLOYEE INFORMATION

Please PRINT clearly. Submit forms and required documentation to the Employee Benefits Office within **30 days**.

SOCIAL SECURITY NO.		DATE OF BIRTH		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
NAME (Last, First, MI)				DAYTIME PHONE		EVENING PHONE	
STREET ADDRESS				CITY		STATE	ZIP CODE
WORK LOCATION		OCCUPATION		EMAIL			

## BENEFITS ELECTION

Please select your coverage level OR decline coverage.

Plan: **CIGNA Open Access Plus w/o HSA** COVERAGE LEVEL: ☐ Employee Only ☐ Employee + 1 ☐ Family ☐ Decline Coverage

**MEDICAL** Plan: **CIGNA Open Access Plus w/HSA** COVERAGE LEVEL: ☐ Employee Only ☐ Employee + 1 ☐ Family ☐ Decline Coverage

NOTE: PLEASE REVIEW THE HEALTH SAVINGS ACCOUNT ELIGIBILITY INFORMATION BEFORE MAKING YOUR SELECTION.

**DENTAL** Plan: **MetLife PPO** COVERAGE LEVEL: ☐ Employee Only ☐ Employee + 1 ☐ Family ☐ Decline Coverage

**VISION** Plan: **VSP - Vision Service Plan** COVERAGE LEVEL: ☐ Employee Only ☐ Employee + 1 ☐ Family ☐ Decline Coverage

## DEPENDENT INFORMATION\*

Please PRINT clearly and provide **ALL** information for each dependent listed below. (Additional dependents can be listed on a separate sheet.)

\*Please refer to the **Dependent Eligibility Definition** before enrolling your dependent.

NAME (Last, First, MI)	SEX (M/F)	BIRTH DATE (MM/DD/YYYY)	RELATION (Spouse/Child)	SOCIAL SECURITY NO.	(v) Benefit Action To Be Applied		
					MEDICAL	DENTAL	VISION
					<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> NO ACTION	<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> NO ACTION	<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> NO ACTION
					<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> NO ACTION	<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> NO ACTION	<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> NO ACTION
					<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> NO ACTION	<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> NO ACTION	<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> NO ACTION

I agree that I and all my eligible family members shall abide by the provisions of coverage in the plans under which we are enrolled. I certify that all of the information on this form is true and complete to the best of my knowledge, and my dependents are as defined in the benefits guide. I agree to make required contributions for elected coverage and I understand that, as an active employee, my contributions are pre-tax payroll deductions as provided in the Diocese of Arlington Premium Payment Plan. I understand this election cannot be changed unless a qualified life event occurs and I notify the Employee Benefits Office within 30 days of such change.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Health Savings Account (HSA) Eligibility Information

Please contact the EBO with questions:  
(703) 841-2588 or [ebo@arlingtondiocese.org](mailto:ebo@arlingtondiocese.org)

## A. HSA Ineligible

I am **not** eligible to establish a Health Savings Account (HSA) through the Diocese of Arlington's group health program if any of the following apply:

- I have other coverage that is not a High Deductible Health Plan - such as Tricare or another Health Plan.
- I am enrolled in Medicare Part A or B.
- I can be claimed as a dependent on someone else's tax return.
- My spouse participates in a Healthcare Flexible Spending Account (FSA) offered by his/her employer.

## B. HSA Eligible

I am eligible for a Health Savings Account. Information about the enrollment process with HSA Bank:

- It is not necessary to submit a bank application to establish this Health Savings Account. Cigna will forward your information to HSA Bank and your account will be opened automatically. HSA Bank will then send you a welcome kit and a debit card.
- The USA Patriot Act requires HSA Bank to conduct a Customer Identification Process (CIP). This process, which generally takes 2 to 3 days, involves HSA Bank verifying your name, social security number, date of birth and address. HSA Bank will contact you directly if additional information is necessary.
- Your Health Savings Account will be closed if required information is not submitted to HSA Bank upon request.
- Electing the w/HSA option on the Health Benefits Enrollment and Change Form only establishes your Health Savings Account. If you wish to contribute pre-tax payroll contributions to your Health Savings Account, please complete a Health Savings Account Payroll Deduction Form.

