



# CATHOLIC DIOCESE OF ARLINGTON



Lay Employees' Benefit Guide  
March 2026 - February 2027

## CONTACT INFORMATION

For general questions concerning 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)**

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

Plan/ Group #	Contact	Website	Phone Number
Medical - Group #CDA933	Edison Health Solutions	<a href="mailto:members@edisonhs.com">members@edisonhs.com</a>	1-855-205-8460
Dental - Group #301834	MetLife	<a href="http://metlife.com">metlife.com</a>	1-800-942-0854
Vision - Group #12204637	VSP	<a href="http://vsp.com">vsp.com</a>	1-800-877-7195
Pharmacy	DisclosedRx	<a href="http://disclosedrx.com">disclosedrx.com</a>	1-888-589-3340
Direct Primary Care	Kerix Healthcare	<a href="http://Kerixhealth.com">Kerixhealth.com</a>	1-303-501-2600
Concierge Nurse Navigators	Nurse Kendra Nurse Jen	<a href="mailto:Kendra@mynursenavigators.com">Kendra@mynursenavigators.com</a> <a href="mailto:Jen@mynursenavigators.com">Jen@mynursenavigators.com</a>	1-703-637-3593 1-703-637-3580
Telehealth	MyCatholicDoctor	<a href="http://mycatholicdoctor.com">mycatholicdoctor.com</a> <a href="http://arlingtondiocese.com">/ arlingtondiocese</a>	1-888-822-8436
Life Insurance - Group #52141	Prudential	<a href="http://prudential.com">prudential.com</a> ComPsych (Will Preparation): <a href="http://estateguidance.com">estateguidance.com</a> Web ID: EGP311	Customer Service: 1-888-598-5671 Life Claims: 1-800-524-0542 Portability & Conversion: 1-800-778-3827
Short and Long-Term Disability	New York Life Group Benefit Solutions	<a href="http://newyorklife.com/group-benefit-solutions/forms">newyorklife.com/group-benefit-solutions/forms</a>	1-888-842-4462
Employee Assistance & Wellness Support		<a href="http://guidanceresources.com">guidanceresources.com</a> Web ID: NYLGBS	1-800-344-9752
Financial, Legal & Estate			
Leave of Absence Office & Family Medical Leave	Human Resources/ LOA Specialist	<a href="mailto:loa@arlingtondiocese.org">loa@arlingtondiocese.org</a>	1-703-841-3857
403(b) Plan	Empower	<a href="http://participant.empower-retirement.com/participant/#/login">participant.empower-retirement.com/participant/#/login</a>	1-833-961-5273
Pension Plan	EBO	<a href="mailto:ebo@arlingtondiocese.org">ebo@arlingtondiocese.org</a>	1-703-841-3857

## 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 your Dayforce home page.

Personal changes such as name, address, contact information, etc. can be made directly by you in Dayforce using the forms in the Forms section. Your payroll processor at your work location is your point of contact should you have any questions about making these changes.

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

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.

All enrollments to benefit plans are made online in Dayforce; paper forms are not provided or accepted. You will receive a message in your Dayforce Message Center and an enrollment link on the Dayforce Benefits Overview page when you are eligible.

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.

### 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 Appendix section of this guide.



## When to Enroll

### When First Eligible

You must enroll in your benefit plans within 30 days of your date of hire or the date you become a regularly scheduled full-time employee. If you are a newly hired contracted employee, you have 30 days, including your contract effective date to enroll. Your contract effective date is your 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 in benefits must be submitted online in Dayforce on or before the 30th day of your enrollment period. The EBO cannot make an exception to this deadline. The enrollment period begins with your hire date or the date you became eligible for benefits.

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 event status change.

### During Open Enrollment

Open Enrollment is done exclusively online in Dayforce; paper form enrollments are not provided or accepted. During Open Enrollment you may enroll or change current benefits elections. This coverage will remain in place until the next Open Enrollment period, unless you have a qualified life event status change.



Catholic Diocese of Arlington

## How much will you pay for benefits?

Health Benefits Premiums are found in the Appendix on page 32. Paycheck premiums are deducted from the first two (2) paychecks of each month of the year. The rates are the same for all employees, regardless of work schedule. Missed premium deductions, such as those that occur during the summer for school employees who do not receive pay or for those on an unpaid leave of absence, will be placed into arrears and collected upon return to active pay status.

### Making Changes 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

Changes to benefits for Mid-Year Life Events such as marriage, gain of new coverage, loss of coverage and birth of a baby are made online in Dayforce with a two-step process. First, submit a Life Event Declaration Form (found on the home page under forms) and attach proof of the life event. Once the form is approved by the benefits office, you will be offered an enrollment link in the Dayforce Benefit Overview screen to make the enrollment change you need. Generally, life event changes must be completed within 30 days of the event. For more information, please refer to the Mid-Year Life Event Benefit Change document found in Dayforce on the Benefits Overview screen.

Contact the Employee Benefits Office at [EBO@arlingtondiocese.org](mailto:EBO@arlingtondiocese.org), if you have questions.

# MEDICAL PLAN



## OUR MEDICAL PLAN

The Diocese offers its employees and eligible dependents a high quality, comprehensive medical plan to keep you and your family in good health. The Lay Medical Plan is a high performing PPO plan with Nurse Navigation and a DPC (Direct Primary Care) program to assure affordable medical care, including doctors' visits, preventive care, hospitalization and emergency care.

## YOUR MEDICAL BENEFITS

- Provides a wide range of health care services.
- Provides benefits for covered expenses after you pay a co payment or meet the applicable annual deductible.
- Offers network providers with pre-negotiated rates that will save you money.
- Allows you to use out-of-network providers, if you wish.
- Provides you with \$0 out-of-pocket costs for some services if coordinated through your Nurse Navigator.

Learning as much as possible about this plan can help you make more informed choices regarding your needs and those of your covered dependents. Review the Benefits-at-a-glance chart. The chart will help you make an informed decision about the providers and facilities you choose.

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:

- 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) High-tech radiology (MRI, CAT Scans, PET scans, nuclear cardiology)
- All inpatient admissions such as hospital admissions, skilled nursing facilities, rehabilitation facilities, and hospice care

### 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.



### Do I need to choose a Primary Care Physician?

No; you do not need to select a Primary Care Physician. However, if you elect to participate in Direct Primary Care (DPC), you will need to select a Primary Care Physician to take advantage of those free services.

### Do I need a referral to see a Specialist?

No; you do not need a referral to see a Specialist. You are encouraged, however, to contact your Nurse Navigator before selecting a Specialist or scheduling your first appointment.

For in-network services, your doctor will call Edison for the precertification.

For out-of-network services, you are responsible to request the precertification. Call the toll-free number on the back of your Medical ID card (855-205-8460).

