



CATHOLIC DIOCESE
OF LEXINGTON

DIOCESE OF LEXINGTON

Clergy Benefits Guide 2024

Guided by the Holy Spirit, we witness to Christ's saving love as disciples and missionaries in the fifty counties of our mission Diocese. As a Eucharistic people, we celebrate the sacraments, promote justice in word and deed, minister to the spiritual and material needs of all, and evangelize by living and sharing the Word of God and the teachings of the Catholic Church.

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This enrollment guide highlights the benefit plan choices available to eligible associates and their dependents. This enrollment guide serves as a summary of the benefits described in the official summary plan documents for these plans. It does not interpret, extend or change the plan in any way. The benefits that you receive are based upon the plan’s official documents, not this guide or any other written or oral statement. If there is a conflict between this guide and the official plan documents, the official plan documents will govern in all cases. The Diocese of Lexington reserves the right at any time to change or terminate these plans.

EMPLOYEE BENEFITS PACKAGE

The Diocese of Lexington is pleased to offer you a comprehensive, high-quality benefits package to help you live healthier and manage your healthcare costs. This brochure is designed to guide you through your benefit choices for the 2024 plan year. Separate information prepared by the provider companies contains more specific details and will be available on the Paycom enrollment site. The contents of this brochure are accurate, but in case of any discrepancy, the written plan document will govern.

Eligibility

- *Diocesan Priests*

- Benefit coverage will begin on date of hire.
- Eligible for Medical, Dental, Vision, Long Term Care, 403(B) Retirement Plan and Burial Benefits
- CuraLinc EAP (employee assistance program)

- *Order Priests, Seminarians and Aspirants*

- Benefit coverage will begin on date of hire.
- Eligible for Medical, Dental, Vision and 403(B) Retirement Plan
- CuraLinc EAP (employee assistance program)

Coverage Elections

Coverage elections must be made within 30 days from date of hire. Changes to elections are only allowed during annual open enrollment or if you have an applicable qualifying event during the plan year. You have **30 days after the date of the qualifying event** to request any needed changes to your coverage elections.

What is a Qualifying Event?

A qualifying event is something in your life that has changed that has made you eligible to change your benefit choices. You must provide notification within 30 calendar days of the date of your qualifying event.

- *Here are the most frequent examples:*

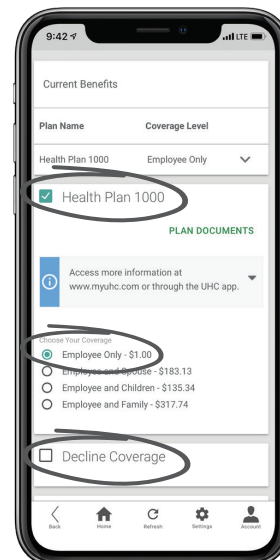
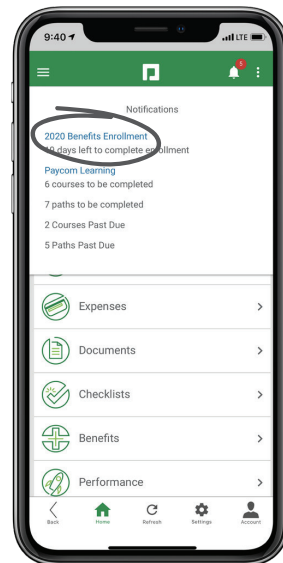
- Lose (or gain) eligibility under another group insurance plan.
- Lose (or gain) eligibility for Medicare or Medicaid.

HOW TO ENROLL: PAYCOM

Welcome to Employee Benefits Enrollment!

During a benefit elections enrollment, you are given the opportunity to update your benefit elections offered through the Diocese. You will complete your benefit enrollment in Paycom, using the same login information you use for payroll. Carefully review the plan information in this benefits guide and all other plan materials that have been provided. The insurance carriers' websites also provide important information and tools that can help you make enrollment decisions.

- 1) Go to www.paycom.com or the Paycom app and log in using the same login information you use to access your payroll record
- 2) From the Notification Center or the Benefits section, click on the current year's Benefit Enrollment;
- 3) Review the initial instructions and click "Start Enrollment";
- 4) Enter or update your personal information;
- 5) Move through the benefit option screens, selecting to either enroll or decline each benefit;
- 6) To complete enrollment, click "Finalize," then "Sign and Submit".



GETTING THE MOST FROM YOUR BENEFITS

Understanding how your benefit plans work is an important part of taking control of your health care and costs. Take the time to read through your plan documents to understand what services are covered and how much your health care will cost. For some services you only have to pay a copayment, while for other you must pay your annual deductible first and then the listed coinsurance rate.

