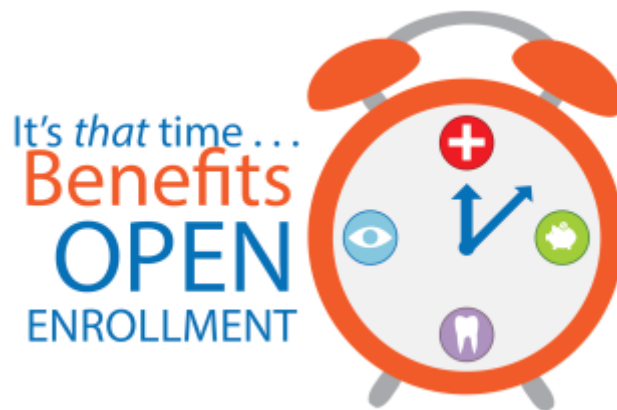


2021 BENEFITS

DIOCESE OF COLUMBUS

ANNUAL PART-TIME

OPEN ENROLLMENT



About This Benefit Summary

This Benefit Summary provides highlights of your benefits as an employee. It is not a summary plan description (SPD). Official plan and insurance documents govern your rights and benefits under each plan. Details about your benefits, including covered expenses, exclusions, and limitations, are included in the individual SPD or plan policy. If any discrepancy exists between this notice or the Benefits Online Portal and the official plan documents, the official plan documents will prevail. You may obtain a copy of the benefit plan descriptions online at <http://columbuscatholic.org/forms-1> (or call the Insurance Office at 614-224-1221).

WHO IS ELIGIBLE?

PART-TIME EMPLOYEES: Employees who are expected to work at least 15 hours a week are eligible, and are responsible for 100% of the premium through the Diocesan group plan. This includes **dental, vision, and voluntary life** only—the group health, short-term disability, long-term disability plans, FSA, and DCA are excluded. Temporary or seasonal employees are not eligible for group benefits. All part-time employees must be a paid employee receiving a W-2 form annually.

AFFORDABLE CARE ACT (ACA) ELIGIBLE EMPLOYEES: Due to the requirements of the ACA, all employees who averaged 30 hours per week or 130 hours per month for the previous 12 months and are still actively working in at least a part-time position (at least 15 hours per week during the months he or she is scheduled to work) may be eligible for health coverage ONLY. Those employees identified will be notified individually of his or her eligibility and provided the appropriate information and enrollment paperwork.

HOW DO I ENROLL?

All employees should use the online Paycor HRP site to enroll. Step-by-step instructions are below. You may change your benefit selections as needed during the Open Enrollment Period. **Once the Open Enrollment Period is closed, your selections will remain in effect through 12-31-21 unless you experience a life-changing event.**

To change your benefit elections for 2021, log into the Paycor website at <https://secure.paycor.com/Accounts/Authentication/Signin>.

- Once you log into Paycor, you will see the HR home page. When Open Enrollment is active, you should be taken directly to a screen where you can start the process. If not, under the “To do List” you will have an “Open Enrollment for benefits” link. Click this and it will direct you to a page for 2021 benefit selections.
- **Please read every page in full as they contain important information regarding each benefit.**
- Once you have elected your benefits, proceed to the Confirmation page and review the benefits you selected. To complete your elections, you **MUST** click on the “**Save & Submit (Elections)**” button at the bottom of the page. You may wish to print your elections for your files. In addition, if you should go back into the Open Enrollment program to make a change, or even to just review your elections, you **MUST** click on the “**Save & Submit (Elections)**” button again at the bottom of the page to complete your elections.

IMPORTANT CONTACT INFORMATION

For Benefit Assistance Contact:

- **Insurance Office at 614-224-1221 for Teresa DePassio (tdepassio@columbuscatholic.org), Jan Milner (jmilner@columbuscatholic.org) or Julienne Bialt (jbialt@columbuscatholic.org)**

- **Personnel Office: 614-241-2537 for Dominic Prunte (dprunte@columbuscatholic.org)**
- **E-mails are preferred and typically have a quicker response time than voicemail. Should you wish to leave a voicemail message, please leave your full name and a phone number where you may be reached; calls will be returned as soon as possible.**

DENTAL PLANS: ADMINISTERED BY AETNA

P. O. Box 14094, Lexington, KY 40512-4094, 1-877-238-6200, www.aetna.com

The **Base Plan** reimburses non-network claims based on a Maximum Allowable Charge fee schedule (MAC), meaning Aetna will not reimburse any amount charged over this set fee schedule. Any amount charged by a provider over this fee schedule will be the responsibility of the member—this is referred to as balance billing.