## MEDICAL BENEFITS | March 1, 2026 - February 28, 2027

Type of Services	In-Network You Pay	Concierge Care Options	Out-Of-Network You Pay
<b>Deductible</b> (Individual/ Family per calendar year)	\$1,600 / \$3,200	<b>\$0 Deductible &amp; \$0 Out-of-Pocket Options with Nurse Navigation</b>	\$2,650 / \$5,300
<b>Out-of-Pocket Maximum</b> (Individual/ Family per calendar year)	\$2,650 / \$5,300		\$5,300 / \$10,600
<b>Primary Care Physician Office Visit</b> (Office visit only, other services rendered will be subject to applicable benefit)	\$20 Copay Only	<b>\$0 with Direct Primary Care</b>	Deductible & Coinsurance
<b>Specialist Office Visit</b> (Office visit only, other services rendered will be subject to applicable benefit)	\$40 Copay Only	<b>As listed</b>	Deductible & Coinsurance
<b>Coinsurance</b>	20%	<b>\$0 with Nurse Navigation</b>	40%
<b>Telehealth Visits</b>	\$0 with MyCatholicDoctor	<b>\$0 with Direct Primary Care</b>	N/A
<b>Routine Preventative Care</b> Routine Adult Annual Physical Exams	100% Covered	<b>100% Covered</b>	Not Covered
<b>Chiropractic Care</b> (30 visit limit per plan year)	\$30 Copay Only	<b>As listed</b>	Deductible & Coinsurance
<b>Lab Work</b>	Deductible & Coinsurance	<b>\$0 at an In-network Independent Lab</b>	Deductible & Coinsurance
<b>Imaging</b>	Deductible & Coinsurance	<b>\$0 with Nurse Navigation</b>	Deductible & Coinsurance
<b>Inpatient Hospital Facility</b>	Deductible & Coinsurance	<b>\$0 with Nurse Navigation</b>	Deductible & Coinsurance
<b>Outpatient Hospital Facility</b>	Deductible & Coinsurance	<b>\$0 with Nurse Navigation</b>	Deductible & Coinsurance
<b>Emergency Room</b>	\$300 Copay, then Deductible & coinsurance (Ded. & Coins waived if admitted)	<b>As listed</b>	\$300 Copay, then Deductible & coinsurance (Ded. & Coins waived if admitted)
<b>Urgent Care Facility</b>	\$75 Copay Only	<b>\$0 with Direct Primary Care \$0 with MyCatholicDoctor \$0 with Vicare</b>	Deductible & Coinsurance
<b>Mental Health Outpatient Services</b>	\$20 Copay Only		Deductible & Coinsurance
<b>Outpatient Rehabilitation</b> PT, OT, ST (30 visit limit per plan year) Cardiac Rehabilitation - 36 Days	\$20 Copay Only	<b>As listed</b>	Deductible & Coinsurance
<b>Maternity</b>	\$30 Copay Only	<b>Pay Deductible Only, \$0 Coinsurance with Nurse Navigation</b>	Deductible & Coinsurance

### Prescription Drug Coverage

Retail - Up to 30 Day Supply		\$0 Preventive	Mail Order - Up to 90 Day Supply	
Tier 1	Lesser of \$10 Copay or actual cost		Tier 1	Lesser of \$30 Copay or actual cost
Tier 2	Lesser of \$50 Copay or actual cost		Tier 2	Lesser of \$150 Copay or actual cost
Tier 3	Lesser of \$75 Copay or actual cost		Tier 3	Lesser of \$225 Copay or actual cost
Tier 4	Coordinated through Nurse Navigation		Tier 4	Coordinated through Nurse Navigation

Lay Medical Plan - Employee Contributions			
Coverage Tier	Monthly Premiums	Per Pay Period (Twice Per Month)	
Employee Only	\$266.00	\$133.00	
Employee + 1	\$530.00	\$265.00	
Employee + Family	\$803.00	\$401.50	

\*Insurance premiums are the same for all employees, regardless of work or payment schedule. Missed insurance premiums (during summer or otherwise) will be placed in arrears when an employee does not receive pay or have enough pay to cover the entire deduction. Upon return to active pay, a percentage of the arrears will be collected in addition to the standard premium payment until paid in full. The arrears collection will not exceed 34% of the regular premium payment per paycheck. Employees who separate from employment with an arrears balance will have the balance deducted automatically from their final paycheck(s).

**Need Assistance?** If you have a question about your medical coverage or need assistance with a claim, please call Edison Health Solutions at the number on the back of your ID card. You may also access your claims, print temporary ID cards, search for participating providers and more at <https://gateway.edis>

# MEDICAL PLAN



When you visit your provider show them your ID Card.

Your plan ID card provides the instructions needed to submit a claim to your plan for processing.

Edison Health Solutions is available to assist you and your provider in understanding and accessing your benefit plan.

## Your Nurse Navigator Is Here to Assist!

### NETWORK OF PROVIDERS

To find a list of network providers, contact Cigna at 1-800-997-1654 or visit [www.cigna.com](http://www.cigna.com)

You can also contact your Nurse Navigator or register for an account via [www.edisonehs.com](http://www.edisonehs.com).

### Provider Access

Preferred provider access is provided by the Cigna Network. The incentive to use preferred providers takes the form of greater benefits paid by the plan and lower out-of-pocket expenses for you. Should you choose to see an out-of-network provider you may be responsible for some additional charges as outlined in your plan document.

### Find A Provider

1. Visit Cigna.com and click on "Find a Doctor, Dentist or Facility" (upper right).
2. Choose "Employer or School."
3. Enter the geographic location you want to search and select the search type.
4. Choose "Continue as guest."
5. Fill in the "I Live in" field and choose "Continue."
6. Select the PPO option that appears on your screen.\*\*

### Call Edison or Concierge Nurse Navigators

Edison: 855.205-8460 (Monday-Friday, 9am-6pm ET)

Concierge Nurse Navigators: 703.637.3580, 703.637.3593 (Monday-Friday, 9 am-5 pm ET)

Nurses are available to assist you and your family in receiving medical care. This maximizes your benefits while ensuring care at the appropriate level.

We are thrilled to present this online portal as a hub for all of your healthcare needs! Your Member Portal offers you 24/7 access and insight into your health plan and all it has to offer. Through this single access point, you can view your benefits and accumulations, pharmacy benefits, review your claims and EOBs, view or order ID cards, find providers in your network, and you can use our Cost Estimator Tool to help you make the best financial choices for you and your family. Now, let's get you set up.

## HOW TO CREATE AN ACCOUNT

1. Go to <https://member.edisonehs.com> in your web browser (use Chrome, Firefox, Edge, or Safari).
2. Click the blue **"Sign Up"** link below the "Log In" button.
3. Your screen should expand and ask for an **Activation Code** and your **Date of Birth**.
  - a. **Activation Code:** Enter your complete Member ID or the last 4 digits of your Social Security.
  - b. **Date of Birth:** xx/xx/xxxx
  - c. Click **"Verify"**
4. Please **enter** the following information:
  - a. **Email Address** - this will serve as your Username.
  - b. **First Name**
  - c. **Last Name**
  - d. **Password** - Please choose your own password (minimum of 12 characters, containing):
    1. One lowercase letter
    2. One uppercase letter
    3. One number
    4. One special character
  - e. Once completed, click **"Register"**
5. You will receive a confirmation email (at the provided email address); **open the email** and **click the blue "Let's Get Started"** link.
6. At the Login Screen, please **enter your Username** (email address) and **Password** to log in.

- If you cannot find the registration confirmation email, please check your junk / spam folder in your email application.
- If the site fails to open, please check that you are using either Chrome, Firefox, Edge or Safari as your web browser, and that it's updated to the latest version.