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# Health Savings Account Death Beneficiary Form

Mail to HSA Bank, P.O. Box 939, Sheboygan, WI 53082. Do not send forms to EBO.

## Step1: Accountholder Information

\*=Required Fields

<input type="text"/>	<input type="text"/>
*Employer Name (If sponsored by an employer plan)	*Accountholder Name (First, MI, Last)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Social Security Number	*Day Telephone
<input type="text"/>	
*Birth Date (MM/DD/YYYY)	

## Step 2: Designation of Beneficiary(ies)

☐ **New Beneficiary(ies)** -- The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). **If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.**

☐ **Replace Beneficiary(ies)** -- I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this HSA and hereby revoke all prior beneficiary(ies) designations, if any, made by me.

☐ **Add Beneficiary(ies)** -- I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this HSA. This list supplements, but does not replace, the beneficiary(ies) previously designated by me on the date specified.  
(When adding beneficiaries, if the share % of previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding share % if the previous percentages are no longer correct.)

If **neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.** If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my HSA.

If you designate your spouse as primary beneficiary or contingent beneficiary of the HSA, the dissolution, termination, annulment or other legal termination of your marriage will automatically revoke such designation.

Name and Address (or of Trust and Trustee)	Date of Birth (mm/dd/yyyy) (creation date, if Trust)	Social Security Number (TIN, if Trust)	Relationship	Primary or Contingent	Share%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

## Step 3: Marital Status

☐ I Am Not Married - I understand that if I become married in the future, I must complete a new HSA Death Beneficiary Form.

☐ I Am Married - I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below in the presence of a notary public.

I am the spouse of the above-named Accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional. I hereby give the HSA Beneficiary any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by HSA Bank.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Spouse Signature	Date	*Signature of Witness (Required. Cannot be spouse. Must be 18 or older.)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Accountholder Signature	Date	*Signature of Witness (Required. Cannot be spouse. Must be 18 or older.)	Date

State of \_\_\_\_\_

County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a notary public, the undersigned officer, personally appeared \_\_\_\_\_, the spouse of the above named accountholder, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

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# Health Savings Account (HSA) Payroll Deduction Form

Fax Completed Forms & Documentation To:  
(703) 358-9216

## INSTRUCTIONS

- **COMPLETE THIS FORM TO START, STOP OR CHANGE YOUR PAYROLL DEDUCTION TO YOUR HSA.**
- **PLEASE KEEP THIS FORM FOR YOUR FILES.**

## A. Account Holder Information

LAST NAME		FIRST NAME		MIDDLE INITIAL
DAYFORCE USERNAME / CLOCK #		PHONE # (DAY)	PHONE # (EVENING)	
STREET ADDRESS				
CITY	STATE		ZIP CODE	
WORK LOCATION (E.G. ST. AGNES, BISHOP IRETON HIGH SCHOOL, ETC.)				
EMAIL ADDRESS:				

## B. Payroll Deduction Request

- ☐ I WISH TO AUTHORIZE/CHANGE A BI-WEEKLY CONTRIBUTION TO MY HSA IN THE AMOUNT OF: \$\_\_\_\_\_.
- ☐ I WISH TO MAKE A ONE-TIME CONTRIBUTION TO MY HSA IN THE AMOUNT OF: \$\_\_\_\_\_.
- ☐ I WISH TO STOP CONTRIBUTIONS TO MY HSA ACCOUNT.

## C. Signature

X

Signature

Print Name

Date Signed



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# Dependent Eligibility Definition

## ELIGIBLE DEPENDENT CATEGORY

### **Spouse**

"Marriage" means only a legal union between one man and one woman as husband and wife, and the word "spouse" refers only to a person of the opposite sex who is a husband or a wife. Common law spouses and domestic partners are not covered.

If your spouse is also an employee of the diocese, you may enroll in individual coverage or as a dependent on your spouse's coverage. You may not enroll as an individual and a dependent.

### **Child(ren) Age 0 to 26**

Dependent children, **until the end of the month in which they turn 26, without regard to marital status, student status, or financial dependency**, include:

- A son, daughter, stepson, or stepdaughter of the employee; or
- An eligible foster child of the employee (eligible foster child means an individual who is placed with the employee by an authorized placement agency or by judgment, decree or other order of any court of competent jurisdiction); or
- An adopted child of the employee (a legally adopted individual of the employee, or an individual who is lawfully placed with the employee for legal adoption by the employee, shall be treated as a child); or
- A grandchild for whom the employee has been awarded guardianship or custody by a court of competent jurisdiction; or
- Children under the legal guardianship of employee; or
- Children under a recognized qualified medical child support order (QMCSO).