To help save time and money:

Stay In-Network

Choose providers that participate in the plan's network to save money. Your cost share is lower with in-network providers and the providers will not balance bill you for amounts disallowed by the insurance. The medical, dental and vision benefit sections of the guide all contain the website addresses where you can find in-network providers.

Practice Prevention

The Diocese of Lexington health plans cover well-adult annual exams, as well as immunizations, at no cost to you. Getting regular check-ups, screenings and shots is key to maintaining good health and detecting potential issues early when they are easier to treat, or may even be prevented. Talk to your doctor about which screenings are recommended for you.

Register For Online Tools and Programs

Your plan includes a wealth of resources for managing your health including cost calculators, case management, a 24-hour nurse line, access to your claims history and more. Take advantage of these tools by registering on each carrier's website.

Know Where To Go

Getting care from the right place can save you both time and money, such as visiting the emergency room only for true emergencies. For minor medical issues, visit your regular doctor or an urgent care center if s/he isn't available. You can also access board-certified physicians 24/7 via Teladoc for simple ailments such as colds, flu, or allergies with no appointment needed, no driving time, and no waiting room.

HEALTH PLAN: CHRISTIAN BROTHERS SERVICES BCBS PPO

Health Plan Overview

The Health Plan Options chart below provides a brief overview of the health plan offered by the Diocese of Lexington. In-network providers can be found by using the Find a Doctor tool at www.mycbs.org/ppo-hcsc and searching the Participating Provider Organization [PPO] network.

PPO		
PLAN FEATURES	IN-NETWORK	
Calendar Year Deductible • Employee	\$500	DEDUCTIBLE You pay this amount before your plan starts paying for covered services that don't have a flat dollar copay amount. You'd pay the full allowed amount for services until you reach \$500. Then you would start paying coinsurance.
Out-of-Pocket Maximum • Employee	\$2,000	
Member Coinsurance	90/10%	OUT-OF-POCKET MAXIMUM This is the most you'll pay for care during a policy period before the plan starts paying 100% for most covered services. You would not pay more than \$2,000 for your in-network care, including deductible, copayments and coinsurance.
Doctor's Office Visits • Primary Care • Specialist	\$10 Copay	
Routine Preventive Care • Routine Adult Physical Exams • Immunizations • Routine Colonoscopies	Covered in Full	PREVENTIVE CARE AT NO COST Most preventive care services, including physical exams and routine lab work, are covered at no charge and are not subject to the annual deductible.
Inpatient Hospital Services	Deductible + 10%	
Emergency Room Visit	\$200 Copay + 10%	COINSURANCE After you reach your deductible, you will start paying a percentage of the total cost for certain services. You would pay 10% and the plan would pay the rest.
Urgent Care	\$50 Copay	
Prescription Drug Retail 30 day Generic Brand: Preferred Brand: Non-Preferred Brand:	\$10 \$25 \$40	COPAYMENTS Services with a flat dollar copayment do not require that you meet the deductible first. Your cost for these services is copayment amount, even if you haven't met the deductible.
Mail Order 90 day Generic Brand: Preferred Brand: Non-Preferred Brand: Generic Specialty: Preferred Specialty: Non-Preferred Specialty:	\$25 \$60 \$100 10% up to a maximum of \$150 20% up to a maximum of \$150 20% up to a maximum of \$250	
NOTE: Benefits are reduced for out-of-network providers. Your deductible, coinsurance and out-of-pocket limits are higher and the provider may balance bill you for the difference between their billed amount and the amount allowed by the plan.		

HEALTH PLAN: CHRISTIAN BROTHERS SERVICES BCBS PPO

Express Scripts Prescription Drug Plan

A three-tier prescription drug program splits medications into three categories or tiers. The amount you pay will depend on the category of the medication.

Generic Brand: Generally generic drugs that offer the best value compared to other drugs that treat the same conditions. The U.S. Food and Drug Administration (FDA) requires that all drugs be safe and effective and that a generic drug work in the same way as the brand-name drug.

Preferred Brand: These may be preferred brand drugs, based on how well they work and their cost compared to other drugs for the same type of treatment. Some are generic drugs that cost more because they're newer to the market.

Non-Preferred Brand: These are often brand and generic drugs that cost more than drugs on lower tiers that are used to treat the same condition. This may also include specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.