IF YOU NEED HELP OR HAVE QUESTIONS - WE ARE HERE FOR YOU

**MEMBERS@EDISONEHS.COM • 888-473-3476**

# PRESCRIPTION PLAN



**Customer Service Number:**  
**1.888.589.3340**

When you visit your pharmacy to fill a prescription show them your ID Card. Your plan ID card provides the instructions needed to submit a claim to your plan for processing.

You can purchase prescription drugs from a retail pharmacy or DisclosedRx Home Delivery Pharmacy.

Your prescription drug benefits divide medications into four tiers:

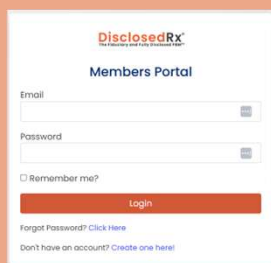
- Tier 1 (Generic) - is the lowest copay option.
- Tier 2 (Preferred Brands) - is the middle copay option.
- Tier 3 (Non-Preferred) - is the highest copay option.
- Tier 4 (Specialty Drugs) - These require precertification through CNN. You **MUST** call the nurse.

\*The copays are waived for certain preventative medications. For a list of these drugs, please call **DisclosedRx**.

## Member Portal Overview

The member portal offers a variety of self-service options to help you maximize your pharmacy benefits. It's easily accessible through our website – [DisclosedRx.com](http://DisclosedRx.com). Signing up is simple:

Use your **Member ID number** and **Date of Birth** to create an account.



## DisclosedRx Savings Program

This program uses state-of-the-art systems that help you get the high-cost specialty and brand name medicines you need, at the **lowest possible cost** to you. High-cost medications, like specialty medications, injectables, and most brand name medications can now be accessed through the DisclosedRx Savings Program; usually at **zero cost** to you.

Please see below for examples of eligible drugs. For a complete list of eligible drugs, please contact DisclosedRx at **888-589-3340**.

## Step Therapy

Step Therapy is a part of the DisclosedRx prescription drug program that requires pre-authorization of certain medications. This means approval by DisclosedRx is required before the drugs are covered. You may be asked to try the most appropriate, cost-effective medications available, typically generic or lower cost alternatives, before more expensive brands will be covered.

### How will I know if a drug is a Step Therapy medication?

DisclosedRx will allow a prescription under the Step Therapy Program to be filled one time. You and your doctor will then receive a letter describing the steps that need to be taken before continuing to fill the prescription.

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 for the medication prescribed.



# Primary Care Redefined

Affordable  
Accessible  
Exceptional



## Embracing the Direct Primary Care Model

Your KerixHealth Primary Care membership offers you and your family members a convenient and cost-effective solution. Direct primary care eliminates insurance hassles by providing unlimited access to your doctor, extended appointment times, and a focus on pro-active care, delivering enhanced value from your primary care coverage.

### What KerixHealth Offers You:



#### \$0 Primary Care/ Urgent Needs

With KerixHealth, enjoy quick access to comprehensive primary care services like check-ups, physicals, urgent needs, and chronic disease management, for example asthma and mental health care. Our direct primary care membership provides convenient, no cost access to personalized healthcare, ensuring you receive the best and time appropriate care for your health needs.



#### \$0 After Hours, Holidays and Weekends Care

At KerixHealth, your well-being is our priority, even after regular office hours. Our after-hours urgent care service allows you to connect with a doctor on call for immediate assistance, ensuring you receive timely and expert care whenever you need it most.



#### Secure App

Experience seamless healthcare with KerixHealth's HIPAA secure app. Accessible 24/7, our app allows you to request appointments, seek after-hours help, stay connected to your care team and communicate directly with your physician. Enjoy peace of mind with healthcare that's always within reach.

### Our Services:

- Acute care and chronic disease management
- Allergy management
- Dermatology
- Mental health Management
- Sleep assessment and support
- Stress management
- Sprains, lacerations and broken bones
- Weight management and health risk assessment
- Women's and Men's Health

In addition to the services above, KerixHealth membership offers patients:

- After-hours care for more urgent medical needs (non-life-threatening emergencies)
- Remote or virtual access to physicians via email or phone if you are busy or traveling
- Deeply discounted imaging and laboratory services
- Same Day/ Next Day appointments
- No Copays or Deductibles

Ready to Use Your KerixHealth Membership? Call us today at 303-501-2600 for your first appointment



Nextera Healthcare is committed to providing convenient access to care by offering locations near where members live and work. Our network covers the high majority of CDA's geography. In addition to our in-person footprint, all clinicians are available virtually.

### **Falls Church**

8501 Arlington Blvd,  
Fairfax, VA 22031

### **Arlington**

4850 31st St. S,  
Arlington, VA 22206

### **Front Royal**

315 W. 10th St.,  
Front Royal, VA 22630

### **Manassas**

9720 S. Capital Ct.,  
Manassas, VA 22110

### **Ashburn**

44790 Maynard Sq,  
Ashburn, VA 20147

### **West Fairfax**

13135 US-50,  
Fairfax, VA 22033

### **Herndon**

209 Elden St.,  
Herndon, VA 20170

### **Locust Grove**

32345 Constitution Hwy,  
Locust Grove, VA 22508

### **Fredericksburg**

910 Little Page St,  
Fredericksburg VA 22401

### **Vienna**

8320 Old Courthouse Rd.,  
Vienna, VA 22182

### **Columbia**

8600 Snowden River Pkwy,  
Columbia, MD 21045

### **Wayne**

295 Old Eagle School Rd.,  
Wayne, PA 19087

\*Showing the current list of Provider locations available to members

# NURSE NAVIGATORS

## *Nurse Navigation Available to All Enrolled Members of the Medical Plan*

**CONCIERGE NAVIGATION** - Let's find the highest-quality doctors for YOU!

- Choosing facilities that deliver proven high-quality care
- Choosing doctors and facilities that gladly accept your health plan
- Help maximizing your benefits and reducing your out of pocket
- Understanding your diagnosis and treatment options
- When is a second opinion appropriate?

Call **BEFORE** you schedule care.

***ELIMINATE YOUR DEDUCTIBLE & COINSURANCE\****

### **WHY SEEK QUALITY FIRST?**

- Less Cost
- Less Misdiagnosis
- Lower Infection Rates
- Fewer Complications
- Lower chance of returning to hospital after being discharged.
- Reduced patient harm and death
- Right Care, Right Time, Right Place.

### **What qualifies for WAIVED DEDUCTIBLE & COINSURANCE under the Concierge Nurse Navigator program?**

- **Imaging** – CT Scan, MRI, Ultrasound, Echocardiogram, etc.
- **Scheduled Inpatient/Outpatient Surgeries** – Hip Replacement, Heart Bypass Surgery, Knee Replacement, etc.
- **Scheduled Outpatient Procedures** – Colonoscopy, Heart Catheterization, etc.
- **Second Opinions** – with a highly qualified physician or Center of Excellence (i.e., cancer diagnosis or treatment, spine surgery or fusion, complex surgeries)

**Contact your local Concierge Nurse Navigator** for

assistance navigating the complex healthcare system.