If your child under age 26 also works for the Diocese and is eligible for enrollment in the health plans, he or she may enroll as an employee or as a dependent child. You cannot be covered as an employee while also covered as a dependent of an employee.

### **Disabled Child(ren) Over Age 26**

Your unmarried children who are primarily supported by you and are incapable of self-sustaining employment by reason of a mental or physical disability that began before the child reached age 26 while covered under this plan or while covered under another plan with no break in coverage. This category may require the completion of certain forms with the insurance carrier within 31 days. Please contact EBO for the form.

By adding a dependent to the benefit plans, you have confirmed that you understand the definition of an eligible dependent. The Diocese reserves the right to randomly audit dependent eligibility and require documentation. If ineligible dependents have been added to the plans and documentation cannot be provided, the enrollment for this person will be reversed and the financial responsibility for all incurred claims will be reversed from the benefit plans and will become the responsibility of the employee.

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## Plan Year 2021 Rates - March 2021 through February 2022

### Employees receiving pay for 12 months (includes teachers)

<b>Medical Plan with HSA</b>	<b>Monthly Premiums</b>	<b>Per Pay = twice per month</b>
Individual	\$241.02	\$120.51
Individual + 1	\$482.00	\$241.00
Individual + Family	\$720.70	\$360.35

<b>Medical Plan without HSA</b>	<b>Monthly Premiums</b>	<b>Per Pay = twice per month</b>
Individual	\$220.96	\$110.48
Individual + 1	\$435.24	\$217.62
Individual + Family	\$677.50	\$338.75

<b>Dental Plan</b>	<b>Monthly Premiums</b>	<b>Per Pay = twice per month</b>
Individual	\$13.70	\$6.85
Individual + 1	\$27.30	\$13.65
Individual + Family	\$41.00	\$20.50

<b>Vision Plan</b>	<b>Monthly Premiums</b>	<b>Per Pay = twice per month</b>
Individual	\$10.86	\$5.43
Individual + 1	\$19.72	\$9.86
Individual + Family	\$28.58	\$14.29

### Employees receiving pay fewer than 12 months \*

<b>Medical Plan with HSA</b>	<b>Monthly Premiums</b>	<b>Per Pay = twice per month</b>
Individual	\$289.24	\$144.62
Individual + 1	\$578.50	\$289.25
Individual + Family	\$865.00	\$432.50

<b>Medical Plan without HSA</b>	<b>Monthly Premiums</b>	<b>Per Pay = twice per month</b>
Individual	\$265.26	\$132.63
Individual + 1	\$522.30	\$261.15
Individual + Family	\$813.00	\$406.50

<b>Dental Plan</b>	<b>Monthly Premiums</b>	<b>Per Pay = twice per month</b>
Individual	\$16.38	\$8.19
Individual + 1	\$32.80	\$16.40
Individual + Family	\$49.20	\$24.60

<b>Vision Plan</b>	<b>Monthly Premiums</b>	<b>Per Pay = twice per month</b>
Individual	\$13.03	\$6.52
Individual + 1	\$23.66	\$11.83
Individual + Family	\$34.30	\$17.15

\* For employees receiving pay fewer than 12 months, deductions are not taken during July and August.

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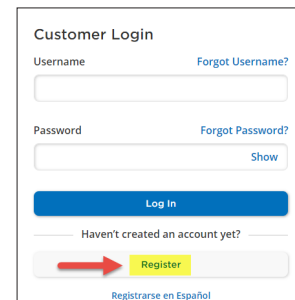


# Cigna ID Cards and MyCigna.com

Enjoy a simple way to personalize, organize and access your important plan information.

