



CATHOLIC DIOCESE  
OF LEXINGTON

# DIOCESE OF LEXINGTON

## Clergy Benefits Guide 2026

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*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 2025 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
- Life Insurance (Active priests only)
- 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:*

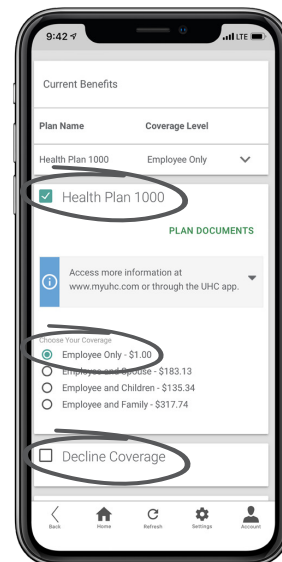
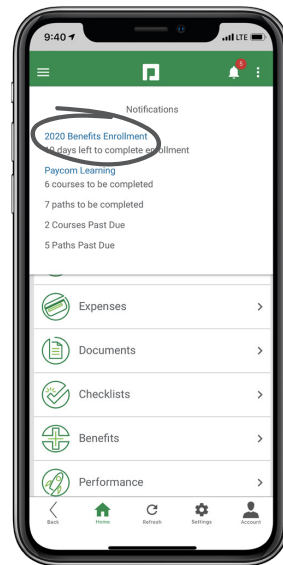
- Lose (or gain) eligibility under another group insurance plan.
- Lose (or gain) eligibility for Medicare or Medicaid.

# 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](http://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: RETA

## 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.bcbs.com](http://www.bcbs.com) and searching the Participating Provider Organization [PPO] network.

		PPO
PLAN FEATURES	IN-NETWORK	
<b>Calendar Year Deductible</b> • Employee	\$500	
<b>Out-of-Pocket Maximum</b> • Employee	\$2,000	
<b>Member Coinsurance</b>	90/10%	
<b>Doctor's Office Visits</b> • Primary Care • Specialist	\$20 Copay \$35 Copay	
<b>Routine Preventive Care</b> • Routine Adult Physical Exams • Immunizations • Routine Colonoscopies	Covered in Full	
<b>Inpatient Hospital Services</b>	Deductible + 10%	
<b>Emergency Room Visit</b>	\$100 Copay + 10%	
<b>Urgent Care</b>	\$50 Copay	
<b>Prescription Drug Retail 30 day</b> Generic Brand: \$10 Preferred Brand: \$20 Non-Preferred Brand: \$40		
<b>Mail Order 90 day</b> Generic Brand: \$20 Preferred Brand: \$40 Non-Preferred Brand: \$80 Specialty: \$30		
<b>NOTE:</b> 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.		

**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**  
 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.

**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.

**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.

**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.

# HEALTH PLAN: RETA

## CVS 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.

To see what tier your medications are on and if any step therapy or prior authorization is required, go to [Caremark.com](http://Caremark.com) log in and on the menu select check drug cost. You must sign in or register. For specialty, contact PrudentRX at 800-578-4403 to enroll and save on your copay for PrudentRX eligible drugs.

## 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 CVS 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
<b>Employee Only</b>	\$0

# 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](http://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
<b>Calendar Year Deductible</b>	\$50
<b>Calendar Year Maximum</b>	\$1,500
<b>Preventive Services</b> • Exam (every 6 months) • Cleaning (every 6 months) • X-Rays (every 12 months)	Covered in full
<b>Basic Services</b> (ex. Fillings, Root Canal, Oral Surgery)	Deductible + 20%
<b>Major Services</b> (ex. Crowns, Bridges, Dentures, Implants)	Deductible + 50%
<b>Orthodontic Services</b>	Not Covered for Adults

DENTAL PLAN PREMIUMS	
	Employee Cost Per Month
<b>Employee Only</b>	\$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](http://www.anthem.com) or by phone at 866-723-0515.

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

## VISION PLAN PREMIUMS

	Employee Cost Per Month
<b>Employee Only</b>	\$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).

### 2025 ELECTIVE DEFERRAL AMOUNTS\*

<b>Minimum Contribution</b>	1% of income
<b>Maximum Contribution</b>	\$23,500* 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.