Jen Cala, RN  
703.637.3580 voice/text (HIPAA secure)  
[Jen@mynursenavigators.com](mailto:Jen@mynursenavigators.com)



**CONCIERGE  
NURSE NAVIGATORS®**



Kendra Wagner, RN  
703.637.3593 voice/text (HIPAA secure)  
[Kendra@mynursenavigators.com](mailto:Kendra@mynursenavigators.com)

## Medical Products & Services

***NO COST to you or your family! Contact your Nurse Navigators***



Call your Concierge Nurse Navigators at:  
Jen 703.637.3580; Kendra 703.637.3593

ConnectDME is the leading provider of supplies direct to home. We are committed to caring and providing you solutions that make it easy to choose and receive the products needed to live your best life. We help keep life simple: from product awareness and order status, to insurance coverage details, we are advocates through the complexities of healthcare. For over 90 years, customers have trusted us to get supplies easily, urgently, and accurately.



- CPAPs, BiPAPs
- CPAP Supplies
- Nebulizers
- Joint & Back Braces
- Boot Walkers
- Knee-Wheelers
- Catheters
- Sleep Study
- Bone Stimulators
- TENS Units
- Cold/Heat Therapy
- Breast Pumps
- Compression Therapy

**ZERO COPAY 100% BENEFIT**

**FREE Shipping & handling and Next-day shipping**

## Diabetic Supplies



Call your Concierge Nurse Navigators at the numbers above.

***NO COST to you or your family! Contact your Nurse Navigators***

Diathrive opened in 1928 as a small corner pharmacy in Ohio and has grown to become a leading nationwide provider of medical supplies. Our decades of experience enable us to offer you the largest selection of products and brands, comprehensive insurance coverage and hassle-free ordering.

### QUALITY DIABETES TESTING SUPPLIES

Supplies delivered straight to your door at NO COST to you.

- FDA-approved
- Accurate and reliable
- Delivered every 3 months





**No pre-authorization needed  
No co-pay or deductible**

# **A Behavioral Health Solution**

**ViCare® is a program to enable lifestyle change and sustainably treat serious anxiety, depression, and stress.**



ViCare® is frictionless, members do not need pre-approval, and there are no co-pays or deductibles\*.



We use real therapists that we call ViCare® Guides to form relationships with those enrolled in our programs.



Your ViCare® Guide works with you to create a care plan and schedules regular appointments to track progress.

**Find out how ViCare® can help you! Contact your Nurse Navigators:**

*Jen Cala, RN*

**Call or Text 703.637.3580**

**[Jen@mynursenavigators.com](mailto:Jen@mynursenavigators.com)**



*Kendra Wagner, RN*

**Call or Text 703.637.3593**

**[Kendra@mynursenavigators.com](mailto:Kendra@mynursenavigators.com)**



**CONCIERGE  
NURSE NAVIGATORS®**

## Catholic Diocese of Arlington, Virginia Telehealth Services

**MyCatholicDoctor** is a nationwide organization connecting patients with a trusted network of faithful medical professionals through video/telehealth at **NO COST** to you!

### We Offer:

- 24/7/365 rapid-access urgent care
- Appointment-based visits with **NO COPAY** including primary care and specialty care
- Initiating your medical care virtually
- Labs and imaging orders
- Send prescriptions to any pharmacy of your choice
- Provide evidence-based medical care from a Catholic perspective, integrating spirituality when appropriate

**\$0 for ALL Members**

### When can I use MyCatholicDoctor?

Choose our rapid access Urgent Care when:

- You need care now
- If you are considering the ER or an Urgent Care Center for a non-emergency issue
- If you are traveling
- You need care during non-business hours



Confidential smartphone access appointments by video or phone.  
Visits available during evenings, weekends and holidays.

No Password Required, No special App needed.

To get started, visit:

<https://mycatholicdoctor.com/arlingtondiocese/>



# DENTAL COVERAGE



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 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 Section 1b.

### Need Assistance?

When you need help with	Contact MetLife
-------------------------	-----------------

Claims or coverage questions	1-800-942-0854
If the dentist wants to verify coverage	1-800-474-7371

### How to Locate an In-Network Dentist

1. Visit [metlife.com](http://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



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

Please note these are only highlights. For specific terms of coverage, exclusions, limitation and maximums contact MetLife

## List of Primary Covered Services and Limitations

### Type A - Preventative

#### Prophalaxis (cleanings)

Two cleanings per 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 the 19th birthday.

### Type B - Basic Restorative

#### 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/re cementations Endodontics

Pulp Cap

Pulpotomy

#### Periodontics

Periodontal scallin and root planning once per quadrant; every 24 months

Total number of peridonta; maintenance treatments and prophylaxis cannot exceed four (4) treatments in a calendar year

### Type C - Major Restorative

#### Implants

Once per tooth per 84 months

#### Bridges and dentures

Initial placement to replace one or more natural teeth, which are lost while covered by the Plan

Dentures and bridgework replacement; one every 84 months

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

#### 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

- Your Children, up to the end of the months or their 26th birthday, are covered while Dental insurance is in effect. All dental procedure performed in connection with orthodonticb treatment are payable as Orthodontia.
- Payments are on a repetitive basis.
- 20% of the Orthodontia as defined at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage.

Dental Contributions	Per Pay Period	Monthly Premiums
Employee Only	\$7.35	\$14.70
Employee + 1	\$14.70	\$29.40
Employee + Family	\$22.50	\$44.10

Your health comes first with VSP and the Catholic Diocese of Arlington. An eye exam is the only non-invasive way to view blood vessels in your body. Your VSP network doctor can detect signs of more than 270 health conditions during your annual eye exam including diabetes and high blood pressure, as well as glaucoma and diabetic eye disease.

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.)

**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 (this should include all charges ( Eye exam, materials) along with your name, address, phone number, Social Security number, date of birth and the name of our group, Catholic Diocese of Arlington, and provider information.

*You can view a sample of the VSP Vision ID card in the appendix, section 1c.*

Prioritize your health and budget with a VSP plan through the Catholic Diocese of Arlington.

**Getting started is easy!**

Let your plan do the most it can. When you create an account on [vsp.com](http://vsp.com), you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra **savings** to maximize your benefits, or call 1-88-877-7195 to find a participating doctor.

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



Scan the QR or visit [vsp.com](http://vsp.com) to learn more.

\*Plan year begins March 1

Covered Services	In-Network	Out-of-Network
<b>Comprehensive Eye Exam every 12 months</b>	\$10 copay	Reimbursed up to \$35 after \$10 Copay
<b>Frames and Lenses every 12 months</b>	\$200 Allowance; no copay plus 20% off remaining costs	Reimbursed up to \$200
<b>Contact Lenses (in lieu of glasses) - Cosmetic every 12 months</b>	\$200 Allowance; no copay plus 15% savings on contact lens exam (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. For specific terms of coverage, exclusions, limitation and maximums, please contact VSP.*

Vision Plan Contributions	Per Pay Period	Monthly Premiums
Employee	\$5.51	\$11.02
Employee + 1	\$10.00	\$20.00
Family	\$14.50	\$29.00

VSP In-Network Claims Mailing Address:  
PO Box 495907  
Cincinnati, OH 45249-5907

VSP Out-of-Network Claims Mailing Address:  
PO Box 495918  
Cincinnati, OH 45249-5918

# 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 more than \$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 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 (EOI) form online with the insurance carrier. Any changes or elections after your initial enrollment period as a newly hired or newly eligible employee will require evidence of insurability. Please contact the Employee Benefits Office for the link to the EOI Online Form.