Register on myCigna.com. Once you do, you can log in anytime, just about anywhere to:

- Manage and track claims
- View ID card information
- Find in-network doctors and compare cost and quality ratings
- Review your coverage
- Track your account balances and deductibles
- Order your Cigna Home Delivery
- Pharmacy<sup>SM</sup> prescriptions online and view order history

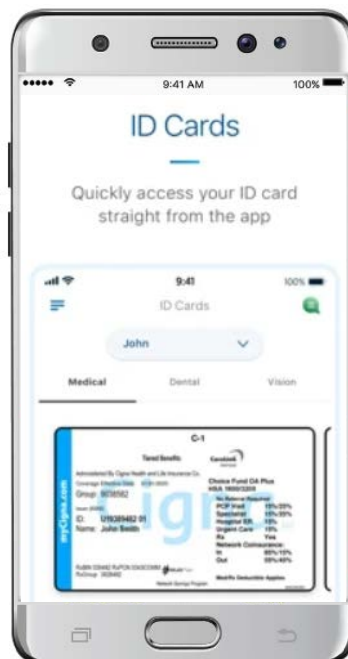


After you register, you can set up paperless communications. Just log in to myCigna.com and select “Go Paperless”.

Register today! Visit myCigna.com or download the myCigna® App.

## Mobile App

The Cigna mobile app helps customers like you manage your health, while on the go. Download on the App Store or Get It on Google Play.



iTunes® App Store



Google Play



# How to Access Dental ID Cards

## Dental ID Cards

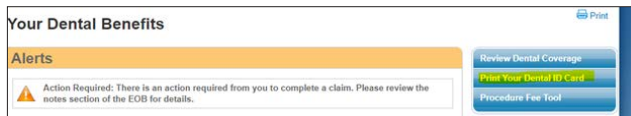
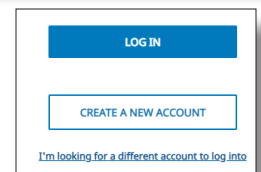
### Desktop

Dental ID cards are available online for you to download and print at your convenience. Cards contain your name, employer's name and group number. Also included are MetLife's claims submission address, website address, and customer service telephone number.

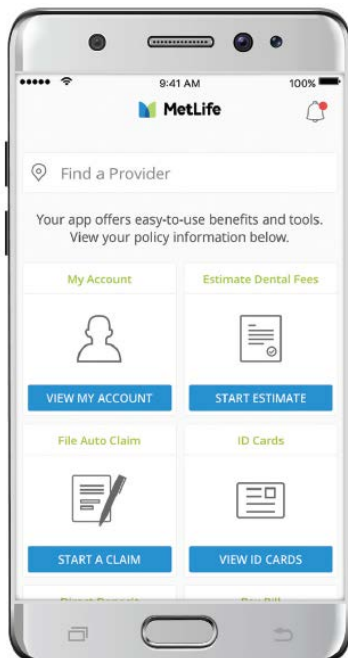
- **Step 1:** Visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)
- **Step 2:** Type Catholic Diocese of Arlington in the Access My Benefits box, select your organization and click Next
- **Step 3:** Select Log In if you have already created an account previously. Enter your Username and Password to access MyBenefits. You also have the ability to recover/reset your Username and Password from this screen.

OR Create a New Account if you are a new user and follow the steps to validate your identity.

- **Step 4:** Once logged into MyBenefits, your Dental coverage will be available to view. Click on the Dental Plan link or use the drop down to Print a Dental ID card.



### Mobile App



With MetLife's Mobile App, employees who prefer a digital service experience can securely and easily view and manage their benefits information on their mobile device and view ID cards. The MetLife Mobile App is available on the iTunes® App Store and Google Play. Download the app, and use it to find a participating dentist, view your claims and to see your ID card.

- **Step 1:** Go to iTunes App Store or Google Play and search for MetLife US App or scan the QR below:

iTunes® App Store



Google Play



- **Step 2:** Once the Mobile App is downloaded, select Log In if you have already created an account previously. Enter your Username and Password to access MyBenefits. You also have the ability to recover/reset your User Name and Password from this screen.

OR Create a New Account if you are a new user and follow the steps to validate your identity.

- **Step 3:** Click View ID Cards



Available 24 hours a day, seven days a week.