Specialty: Certain specialty pharmacy drugs are considered non-essential health benefits and co-payments may be set to the maximum of above or any available manufacturer-funded copay assistance. For complete list of non-essential specialty medications, see mycbs.org/health/saveonSP

To see what tier your medications are on and if any step therapy or prior authorization is required, go to www.mycbs.org/health, log in and on the menu select **Prescription Drug Coverage** or call Express Scripts at 800-718-6601.

Additional Requirements for Some Prescription Drugs

Some drugs have additional requirements that must be met before the plan will cover your prescriptions.

Prior Authorization requires your doctor to submit medical information for review to ensure that certain guidelines are met.

Step Therapy requires that you have tried another recommended drug for your condition first before the prescribed drug is covered.

Specialty Drugs must be obtained through the Express Scripts Specialty Pharmacy. Specialty medications are limited to a 30 day supply regardless of whether they are retail or mail order.

Home Delivery Mail Order Pharmacy

With mail order prescriptions, you have the convenience of medications that you take on a regular basis being delivered to your home. You can get up to a 90-day supply instead of the normal 30-day supply and decrease your monthly prescription bill.

HEALTH PLAN PREMIUMS	
	Employee Cost Per Month
Employee Only	\$0

Christian Brothers Services

Health & Benefits

Livongo Health



Innovative Methods to Managing Diabetes and Hypertension

On average, about 1 in 10 people have diabetes and nearly half of U.S. adults have hypertension, leading to serious health problems.

All participants in the Employee Benefit or Religious Medical Trust, have free access to Livongo by Teladoc Health, offering support in the areas of diabetes prevention, weight management, diabetes and hypertension.

Livongo is a program created to empower all people with chronic conditions, including diabetes and high blood pressure, to live healthier lives and reduce risk for serious health issues. Using advanced technology, personalized recommendations, and real-time communication, the program provides the right information, tools and support—all at no additional cost. All members of the Trusts, diagnosed with prediabetes, diabetes or hypertension, receive free access to Livongo.

Preventing Diabetes Program

The Livongo Healthy Living and Diabetes Prevention Program can help members at risk for type 2 diabetes. The program doesn't cost anything and helps members focus on living a healthier life.

Within the program, participants will have access to a CDC-recognized program that focuses on lifestyle behavior changes to achieve health goals through:

- Effortless data collection: A cellular scale provides seamless weigh-ins and food and activity tracking to understand lifestyle habits.
- Personalized health signals: Lessons provide evidence-based strategies for healthy living and health challenges to drive small changes for big wins!
- Human-centered approach: Coach-led meet ups for support and accountability and 1:1 live coaching from Livongo expert coaches.

Depending on your health goals, you could also receive a blood pressure monitor and/or blood glucose monitor.



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For more information, call member support at 800.945.4355.

Managing Diabetes

Livongo for Diabetes offers an innovative remote monitoring solution aimed at helping patients with diabetes better manage their blood sugar levels, so they can prevent both short- and long-term complications and reduce their overall health care costs.

Member Benefits

Members who have diabetes will be contacted with information on how to enroll. Those who enroll in the program will receive:

- Livongo Welcome Kit: Livongo In Touch® meter, which tracks strip usage and prompts members with targeted messaging, a lancing device, 150 test strips, 100 lancets and a carrying case.
- Unlimited checking supplies (test strips, lancets and meter). Have test strips and lancets shipped to you whenever you need them.
- Real-time 24/7 interventions by Certified Diabetes Educators for members with dangerous (high and/or low) blood sugar levels.
- Online access: Access your readings, along with graphs and insights, online or on your mobile device.

Livongo Health provides personalized support through the meter and its mobile app, and provides coaches to help participants make better decisions about diabetes management.

Managing Hypertension

Livongo for Hypertension combines advanced technology with personalized coaching to help members identified with hypertension manage their blood pressure.

Member Benefits

Members who have hypertension will be contacted with information on how to enroll. Members who enroll in the Livongo for Hypertension program will receive:

- An automatic monitor connected to a smartphone app that sends data to Livongo.
- Health Summary Reports.
- Convenient automatic reminders to check their blood pressure.
- Around-the-clock access to knowledgeable, caring health professionals whenever and wherever they need them.
- Scheduled care with coaches who provide answers to questions and support for a member's weight loss journey, and give advice on improving overall health through nutrition, stress management and medication.
- Personalized content and tips, as well as nudges, emails and texts. Members who submit a blood pressure reading over 180mmHg also receive feedback on their elevated reading. For participants on high blood pressure medication, the program uses clinical algorithms to ensure they are receiving the maximum medication benefits.

NOTE: It takes less than 10 minutes to register.