## Cost for Supplemental Life Insurance

The costs for you and your spouse are based on your individual ages and the amount of coverage elected, as indicated in the chart below. Paycheck premiums are deducted from the first two (2) paychecks of each month of the year. The rates are the same for all employees, regardless of work schedule. Missed premium deductions, such as those that occur during the summer for school employees who do not receive pay or for those on an unpaid leave of absence will be placed into arrears and collected upon return to active pay status. The cost for children is \$0.090 per \$1,000 of coverage.

Age as of the first of the month	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 in Dayforce. Login to your Dayforce account and choose Forms.



# DISABILITY

An illness or injury that keeps you out of work for a period of time can be financially devastating for you and your family. Our Short-Term Disability and Long-Term Disability plans are designed to help protect your financial security by providing replacement income if you are ever disabled due to a non-work-related injury or illness. When you are disabled, your medical insurance generally covers most of your medical expenses, such as doctor visits, physical therapy and prescription drugs. Disability benefits can help you cover your day-to-day living expenses. The Diocese provides this benefit to full-time employees at **no cost** through New York Life Group Benefit Solutions (NYL GBS) on the first of the month following 3 months of consecutive full-time employment.

## Short-Term Salary Continuation under Disability

- You must submit a claim to NYL GBS if you have a non-work health-related absence of more than 14 consecutive days. Failure to submit a claim prevents payment of the benefit as well as available leave, FML, sick, and annual beyond day 14 of absence.
- The maximum short-term disability period is 90 days from the date of disability.
- The date of disability is the date at which you could no longer perform the duties of your position, irrespective of whether you were scheduled to work at that time.
- Short-term salary continuation payments begin after a 14-day elimination period. You must use your own sick-leave and/or annual in order to receive pay during the elimination period.
  - » If you are not eligible and/or approved for FML, your elimination period begins on your first day of approved absence; your short-term salary continuation payments begin on week 3 of your absence.
  - » If you are approved for FML, your elimination period follows your 8 weeks of paid FML; your short-term salary continuation payments begin on week 11 of your absence.
- Short-term salary continuation payments are paid at 100% of your regular weekly earnings and through the normal payroll process.



## 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 NYL GBS monthly.
- The maximum benefit duration is Social Security Normal Retirement Age.

## Claim Filing Procedures:

### How to report a Disability claim

- Contact NYL GBS as soon as you know you will need to be out of work for more than 14 consecutive days.
  - » NYL GBS offers a Telephonic Claim intake at 1-888-842-4462. During this 7-to-10-minute call, you will be able to complete your portion of the claim and give a HIPAA compliant voice signature.
  - » While we recommend filing your claim telephonically, you can choose the option of submitting the claim online at: [www.newyorklife.com/group-benefit-solutions/forms](http://www.newyorklife.com/group-benefit-solutions/forms)
- Advise your manager of your need for absence as soon as the need is known. Keep your manager updated during your absence.





### Family Medical Leave

The Family Medical Leave (FML) Act requires employers of a certain size to provide up to 26 weeks of job and benefit protected leave to eligible employees. You are eligible for FML if you have worked for the Diocese for one year, have worked at least 1,250 hours during the previous year, and you have a qualifying reason.

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

FML is granted to care for a new child after birth, adoption, or foster care placement; to care for a spouse, child, or parent who has a serious health condition; or to care for yourself if you have a serious health condition. Additionally, you may qualify if you are the spouse, child, parent, or next of kin of a service member called to active duty and need leave for a qualifying "exigency".

#### Filing a FML claim

To file a FML claim, call the Leave of absence specialist (LOA specialist) at 703-841-3857 or email the LOA specialist at [loa@arlingtondiocese.org](mailto:loa@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 other paid leave benefits, including short-term disability, workers' compensation, and use of your own paid time-off leave. The Employee Benefits Office will send you a letter with additional FML information, including start and end dates and required documentation.

**Need more information about Family Medical Leave?** To find out about FML, please contact the LOA office at 703-841-3857 or via email at [loa@arlingtondiocese.org](mailto:loa@arlingtondiocese.org).

### Employee Assistance & Wellness Support

Our Employee Assistance & Wellness Support program, provided through New York Life Group Benefit Solutions, provides professional, confidential counseling visits, as well as referrals and other information at no additional cost to you.

Our suite of value-add resources includes:

#### Life Assistance Program

- You and your family members have access to various counseling services including legal, financial, and work-life balance assistance.
- All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs.
- This program provides a maximum of three sessions, per issue, per year.

#### GuidanceResources®

- Visit [guidanceresources.com](http://guidanceresources.com) for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto.
- Also includes access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

#### Well-being Coaching

- Get the help you need with personal challenges and physical issues that can be overwhelming, such as burnout, time management, and coping with stress.
- You have access to five sessions per year, and all sessions are conducted telephonically.

#### FamilySource®

- Help resolve the everyday concerns of home, work and family.
- This resource provides access to family care service specialists that provide customized research, educational materials and rescreened referrals for childcare, adoption, elder care, education, and pet care.

#### Getting Help

You don't have to handle your problems alone. Get the help you need by calling toll-free at 1-800-344-9752 or go online at [guidanceresources.com](http://guidanceresources.com) (Web ID: NYLGBS)



## Financial, Legal & Estate Support

New York Life Group Benefit Solutions offers a suite of value-add resources, including:

### FinancialConnect®

- You and your family members have unlimited access to a team of qualified experts to help guide you. If additional help is needed, you can request referrals to financial professionals in your local community.
- In addition, [guidanceresources.com](https://www.guidanceresources.com) includes access to financial information on a wide range of topics including debt management, estate planning, family budgeting and tax planning as well as interactive tools and financial calculators.

### LegalConnect®

- This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft.
- If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25% reduction in fees thereafter.
- You can also find information on low and no cost legal options along with referrals to consumer advocacy groups and governmental organizations if needed.

### EstateGuidance®

- This user-friendly online tool allows you and your family members to write a last will and testament, a living will and documents outlining your wishes for final arrangements quickly, easily and cost effectively.
- Access is available anytime, anywhere via tablet, desktop, or mobile app.



**Call 1-800-344-9752, Monday through Friday from 9:00 a.m. to 6:00 p.m. ET (6:00 a.m. to 3:00 p.m. PT) to speak with a representative.**

All you'll need to give is the name of your employer. You can also visit [guidanceresources.com](https://www.guidanceresources.com) (Web ID: NYLGBS) for more information, or to register and access online tools and educational resources and create legal documents.



[guidanceresources.com](https://www.guidanceresources.com) (Web ID: NYLGBS)



# 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. The IRS contribution limits can be found in the back of this guide for the current year, or you may review them on the IRS website.

## 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 to Empower's website and create your account. Please visit <https://participant.empower-retirement.com/participant/#/login> and click Register to get started.

Registration will be available the week after you receive your first paycheck.

## Contributing to the 403(b) Plan

To initiate a contribution to your 403(b) account through payroll deductions, you must log on Empower'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

<https://participant.empower-retirement.com/participant/#/login>

## Empower Retirement Counselors

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

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

If 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 73.