\*2025 contribution limits; 2026 limits not available as of guide print date but IRS is expected to increase deferral maximum to \$24,500 with \$8,000 catch-up.

# 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, Contenance 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	
<b>Long Term Care Facility Monthly Benefit</b>	\$3,000
<b>Assisted Living Facility Monthly Benefit</b>	\$1,800
<b>Home Health Care Monthly Benefit (provided by a professional or a friend/relative)</b>	\$1,500
<b>Elimination Period</b>	90 Days
<b>Benefit Duration</b>	6 Years
<b>Lifetime Maximum</b>	\$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

## Life Insurance

The Diocese of Lexington provides Employer Paid Life Insurance and Accidental Death & Dismemberment Insurance through Sun Life at no cost to you. Beneficiary information must be provided in Paycor. All Active Diocesan Priests receive a life insurance benefit of \$25,000. Accidental Death and Dismemberment matches the \$25,000 Life benefit and pays in addition to the Life benefit if you die as a result of a covered accident. AD&D benefits also cover the loss of a limb or your sight due to an accident. Life and AD&D benefits will reduce to \$16,250 at age 65 and to \$12,500 at age 70.

# 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](http://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](http://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

## **DIOCESE OF LEXINGTON**

1310 West Main Street  
Lexington, KY 40508

**Greg Hodge**, HR Director  
(859) 253-1993 ext. 1013  
ghodge@cdlex.org

**Dwayne Clouse**, HR Benefits Manager  
(859) 253-1993 ext. 1011  
dclouse@cdlex.org

**Kathy Massey**, Payroll Manager  
(859) 253-1993 ext. 1014  
kmassey@cdlex.org

## **McGRIFF**

(800) 753-4440 toll free  
(866) 643-2259 fax

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

**Tish Harris**, Account Manager  
(859) 422-3776  
tish.harris@mcgriff.com

**Christie LeNoue**, Account Executive  
(859) 422-3890  
clenoue@mcgriff.com

**Dave Moughamian**, Benefit Consultant  
(859) 422-3787  
dmoughamian@mcgriff.com

## **RETA (Medical)**

Member Services: 888-772-1076  
www.blueshield.ca.com

## **CVS**

Customer Service: 844-214-6463  
www.cvshealth.com

## **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

## **Sun Life (Life Insurance)**

Customer Service: 800-247-6875  
www.sunlife.com

## **The Standard (Retirement Plan)**

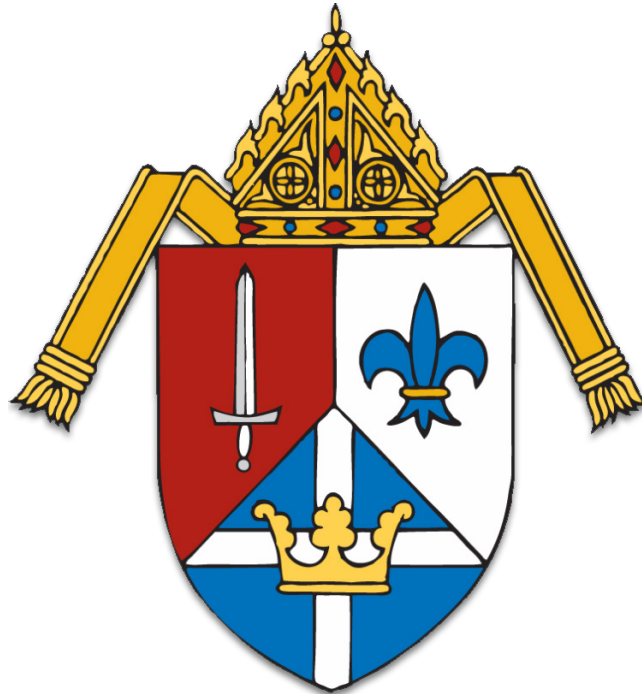
Customer Service: (800) 858-5420  
www.standard.com/retirement

## **UNUM (Long Term Care)**

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







## CATHOLIC DIOCESE OF LEXINGTON



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.