EBT members: Register at get.livongo.com/EBT/begin.

RMT members: Register at welcome.livongo.com/RMT/begin.



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For more information, call member support at 800.945.4355.

PROGRAMS-1/2023

TELEMEDICINE SERVICE

Christian Brothers Services

Health & Benefits

TELADOC

Consult A Doctor 24/7
Where the Doctor is Always In



The Christian Brothers Employee Benefit (EBT) and Religious Medical Trusts (RMT) offer 24/7 access to physicians, 365 days a year through Teladoc for all members who are enrolled with medical coverage.

The telemedicine benefit offers accessible and convenient care, as well as providing patients and physicians a way to communicate, which bypasses the traditional office visit yet provides excellent care through the use of technology. Members can talk with a doctor anytime, anywhere about non-emergent medical conditions via telephone, secure email, video or mobile app.

Telehealth

Teladoc's network of board-certified physicians can discuss symptoms, recommend treatment options, diagnose many common, minor and/or brief illnesses and prescribe medication, when appropriate. Common conditions treated include:

- Allergies
- Eye/Ear Infections
- Sinus Infections
- Stomach Ache/Diarrhea
- Urinary Tract Infections
- Yeast Infections
- Bronchitis
- Cold/Flu
- Headaches
- Rash/Skin Irritation
- Upper Respiratory Infections
- And More ...

Mental Health

Talk to licensed psychiatrists, psychologists or therapists to assist in behavioral health needs by phone or video.

- Get confidential counseling seven days a week for conditions like depression, anxiety, stress, marital or family issues.
- Schedule an appointment on one's own time. Visits are secure, discreet, and confidential.

- Choose a therapist or psychiatrist who best fits individual's needs.
- Complete, on average, a visit 18 days faster than at a brick and mortar therapist office.
- Visit with same therapist or psychologist for continuity of care.

Dermatology

Upload images of a skin issue online and get a custom treatment plan within two days for conditions such as eczema, acne, rashes and more.

Primary360

Available beginning January 1, 2023

Consult with a primary care provider of your choice for routine checkups, ongoing wellness needs and referrals.

- Annual checkups
- Ongoing wellness visits
- Manage chronic conditions
- Complex medical needs
- Monitor blood pressure
- General health concerns

Getting Started with Teladoc

1) Set Up your Account in one of three ways:

- Call 800-835-2362 or
- Download the app on Apple App Store or Google Play or
- Log into your account at cbservices.org and click My Telemedicine

2) Provide Medical History

3) Request a Consult



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Due to the Internal Revenue Service (IRS) requirements of Health Savings Account (HSA) plans, in order to preserve the pre-tax status of the HSA, members must be charged a fair market value for Teladoc services. The fair market value for General Medical visits is \$65 for 2023; Dermatology visits, \$85; Nutrition Consultation, \$59; Therapist visits, \$90; \$220 for Initial Psychiatrist Evaluations and \$100 for Ongoing Sessions; Primary360 Services, \$165 per New Participant, \$99 per Primary Care Consultation, and no charge for Annual Wellness Check up.

CURALINC EMPLOYEE ASSISTANCE PROGRAM

Emotional wellbeing and work-life balance resources to keep you at your best



Effective Dec. 1, 2023

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance



Financial expertise

Consultation and planning with a financial counselor



Legal consultation

By phone or in-person with a local attorney



Short-term counseling

Access up to **five (5) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance use



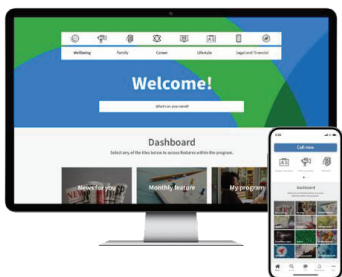
Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law



Your web portal and mobile app

- The one-stop shop for program services, information and more
- Discover on-demand training to boost wellbeing and life balance
- Find search engines, financial calculators and career resources
- Explore thousands of articles, tip sheets, self-assessments and videos

Convenient, on-the-go support

- **Textcoach®**
Personalized coaching with a licensed counselor on mobile or desktop
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect**
Moderated group support sessions on an anonymous, chat-based platform



Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



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Download
the mobile
app today!