## 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 Empower - not the Employee Benefits Office.

To enter or update your beneficiary information for your 403(b) account, please log in to your account on Empower's website by visiting [participant.empower-retirement.com/participant/#/login](https://participant.empower-retirement.com/participant/#/login).

# 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 vested employees with a lifetime benefit payment. At your retirement, your compensation and years of eligible service are used to calculate a monthly payment. This payment continues for the duration of your lifetime. Spousal benefits are offered as well. Note, however, that spousal benefits do not include coverage for domestic partners or same-sex marriages. Your work location makes contributions on your behalf to the Pension Plan. Employees do not contribute to the pension plan. Employees of Catholic Charities (CCDA) have a separate retirement plan. CCDA employees should visit [ccda.net](http://ccda.net) or contact the CCDA HR office to learn more. For detailed information regarding the pension plan, including a sample calculation, please see the Retirement Guide in Dayforce in the Benefits/Overview/File section.

## Eligibility for the Pension Plan

Eligibility is based on eligible paid hours in the fiscal year, July 1 - June 30. You must have at least 800 eligible paid hours in the fiscal year to receive a year of service. Years of service for the plan will be determined in two parts: Part A (prior to July 1, 2024) and Part B (July 1, 2024, and after). Service completed under the former provisions of the plan will be "frozen" as of June 30, 2024, and remain credited to you. Part B, beginning July 1, service will be earned for each fiscal year in which you are paid at least 800 eligible hours. Beginning July 01, 2024, no fractional years of service are credited.

## Enrollment in the Pension Plan

As a diocesan lay employee, you don't need to do anything. You will automatically be enrolled in our Pension Plan when you become eligible.

## Vesting in the Pension Plan

You are vested in the plan after five years of eligible service.

## Changes in Employment Status & Pension Eligibility

You will earn a year of service if you have 800 eligible paid hours in the fiscal year. Your classification of employment will not affect your pension status.

## 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 if you are receiving benefits from our diocesan disability plan.

## 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 to all participants in the pension plan. The statements show your accrued benefit and your projected benefit at retirement, assuming you work until age 65. A sample calculation is provided in the Lay Employees' Retirement Guide. \*Please note that EBO cannot do "What if" calculations if you are considering different dates for retirement.

## Normal Retirement - Age 65

**Age 60 with 30 years of pension service:** If you are an active employee with 30 or more years of pension service at age 60, you may retire with full benefits and no payment reduction.

**Age 55 with 10 years of pension service:** If you are at least age 55 with 10 or more years of pension service, you may begin your pension benefit early. Early retirement benefits are reduced by 5/12% for each month (5% per year) that your retirement precedes age 65. **Note: If you are not in either category above, you are not eligible to begin your pension payments early.**

## If you pass away before retirement

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.

## Actively Working at Age 65 and Beyond

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 must limit your total paid hours in the fiscal year (July 1st to June 30th) to a maximum of 799. If you exceed 799 hours, your pension will be recalculated at the end of the fiscal year and appropriate adjustments made.

## Terminating Employment

If you terminate employment after July 1, 2024, and you have...

**Less than 5 years of eligible 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.

**5 years of eligible 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 the diocesan health plans 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 their coverage. You must pay the full cost of the health coverage. Once you make your election, you may not increase coverage levels unless you experience an eligible Qualified Life Event (restrictions apply). Eligible dependents must be added within 30 days of the event. Premiums will increase to the appropriate coverage level.

### 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 the Diocesan Medical Plan only:

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 and the health plan is deemed to provide creditable coverage. See the Medicare Part D Notice of Credible Coverage included in the appendix of this guide.

#### Enrolling in Medicare and Dropping the Diocesan Medical Plan:

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 the diocesan medical plan. 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 the Diocesan Medical Plan:

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. 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.

## 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 your date of separation to enroll in the Continuation Coverage program.

### 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 1-800-778-3827.

Please provide the policy number (52141) when calling. If you are using a telecommunications device for the hearing impaired (TDD), please call 1-800-496-1214. Representatives are available to assist you Monday through Friday between 8:00 a.m. and 8:00 p.m. ET.



### 403(b) Plan

If you were a full or part-time employee that participated in the 403(b) plan, please contact Empower at 1-833-961-5273, or access your account at [participant.empower-retirement.com/participant/#/login](https://participant.empower-retirement.com/participant/#/login) to learn about your options.

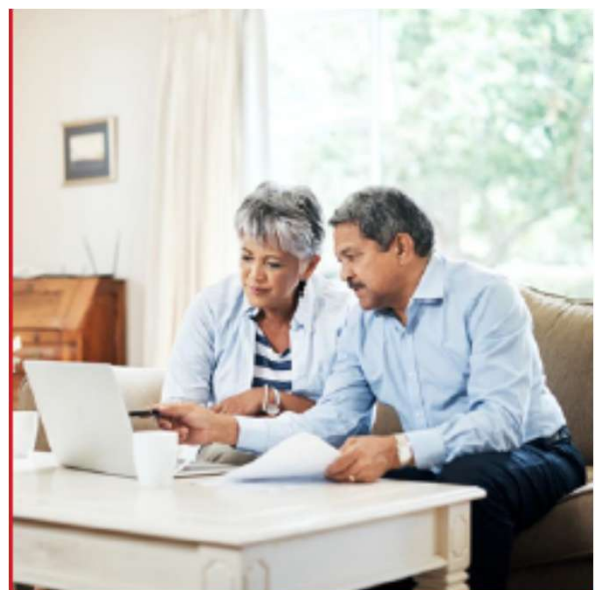
### Pension Plan

If you terminate employment.

**Before one (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 five (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 five (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.



# Appendix

## Section 1:

- a. Sample Medical ID Card
- b. Dental ID Card
- c. Vision ID Card

## Section 2: 403(b)


## Section 3: Notices

- Balance Billing
- Federal Notices and Provisions
- Government Market Place Coverage
- HIPAA Privacy Notice
- Medicare Part D Prescription Creditable Coverage Notice




# Section 1.


## a. SAMPLE Medical ID Card



Member Service  
(855) 205-8460  
www.edisonehs.com



**Member**



**CATHOLIC DIOCESE OF ARLINGTON**

Employer: The Catholic Diocese of Arlington

Group #: CDA933


**Member: JOHN SAMPLE**

**Member ID: SMPLO001**

Medical Benefits are administered through a TPA agreement. For Eligibility and Benefits, Contact TPA Edison Health Solutions: 855-205-8460

**Medical Plan**


Coverage:



Shared Administration PPO

Find PPO Provider at [www.cigna.com](http://www.cigna.com)

Benefits & Claim status:  
855-205-8460



The Fully Disclosed PBM™

1044-HE 3C37 AKC907-AKC907-ADVANTAGE-MIDIVYI

20241127T05 Sh: 0 Bin

2J094 Env [1] C Sets 1 of 1

**Claims Submission**

EDI PAYOR # 62308  
Claims Mailing Address:  
Cigna PPO  
PO Box 188061  
Chattanooga, TN 37422-8061

**Medical Plan Deductible:**  
Network: \$1,500  
Out of Network: \$2,650

**Medical Plan Out of Pocket Max:**  
Network: \$2,650  
Out of Network: \$5,300

**Copays:**  
OV \$20 /SOV \$40/ UC \$75

AWAY FROM HOME CARE

**Care Navigation**

Prior to receiving non-emergent care, please call the nurse at (703) 637-3580 or (703) 637-3593 for an opportunity to receive care at no cost.