The **Enhanced (Buy-Up) Plan** reimburses non-network claims based on Usual, Customary, and Reasonable amounts (UCR), reimbursing claims up to 90% UCR. This often results in a higher non-network reimbursement and less out-of-pocket cost for the member if they choose to go out of network.

Neither plan balance bills a member if services are received at a network provider. In addition, neither plan requires a deductible for any services received. Premium rate information will be available on the online Paycor system when completing your benefit elections. **NOTE:** AETNA does not issue dental cards.

Please note that dependents are covered until the end of the month in which they turn 26.

	ENHANCED PLAN		BASE PLAN
	Plan Pays		Plan Pays
Non-Network Benefits – Dentist can balance bill	Benefits are based on 90 th percentile of UCR (usual, customary & reasonable)		Benefits are based on Network allowable
Dental Benefits	Plan Pays		Plan Pays
Annual Deductible	No Deductible		No Deductible
Calendar Year Maximum	\$2,000 per person		\$1,500 per person
Lifetime Ortho Maximum	\$2,500 per person		\$1,500 per person
Preventative Services	<u>In Network</u>	<u>Out of Network</u>	<u>Network Allowable</u>
Oral Examination (2x per Year)	100%	90%	100%
Dental Prophylaxis (2x per Year)	100%	90%	100%
Bitewing X-rays (2x per Year)	100%	90%	100%
Full Mouth X-rays (1x per 3 years)	100%	90%	100%
Fluoride Treatments (2x per Year)	100%	90%	100%
Sealants (1x per 3 years – under 16)	80%	70%	50%
Basic Services			
Amalgam Restorations (Fillings)	80%	70%	50%
Composite Resin Restorations (Fillings) – Anterior Teeth	80%	70%	50%
Space Maintainers	80%	70%	50%
Root Canal Treatment	80%	70%	50%
Periodontal Surgery	80%	70%	50%
Root Planing	80%	70%	50%
Simple Extractions	80%	70%	50%
Surgical Extractions – Impacted Wisdom Teeth	80%	70%	50%
Necessary General Anesthesia	80%	70%	50%
Palliative Treatment (Relief of Pain)	80%	70%	50%
Major Services			
Crowns, Inlays, Onlays	50%	50%	50%
Fixed Bridges	50%	50%	50%
Partial Dentures	50%	50%	50%
Full Dentures	50%	50%	50%
Orthodontic Services (up to 19)	60%	50%	50%

VISION PLAN: ADMINISTERED BY Vision Service Plan (VSP)

Eye care is a critical component of health benefits, which is why the Diocese offers a Vision plan in order to provide you affordable access. Vision coverage for you and your family are through Vision Service Plan (VSP). To find a VSP provider visit www.vsp.com or call 1-800-877-7195. **NOTE:** VSP does not issue vision.

Please note that dependents are covered until the end of the month in which they turn 26.

Vision Benefits	Base Plan (VSP Provider)	Enhanced Plan (VSP Provider)
Vision Exam	\$15 Co-Pay	\$15 Co-Pay
Vision Exam Frequency	Exam: 12 Months	Exam: 12 Months
Materials	\$25 Co-Pay	\$25 Co-Pay
Diabetic EyeCare	\$20 per visit	\$20 per visit
Materials Frequency: Lenses/Frames	Lenses: 12 months Frames: 24 months	Lenses: 12 months Frames: 12 months
Lenses		
Single Vision	Covered after co-pay	Covered after co-pay
Lined Bifocal	Covered after co-pay	Covered after co-pay
Lined Trifocal	Covered after co-pay	Covered after co-pay
Lenticular	Covered after co-pay	Covered after co-pay
Scratch Resistant Coating	No co-pay	No co-pay
Progressive Lenses	Single – N/A Multifocal - \$55	Single – N/A Multifocal - \$50*
Polycarbonate Lenses for children	No co-pay	No co-pay
Polycarbonate Lenses for adults	Single - \$31 Multifocal - \$35	Single - \$31 Multifocal - \$35
Photochromic – Transition Lenses	Single - \$70 Multifocal - \$82	Single - \$20 Multifocal - \$20
Anti-Reflective Coating	\$41	\$41
Frames		
Frame Allowance	\$150 (\$170 on featured frame brands)	\$175 (\$195 on featured frame brands)
Contacts		
Elective Contact Lenses (in lieu of spectacles/frames every 12 months)	\$150 (after up to \$60 co-pay for fitting & evaluation)	\$175 (after up to a \$40 co-pay for fitting & evaluation)
Medically Necessary Contact Lenses	Covered after co-pay	Covered after co-pay
Other Services		
Lasik Surgery	15% off regular or 5% off promotional price	15% off regular or 5% off promotional price

Additional Glasses/Contacts: 20% off unlimited pairs of prescription glasses and/or non-prescription sunglasses. Mail-in rebates savings up to \$110 on eligible Bausch+Lomb contacts and up to \$125 on eligible ACUVUE Brand contacts.