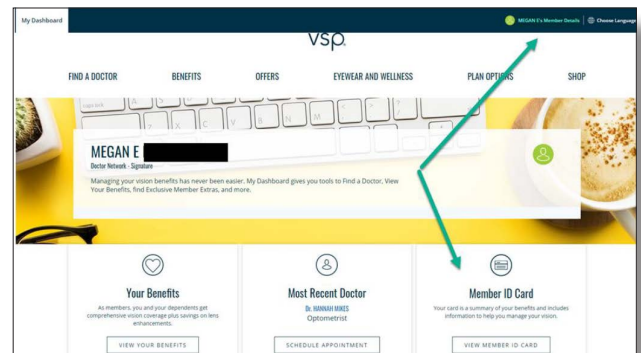
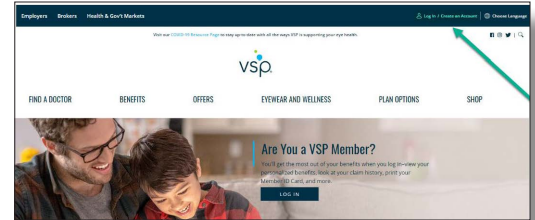
# How to Access Vision ID Cards

## Vision ID Cards

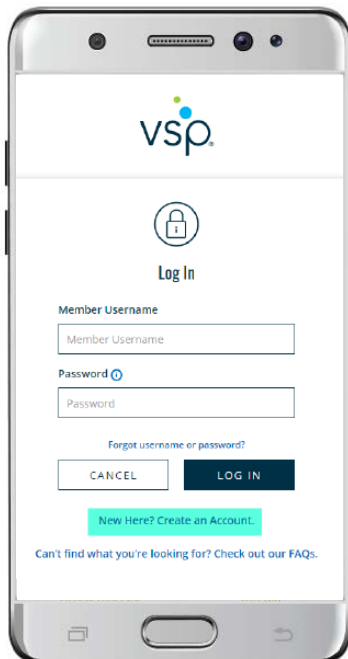
### Desktop

It's easy to create an account on vsp.com. Just follow these steps:

- **Step 1:** Visit [www.vsp.com](http://www.vsp.com)
- **Step 2:** Click on CREATE AN ACCOUNT at the top of the page
- **Step 3:** Enter the last 4 digits of the primary member's Social Security Number or Member ID Number, continue to complete all required fields and click on CREATE AN ACCOUNT to complete the process.
- **Step 4:** When you log-in, click the View Member ID Card under the Member ID Card tile, or select Member Details in the top right corner and select which plan member you want to view. Once you click, you will see a preview of your Member ID Card. To print your card, select the link to the right. If you want to save the card to access on your smartphone, select Save under Member ID Card.



### Mobile App



The redesigned VSP® app is available for free in the Apple App store or Google Play store. Updated with a streamlined login process, easier navigation and a personalized member dashboard to mirror the look and feel of your dashboard on vsp.com.

- **Step 1:** Go to iTunes App Store or Google Play and search for VSP Vision Care or scan the QR below:

iTunes® App Store



Google Play



- **Step 2:** Once the Mobile App is downloaded, select Log In if you have already created an account previously. Enter your Username and Password. You also have the ability to recover/reset your User Name and Password from this screen.

OR click New Here? Create an Account if you are a new user and enter the last 4 digits of the primary member's Social Security Number or Member ID Number. Continue to complete all required fields and click Create an Account.

- **Step 3:** Click Member ID Card

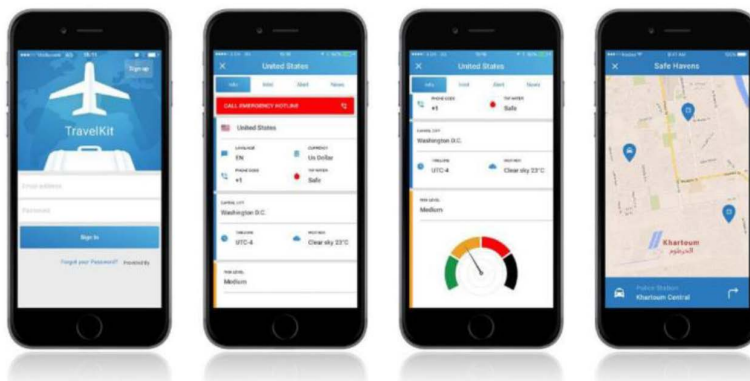
Available 24 hours a day, seven days a week.