CONCIERGE NURSE NAVIGATORS


**Medical Management**

All Inpatient Hospital Admissions must be pre-certified. Please call Edison Health Solutions, 855-205-8460, at least 7 days prior to services being rendered. In case of an emergency, you must call for pre-certification no later than the next business day after admission. Please refer to your plan document to determine if other services require Pre-certification. Failure to obtain pre-certification may result in a reduction of benefits.

Benefits are not insured by Cigna Healthcare or Affiliates. Possession of this card or obtaining pre-certification authorization does not guarantee coverage or payment for the service or procedure reviewed.

## Section 1 cont.

### b. SAMPLE Dental ID Card

  <b>Catholic Diocese of Arlington, Virginia</b> Group Name	<b>Dental ID PDP Network</b>  <b>301834</b> Group Number	<p><b>www.metlife.com/mybenefits</b></p> <ul style="list-style-type: none"><li>• Locate a participating dentist.</li><li>• Verify eligibility and plan design information.</li><li>• Review claim status and claim history for your entire family.</li><li>• View and print processed claims with one click.</li><li>• Obtain claims forms and educational information (including interactive risk assessment).</li><li>• Get instant answers to Frequently Asked Questions.</li><li>• Access trained customer service representatives.</li></ul> <p><b>1-800-942-0854</b></p> <ul style="list-style-type: none"><li>• Virtually 24 hours a day, 7 days a week to confirm eligibility, order claim forms or request dentist directories.</li><li>• Monday-Friday, 8 a.m. to 11 p.m., Eastern Time, to speak with a live customer service representative.</li></ul> <p><b>MetLife Dental Claims P.O. Box 981282, El Paso, TX 79998-1282</b></p>
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This card is not a guarantee of coverage or eligibility. See reverse side for important information.

### c. SAMPLE Vision ID Card

<p>Client Catholic Diocese of Arlington Doctor Network VSP Signature Group ID 12204637 Copays Exam \$10 Materials \$0</p> <p>To find a VSP provider near you, visit <a href="http://vsp.com">vsp.com</a> or call 800.877.7195.</p>	  <b>See the difference great vision can make.</b>	  <b>Let us help you:</b>
--	---	--

- 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.

## Section 3.

### IRS Contribution Limits for 403(b)

#### 403b Plan Contribution Limits for 2026

The Internal Revenue Service (IRS) has announced 2026 contribution limits for tax deferred plans under Section 403(b) of the Internal Revenue Tax Code (IRC). The amount of money you can contribute will depend on your age.

- The general limit for employees under age 50 is \$24,500
- The limit for employees ages 50 to 59 is \$32,500 (includes a catch-up contribution of \$8,000)
- The limit for employees ages 60 to 63 is \$35,750 (includes a catch-up contribution of \$11,250)
- The limit for employees age 64 and older is \$31,000

If you would like to enroll, decrease, or increase your contribution, please complete your transaction on the Empower web site at [participant.empowerretirement.com/participant/#/login](https://participant.empowerretirement.com/participant/#/login). Directions for how to make changes can be found on Dayforce in the Benefits section under Files. Please refer to the Guide to Empower On-line Services for instructions.

## Section 3.

### a. Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

#### What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay, and the full amount charged for the service. This is called “**balance billing**”. This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care-like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

#### You are protected from balance billing for:

##### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

##### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

*The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. The document is intended only to provide clarity to the public regarding existing requirements under the law.*

## Continued: Your Rights and Protections Against Surprise Medical Bills

You're **never** required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - ✓ Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - ✓ Cover emergency services by out-of-network providers.
  - ✓ Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - ✓ Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the federal government for information and complaints. The phone number is 1-800-985-3059. Visit [cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.

## **b. Federal Notices and Provisions**

### **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. A copy of the HIPAA Privacy Notice is included in the appendix of this guide.

### **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, if you request enrollment within 30 days after your other coverage ends.
- In addition, if you have a new dependent because 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. A copy of the Medicare Part D Notice of Creditable Coverage is included in the appendix of this guide.

### **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 IID card for more information.

### **A Note about Legal Notices**

A complete set of Federal Legal Notices can be found on Dayforce in the Benefits/Overview/File section.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact EMPLOYEE BENEFITS OFFICE: [ebo@arlingtondiocese.org](mailto:ebo@arlingtondiocese.org) or (703) 841-2588.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

An employer-sponsored health plan meets the "minimum value standard" in the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## Catholic Diocese of Arlington Notice of Privacy Practices

***This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by employer health plans. This information, known as protected health information (PHI), includes virtually all individually identifiable health information held by the Plan - whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the following plans: **Group Medical, Dental, and Vision Care Plans**. The plans covered by this notice may share health information with each other to carry out Treatment, Payment, or Health Care Operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

### **The Plan's duties with respect to health information about you:**

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It is important to note that these rules apply to the Plan, not the Diocese as an employer - that is the way the HIPAA rules work. Different policies may apply to other Diocese programs or to data unrelated to the health plan.

### **How the Plan may use or disclosure your health information:**

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- Treatment includes providing, coordinating, or managing health care by one (1) or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share health information about you with physicians who are treating you.
- Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management and billing, as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- Health Care Operations include activities by this Plan (and in limited circumstances other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. For example, the Plan may use information about your claims to review the effectiveness of wellness programs.

The amount of health information used, disclosed, or requested will be limited and, when needed, restricted to the "Minimum Necessary" to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes (generally, eligibility determinations, premium computations, application of pre-existing condition exclusions, and any other activities related to the creation, renewal, or replacement of health benefits), the Plan will not use or disclose PHI that is your genetic information for such purposes. Genetic information includes information regarding genetic tests for you and your family members, information regarding the manifestation of a disease or disorder in you or your family members, and any request for (or receipt of) genetic services, including participation in clinical research trials that involve genetic services. The Plan may contact you to provide appointment reminders or information about treatment alternatives, or other health-related benefits and services that may be of interest to you, as permitted by law.

### **How the Plan may share your health information with the Diocese:**

The Plan, or its Health Insurer or HMO, may disclose your health information without your written authorization to the Diocese for plan administration purposes. The Diocese may need your health information to administer benefits under the Plan. The Diocese agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Authorized Employee Benefits, Human Resource, Chancery, and Fiscal Management Office employees are the only Diocese employees who will have access to your health information for plan administration functions.

**Here is how additional information may be shared between the Plan and the Diocese, as allowed under the HIPAA rules:**

- The Plan, or its Claims Administrator, Insurer or HMO, may disclose "summary health information" to the Diocese if requested for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, but from which names and other identifying information have been removed.
- The Plan, or its Claims Administrator, Insurer or HMO, may disclose to the Diocese information on whether an individual is participating in the Plan, or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that the Diocese cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by the Diocese from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

**Other allowable uses or disclosures of your health information:**

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made, for example if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

**The Plan is also allowed to use or disclose your health information without your written authorization for the following activities:**

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault as authorized by and necessary to comply with such laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process, or to identify a suspect fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct and disclosure to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization, including any use or disclosure of any psychotherapy notes or PHI for marketing purposes. The Plan also will not accept any remuneration, direct or indirect, for the use or disclosure of your PHI without your authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you cannot revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

### **Your individual rights:**

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

### **Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse:**

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death - or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing. The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment even if the Plan has agreed to a restriction.