Vision Benefits	Base Plan (Non VSP Provider)	Enhanced Plan (Non VSP Provider)
Examination	\$45 Co-Pay	\$45 Co-Pay
Single Vision lenses	\$30	\$30
Bifocal Lenses	\$50	\$50
Trifocal lenses	\$65	\$65
Lenticular	\$100	\$100
Frames	\$70	\$70
Elective Contact Lenses*	\$105	\$105
Necessary Contact Lenses	\$210	\$210

* Contact lenses are in lieu of spectacle lenses and frames once every 12 months

VOLUNTARY LIFE

Provided through - The Standard Insurance Company

Voluntary Life and Accidental Death and Dismemberment (AD&D) (Employee Paid)

You may purchase Voluntary Life Insurance and AD&D. This benefit allows you to purchase additional insurance for your spouse and/or dependent children. AD&D is a provision that gives additional coverage for accidental death and dismemberments. Should an enrolled person die in a covered accident, the beneficiary would automatically receive double the Life benefit. Regarding dismemberment, different types of dismemberments pay different benefits ranging from one-half of the benefit to double the benefit. The cost of the AD&D provision is included in the Life/AD&D rates.

Employee

You can supplement your Life Insurance needs with Voluntary Life Insurance and AD&D. This benefit allows you to purchase additional insurance for yourself. AD&D is a provision that gives additional coverage for accidental death and dismemberments. Should an enrolled person die in a covered accident, the beneficiary would automatically receive double the amount of the life benefit. Regarding dismemberment, different types of dismemberments pay different benefits ranging from one-half of the benefit to double the benefit. The cost of the AD&D provision is included in the Life/AD&D rates. The program offers excellent rates that also include the AD&D provision. Employees will have an option to purchase coverage in increments of \$10,000 up to 7 times their salary or \$500,000, whichever is less, however you will be offered up to \$350,000 without completing an Evidence of Insurability form (if not previously declined). If an employee already has \$350,000 of coverage or greater, then the employee must complete an Evidence of Insurability form to increase coverage beyond the guaranteed amount. Until The Standard Insurance Company approves your application, we will not deduct premiums from your pay.

Spouse

This benefit allows you to purchase additional insurance for your spouse in increments of \$5,000 (up to \$100,000 guaranteed). The spouse's coverage cannot be more than ½ of the employee's (Elected) coverage amount. For those employees that do not currently have coverage for his or her spouse, you will be able to do so with the option to purchase up to ½ of the employee's elected coverage (if not previously declined) up to \$100,000 guarantee. Until The Standard Insurance Company approves your spouse's application, we will not deduct premiums from your pay. PLEASE NOTE THAT YOU MUST PURCHASE VOLUNTARY LIFE INSURANCE ON YOURSELF TO BE ABLE TO PURCHASE COVERAGE FOR YOUR SPOUSE).

Employee and Spouse premiums are calculated separately. However, spouse's premium is calculated based on the following **Employee's** age bands:

Age-Bands Monthly Rate per \$1,000

< 30	\$ 0.065
30 - 34	\$ 0.075
35 - 39	\$ 0.095
40 - 44	\$ 0.155
45 - 49	\$ 0.205
50 - 54	\$ 0.395
55 - 59	\$ 0.595
60 - 64	\$ 0.615
65 - 69	\$ 1.075
70 - 74	\$ 2.815
75+	\$11.365

Dependent Children (up through age 25) Rate = \$5.00 Monthly. Premium covers all eligible dependent children regardless of the number of children. Each eligible child will have \$25,000 of coverage. PLEASE NOTE THAT YOU MUST PURCHASE VOLUNTARY LIFE INSURANCE ON YOURSELF TO BE ABLE TO PURCHASE COVERAGE FOR YOUR CHILD (REN).

How many \$1,000 increments would you like to purchase?

\$ _____ X _____ (your age band rate) = _____ monthly cost

Example: Employee age 40 wants to purchase \$80,000 of additional coverage. 80 times the rate (.155) = \$12.40