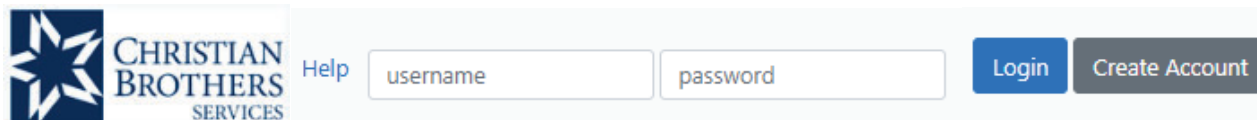
1-888-881-5462

supportlinc.com
group code:
dioceseoflexington

CHRISTIAN BROTHERS SERVICES WEBSITE ACCESS

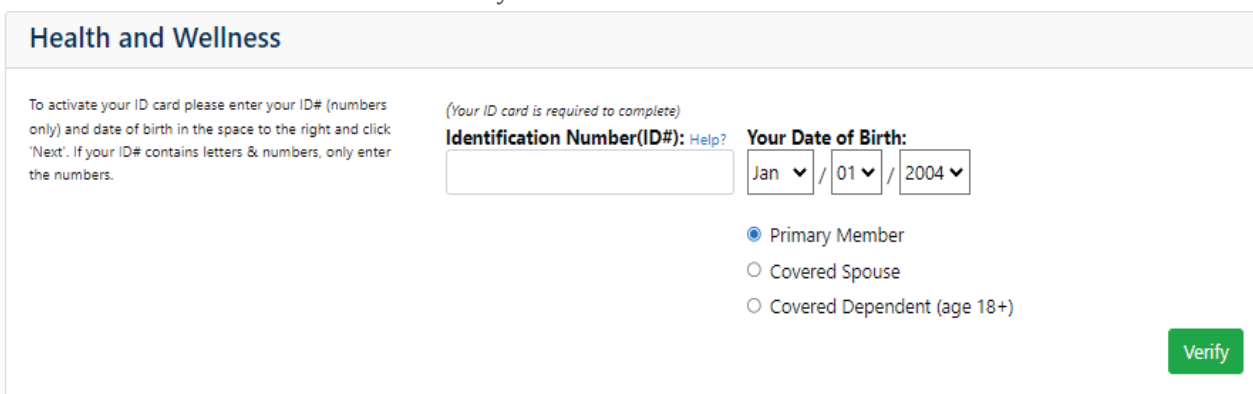
Visit mycbs.org/health

- 1 In the upper right hand corner of the webpage, click **Create Account**



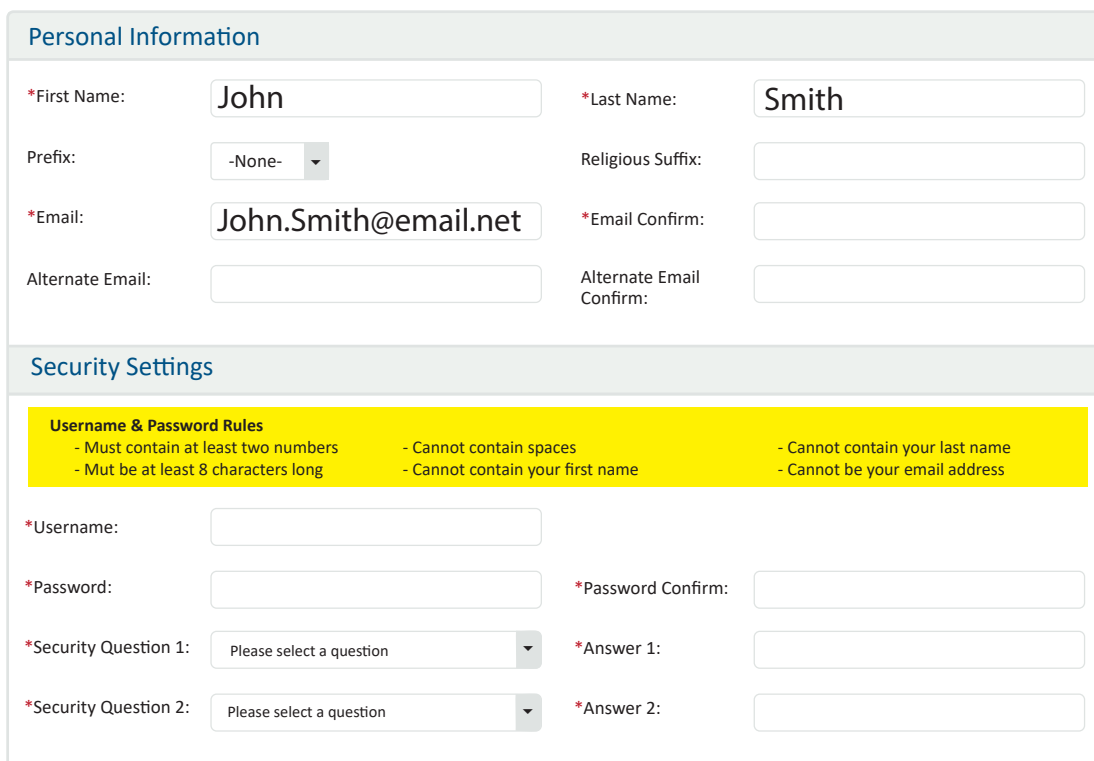
The screenshot shows the top navigation bar of the Christian Brothers Services website. On the left is the logo with a blue star and the text 'CHRISTIAN BROTHERS SERVICES'. To the right of the logo is a 'Help' link. Further right are two input fields labeled 'username' and 'password'. To the right of these fields are two buttons: a blue 'Login' button and a dark grey 'Create Account' button.