Effective February 17, 2010, an entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment of health care operations if you have paid for the item or service, in full out of pocket.

### **Right to receive confidential communications of your health information:**

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations. If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

### **Right to inspect and copy your health information:**

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "Designated Record Set" (including obtaining electronically maintained information in an electronic format). This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right your request to the Plan must be in writing. Within 30 days of receipt of your request the Plan will provide you with;

- the access or copies you requested;
- a written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint or
- a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan may also charge reasonable fees for copies or postage. If the Plan does not maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

You also may request that copies of your health information be sent to another entity or person, so long as that request is clear, specific and directs where the copies are to be sent. Any charge that is assessed to you for providing copies, if any, must be reasonable and based on Plan costs.

**Right to amend your health information that is inaccurate or incomplete:**

With certain exceptions, you have a right to request that the Plan amend your health information in a Designated Record Set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes, or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will:

- make the amendment as requested;
- provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint, or
- provide a written statement that the time for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

**Right to receive an accounting of disclosures of your health information:**

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an accounting of disclosures. You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information going back for six (6) years from the date of your request. You do not have a right to receive an accounting of any disclosures made:

- for treatment payment, or health care operations;
- to you about your own health information;
- incidental to other permitted or required disclosures;
- where authorization was provided;
- to family members or friends involved in your care (where disclosure is permitted without authorization);
- for national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- as part of a "limited data set" (health information that excludes certain identifying information).

In addition, if the Plan maintains electronic health records, you may, to the extent required by law, receive an accounting of disclosures made for treatment, payment or health care operations, during the three years before the date of your request. For this purpose, an "electronic health record" is generally a record that contains health-related information for an individual which is gathered and consulted by authorized health care clinicians and staff.

Your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. If you want to exercise this right your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and can change or revoke your request.

**Right to receive notice of breaches of unsecured protected health information:**

You have the right to receive notice from the Plan of any unauthorized access, use, or disclosure (called a "breach") of your unsecured PHI within 60 days of the discovery of the breach. If the breach affects more than 500 individuals in a state or other jurisdiction, notice also will be provided through one or more prominent media outlets in the area. The notice will describe what happened (including the date of the breach and the date the breach was discovered), the type of PHI involved, steps you should take to protect yourself, and steps the Plan will take to mitigate any harmful effects from the breach and to protect against future breaches.

**Right to obtain a paper copy of this notice from the Plan upon request:**

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

**Changes to the information in this notice:**

The Plan must abide by the terms of the Privacy Notice currently in effect. This notice takes effect on **September 23, 2013**. However, the Plan reserves the right to change the terms or its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised Privacy Notice which will be mailed to you at your home address.

**Complaints:**

If you believe your privacy rights have been violated, or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, you must do so in writing and direct it to the Complaint Manager: Director of Human Resources, Catholic Diocese of Arlington, Employee Benefits Office, 200 N. Glebe Road, Suite 205, Arlington, VA 22203.

For more information on the Plan's privacy policies or your rights under HIPAA, including your rights to restrict disclosure of, receive confidential communications of, inspect or copy, amend, or receive an accounting of disclosure of your health information, contact: Director of Human Resources, Catholic Diocese of Arlington, Employee Benefits Office, 200 N. Glebe Road, Suite 205, Arlington VA 22203,

**Additional Contacts**

The following is a list of key persons or offices you may need to contact to exercise your rights under the HIPAA privacy rule for different benefit plans offered by the Diocese.

	<b>Restricted Disclosures</b>	<b>Confidential communications</b>	<b>Access to or copies of your health information</b>	<b>Amendment of your health information</b>	<b>Accounting of disclosures</b>
<b>Catholic Diocese of Arlington Group Health Care Plan</b>	<i>For all inquiries, please contact:</i> <b>Catholic Diocese of Arlington Employee Benefits Office</b> 200 North Glebe Rd. Suite 205 Arlington, VA 22203 703-841-2588				
<b>Catholic Diocese of Arlington Group Dental Care Plan</b>					
<b>Catholic Diocese of Arlington Group Vision Care Plan</b>					

## REQUIRED FEDERAL NOTICES

### *LAY EMPLOYEES/RETIREES OF THE CATHOLIC DIOCESE OF ARLINGTON*

#### NOTICE OF CREDITABLE COVERAGE

##### **Important Notice from the Catholic Diocese of Arlington about Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Catholic Diocese of Arlington and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. There is also information about where you can get help to make decisions about your prescription drug coverage.**

Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans with prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The Catholic Diocese of Arlington has determined that the prescription drug coverage offered under its Cigna plan 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.**

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year between October 15<sup>th</sup> and December 7<sup>th</sup>. Beneficiaries leaving employer coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan. You should carefully compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Please review the following categories:

- If you are a Lay retiree age 65 or older, your prescription drug coverage under the diocesan group plan will terminate the last day of the month prior to your retirement. You must enroll in a Medicare prescription drug plan.
- If you are a Lay retiree under age 65, your prescription drug coverage under the diocesan group plan will terminate the last day of the month prior to your 65<sup>th</sup> birthday, which corresponds to your Medicare eligibility date. When first eligible, you must enroll in Medicare Parts A and B and a Medicare prescription drug plan.
- If you are an active Lay employee age 65 or older, you do **not** need to enroll in a Medicare prescription drug plan until you retire or terminate from employment. As long as you are actively employed, your diocesan group plan is primary for you and, because our coverage is deemed "Creditable," you will not pay a premium penalty when you do enroll in a Medicare prescription drug plan.

You should also know that if you cancel or lose your coverage with the Catholic Diocese of Arlington and are eligible for Medicare and do not enroll in a Medicare prescription drug plan after your current coverage ends, you will pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's standard prescription drug coverage, your monthly premium will increase at least 1% per month for every month that you did not have

coverage. You will have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the next open enrollment in November to enroll.

**For more information about this notice or your current prescription drug coverage:** Call our office at (703) 841-2588. **NOTE:** You may receive this notice at various times in the future: annual open enrollment, prior to your Medicare eligibility, and if the diocesan plan changes. You may request a copy.

**For more information about your options under Medicare prescription drug coverage:** More detailed information about Medicare plans that offer prescription drug coverage is available in the “**Medicare & You 2023**” handbook. You can also get more information from these places:

- Visit [www.medicare.gov](http://www.medicare.gov),
- Call your State Health Insurance Assistance Program (See your copy of the **Medicare & You** handbook for their telephone number), or
- Call 1-800-MEDICARE (1-800-633-4227). TTY users, call 1-877-486-2048.

For people with limited income and resources, help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov), or by phone at 1-800-772-1213 (TTY users call 1-800-325-0778).

**Remember: KEEP THIS NOTICE. When you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium.**

Date: October 2023  
Sender: Catholic Diocese of Arlington  
Contact: Employee Benefits Office  
Address: 200 North Glebe Road, Suite 205, Arlington, VA 22203-3728  
Phone: (703) 841-2588  
E-mail: [ebo@arlingtondiocese.org](mailto:ebo@arlingtondiocese.org)



*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.*