# Travel Intelligence App

## Keeping You Safe with IMG's Travel Intelligence App

Full-time employees (regularly scheduled to work 30 hours or more per week) can stay informed of safety and security issues worldwide, or reach out for help, all from TravelKit, the IMG Travel Intelligence mobile app. TravelKit provides you with detailed threat intelligence and security advice on locations and territories globally and alerts you to security incidents or disruptions so you can avoid risks and minimize threats. This standalone mobile app allows you to minimize your exposure to risks, avoid threats and easily connect with emergency contacts if necessary. Due to the app's geolocation capabilities, it is as beneficial when at home or abroad, notifying you of risks and disruptions in your area.



### Benefits of the App Include:

- **Country Intelligence:** Immediate access to intelligence for over 200 countries and territories that includes informative quick-reference risk indicators and in-depth information on topics such as security issues, transportation, cultural factors, and environmental concerns.
- **Alerts:** Be promptly notified of any safety, security and travel-related incidents in your location, for any other locations on your itinerary, or for countries to which you have subscribed.
- **Emergency Hotline:** Request assistance at any time by calling an emergency hotline via a single click.
- **Itinerary:** Load your itinerary and flight numbers into the app and be notified of any major delays or cancellations regarding your travel.
- **Health Intelligence:** Research your destination before traveling so you can be informed of health risks, recommended inoculations and the level of healthcare infrastructure and support.
- **Pre-trip Checklist:** With the itinerary added, you are automatically prompted to ensure your passport and insurance documentation is in place for your trip.

### Download and Access

TravelKit, the IMG Travel Intelligence App, is available from the Apple App Store and on Google Play for Android. Search and download "TravelKit" in your mobile app store. Once you have downloaded the app, please enter registration code PRUDENTIALIMG1 to proceed with the setup.

iTunes® App Store



Google Play



## Dental ID Card



### Dental ID PDP Network

**Catholic Diocese of Arlington, Virginia**

Group Name

**301834**

Group Number

This card is not a guarantee of coverage or eligibility.  
See reverse side for important information.

#### [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

#### **1-800-942-0854**

- Virtually 24 hours a day, 7 days a week to confirm eligibility, order claim forms or request dentist directories.
- Monday-Friday, 8 a.m. to 11 p.m., Eastern Time, to speak with a live customer service representative.

**MetLife Dental Claims P.O. Box 981282, El Paso, TX 79998-1282**

## Vision ID Card



**Client** Catholic Diocese of Arlington  
**Doctor Network** VSP Signature  
**Group ID** 12204637  
**Copays**  
**Exam** \$10  
**Materials** \$0

To find a VSP provider near you, visit [vsp.com](http://vsp.com) or call 800.877.7195.

See the difference  
great vision can make.



#### Let us help you:

- find the right provider for you,
- keep your eyes healthy with a WellVision Exam<sup>®</sup>,
- love how you look in great eyewear,
- save money!

This card isn't required for service and doesn't guarantee benefit eligibility. It's for use by VSP members. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

VSP Vision care for life and WellVision Exam are registered trademarks of Vision Service Plan.

## IMG Travel Assistance ID Card



Please cut out and fold in half.

### INTERNATIONAL MEDICAL GROUP<sup>®</sup> TRAVEL ASSISTANCE PROGRAM

Toll-free from within the U.S.:  
**+1 (855) 847-2194**  
From anywhere in the world:  
**+1 (317) 927-6881**  
[assist@imglobal.com](mailto:assist@imglobal.com)



### Attention

#### THIS IS NOT A MEDICAL INSURANCE CARD

The participant is entitled to IMG Travel & Medical Assistance Services.  
El participante tiene derecho a los servicios de asistencia médica y de viaje de IMG.  
Le participant habilité à aux services de voyage et d'assistance médicale IMG.

参与者有权享受IMG旅行和医疗援助服务。

[WWW.IMGGLOBAL.COM](http://WWW.IMGGLOBAL.COM)

All services must be provided by International Medical Group (IMG).  
No claims for reimbursement will be accepted.

Name \_\_\_\_\_ Company \_\_\_\_\_

This is not a medical insurance card. Valid until termination of policy.





*This communication highlights some of the benefit plans available at Catholic Diocese of Arlington. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. The Diocese reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.*