- 2 Enter the Identification Number (numbers only 9xxxxxxxx) from your insurance ID card and enter the date of birth of the selected member. Click Verify.



The screenshot shows a form titled 'Health and Wellness'. It contains instructions: 'To activate your ID card please enter your ID# (numbers only) and date of birth in the space to the right and click "Next". If your ID# contains letters & numbers, only enter the numbers.' There is a text input field for the 'Identification Number(ID#)' with a 'Help?' link. To the right is a date picker for 'Your Date of Birth' set to Jan / 01 / 2004. Below these are three radio button options: 'Primary Member' (selected), 'Covered Spouse', and 'Covered Dependent (age 18+)'. A green 'Verify' button is in the bottom right corner.

- 3 Complete the Personal Information and Security Settings. Please make note of the Username & Password Rules. (Some information will be prepopulated)



The screenshot shows two stacked forms. The top form is 'Personal Information' with fields for: *First Name (John), *Last Name (Smith), Prefix (-None-), Religious Suffix, *Email (John.Smith@email.net), *Email Confirm, Alternate Email, and Alternate Email Confirm. The bottom form is 'Security Settings'. It features a yellow box with 'Username & Password Rules': Must contain at least two numbers, Must be at least 8 characters long, Cannot contain spaces, Cannot contain your first name, Cannot contain your last name, and Cannot be your email address. Below this are fields for: *Username, *Password, *Password Confirm, *Security Question 1 (Please select a question), *Answer 1, *Security Question 2 (Please select a question), and *Answer 2.

mycbs.org/health

CHRISTIAN BROTHERS SERVICES WEBSITE ACCESS

- 4 Make your subscription selections, then click **Save Profile**

Subscriptions

☐ CBS Website News

☐ Maintaining Your Health Newsletter

☐ The OutReach Newsletter

☐ HIPPA Pricacy Policy

☐ Online Privacy Policy

☐ Risk Factor

☐ Opt-out of Emails for Value Added Services

Health and Wellness

Employee Benefit Trust
Religious Medical Trust

You are Activated for MyHealth website access!

Our records show your address as:
1234 First Street
Hometown, IL
No phone number on record

If this information is incorrect, click [here](#).

To activate your ID card please enter your ID# (numbers only) and date of birth in the space to the right and click 'Next'. If your ID# contains letters & numbers, only enter the numbers.

Retirement Planning Services

401k/403b/ERP Account Participant:

Activate Retirement

Risk Management Services

Receive emails for Risk Management Seminars: ☐ Yes

Save Profile

- 5 You will receive an email verification request. Please proceed to your email inbox to complete the registration process by clicking the verification link.
- * Please note to check your spam folders if you do not see the email verification request in your inbox.*

Email Verification

You will need to click the verification link in the email sent to you at the email address entered in order to continue this process.

Personal Information



Thank you for registering with Christian Brothers. Please click on the link below to verify your email address and continue the registartion process. This link is active 24 hours (Sat-Thur) or until 10:00 pm (Fri.)

DENTAL PLAN: DELTA DENTAL

Delta Dental PPO Plus Premier Plan

The Diocese of Lexington provides a dental plan offered through Delta Dental of Kentucky. The plan covers preventive services at 100% including exams, cleanings, and x-rays.

Advantages of Using In-Network Providers

While you can choose any dentist under the PPO Plus Premier plan, there are several advantages to choosing a dentist who participates in the Dental Plan Network including:

- Negotiated discounts
- No balance billing
- No paperwork

Please visit the Delta Dental website at www.deltadentalky.com and search either the Delta PPO or Delta Premier networks to find a participating provider. The Delta PPO network is smaller, but its participating dentists have agreed to a deeper discount of the cost of their services, which will save you money on your coinsurance expenses.

DENTAL PLAN FEATURES	DELTA DENTAL
	In-Network Dentists: Delta PPO & Delta Premier Non-Network Dentists may balance bill
Calendar Year Deductible	\$50
Calendar Year Maximum	\$1,000
Preventive Services <ul style="list-style-type: none">• Exam (every 6 months)• Cleaning (every 6 months)• X-Rays (every 12 months)	Covered in full
Basic Services (ex. Fillings, Root Canal, Oral Surgery)	Deductible + 20%
Major Services (ex. Crowns, Bridges, Dentures, Implants)	Deductible + 50%
Orthodontic Services	Not Covered for Adults

DENTAL PLAN PREMIUMS	
	Employee Cost Per Month
Employee Only	\$0

VISION PLAN: ANTHEM

Anthem Vision Plan

Anthem offers benefits through in-network and out-of-network providers. By selecting an in-network provider, you will receive higher benefits and pay less out-of-pocket expenses. Benefits include a complete eye examination, as well as prescription lenses and frames. Or, in lieu of glasses, you can choose contact lenses. The plan also provides discounts for laser vision correction surgery. When you utilize an out-of-network provider, you pay more money out of pocket, and must pay for all services at the time services are rendered. You must also submit a claim for reimbursement. A list of private practice and retail optical providers can be found online at www.anthem.com or by phone at 866-723-0515.

VISION PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Benefit Frequency <ul style="list-style-type: none"> • Eye Exam • Prescription Lenses or Contacts • Frames 	12 months 12 months 12 months	12 months 12 months 12 months
Eye Exams	\$10 copay	Reimbursed up to \$42
Standard Prescription Lenses <ul style="list-style-type: none"> • Single Lenses • Bifocal Lenses • Trifocal Lenses 	\$10 copay	\$40 - \$60 allowance based on type
Lens Upgrades	Discounted cost (schedule on summary)	No benefits/discounts
Frames	\$150 allowance + 20% discount	\$45 allowance
Contact Lenses in Lieu of Glasses	\$150 allowance Additional 15% discount on conventional lenses; No added discount on disposable lenses	\$105 allowance
Contact Lens Fitting Fee	Standard: Member pays up to \$55 Premium: 10% discount off retail	No benefits/discounts

VISION PLAN PREMIUMS	
	Employee Cost Per Month
Employee Only	\$0

403(B) RETIREMENT PLAN: THE STANDARD

The Standard - 403(B) and Roth 403(B)

While only Diocesan Priests participate in the priest retirement pension, all members may elect to contribute to the Traditional 403(B) and/or Roth 403(B).

2023 ELECTIVE DEFERRAL AMOUNTS*

Minimum Contribution	1% of income
Maximum Contribution	\$22,500* plus Additional \$7,500 catch-up contribution if over age 50

Traditional 403(B)

This is a pre-tax contribution plan that allows for investment options directly from your paycheck. These contributions can be set at a flat rate or percentage based, and will directly apply to your own personal 403(B) account. Investing tools provided by The Standard include, but are not limited to: Automatic Investment Rebalancing, Tax Savings Calculator, Guided Portfolios and Investor Profile Quiz.

- **Advantage:** You are taxed less at time of contribution, as the amount deferred is removed from your gross income, which reduces the amount submitted against income tax.
- **Disadvantage:** Upon drawing from the funds in your 403(B) account, income tax will be applied and reduce the payout benefit by a taxed margin, based on the tax bracket you are in at the time of withdrawal.

Roth 403(B)

This is a post-tax contribution plan that allows for investment options directly from your paycheck. These contributions can be set at a flat rate or percentage based, and will directly apply to your own personal Roth 403(B) account. All the aforementioned investment tools are available with any account The Standard manages.

- **Advantage:** Upon drawing from the funds in your Roth 403(B) account, you will be able to enjoy the entirety of the balance without income tax being applied.
- **Disadvantage:** With your contributions being made post tax, your current take-home pay is reduced in a more significant way, as the deferred amount to be withheld is directly subtracted from your net income each check.

*2023 contribution limits; 2024 limits not available as of guide print date but IRS is expected to increase deferral maximum to \$23,000.

DIOCESAN PRIEST BENEFITS

Long Term Care—UNUM

The Diocese of Lexington provides Long Term Care insurance through UNUM to all Diocesan Priests. Long Term Care Insurance gives financial help if you need care because you are unable to perform 2 or more activities of daily living (ADLs) due to physical or mental incapacity. ADLs are activities you need to do to live independently and are defined as Bathing, Dressing, Toileting, Transferring, Continence and Eating. Benefits become payable after you have been unable to perform at least 2 ADLs for the duration of the elimination period.

LONG TERM CARE BENEFITS	
Long Term Care Facility Monthly Benefit	\$3,000
Assisted Living Facility Monthly Benefit	\$1,800
Home Health Care Monthly Benefit (provided by a professional or a friend/relative)	\$1,500
Elimination Period	90 Days
Benefit Duration	6 Years
Lifetime Maximum	\$216,000

Burial Benefit

Calvary Cemetery offers Diocesan Priests a burial plot and a monument at no cost. Make your burial arrangements and/or ask any questions regarding the benefits offered to Priests by Calvary Cemetery by contacting Manager, Fran Borders at 859-252-5415 or fborders@cdlex.org.

The following qualifications and conditions apply:

- A Priest must be in good standing with the Roman Catholic Diocese of Lexington
- The burial plot and monument are provided at no cost to a Priest
- Priests are able to choose their burial plot and monument wording through pre-planning with Calvary Cemetery management
- A Priest may be buried in any section in Calvary Cemetery, including the designated Priests' Circle (for "native sons") and the designated Priests' Section
- A Priest will be responsible for his interment service fee (payable to Calvary Cemetery at the time of burial)
- A Priest will be responsible for the cost of his vault (via a funeral home) and any other related expenses that may be incurred

DISCLOSURE NOTICES

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. However, you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

MEDICARE PART D CREDITABLE COVERAGE DISCLOSURE NOTICE

IMPORTANT NOTICE 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 Your Employer and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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.
2. Your Employer has determined that the prescription drug coverage offered by Your Employer is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? If you decide to join a Medicare drug plan, your current Employer coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Your Employer coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? You should also know that if you drop or lose your current coverage with Your Employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About Your Options Under Medicare Prescription Drug Coverage. More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778). Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

ADMINISTRATOR AND CARRIER CONTACTS

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McGRIFF

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(866) 643-2259 fax

McGriff Concierge, Customer Service
844-923-2370
www.concierge@mcgriff.com

Tish Harris, Account Manager
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tish.harris@mcgriff.com

Christie LeNoue, Account Executive
(859) 422-3890
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Dave Moughamian, Benefit Consultant
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dmoughamian@mcgriff.com

Christian Brothers Services/BCBS PPO (Medical)

Member Services: (800) 807-0400
www.mycbs.org/health

CuraLinc (EAP)

Customer Service: 888-881-5462
www.supportlinc.com

Delta Dental (Dental)

Customer Service: (800) 955-2030
www.deltadentalky.com

Anthem (Vision)

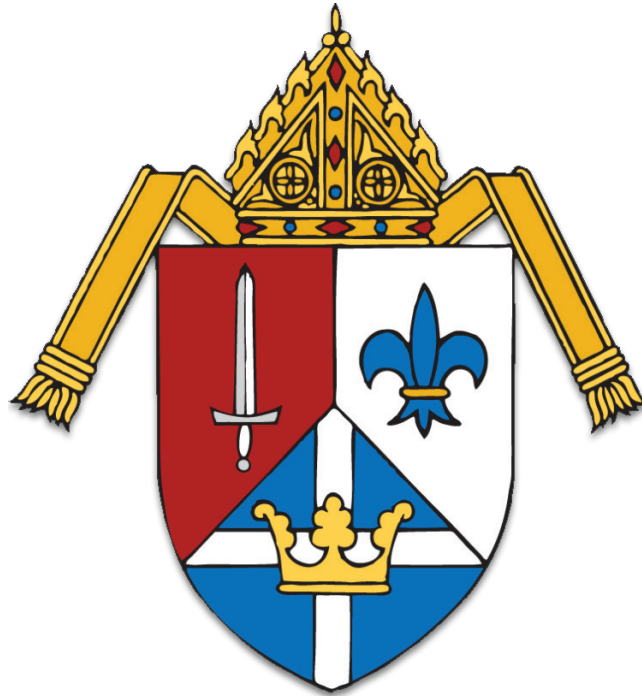
Member Services: (866) 723-0515
www.anthem.com

The Standard (Retirement Plan)

Customer Service: (800) 858-5420
www.standard.com/retirement

UNUM (Long Term Care)

Customer Service: (800) 227-4165
www.unum.com



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The information in this guide was taken from various summary plan descriptions and benefit information. This summary of benefits is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. Full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail. Carrier contracts are the final benefit determinant. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Benefit Summary, contact HR.