



**Diocese of Baker
Comprehensive Benefits Plan Year
January 1, 2020**



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Introduction and Instructions

Introduction and Instructions

Together

At the Diocese of Baker we are focused on our success together and to our active investment in improved employee health and greater wellbeing. The management of health care cost and employee financial wellbeing is not simply about the management of expenses, but rather relationship, engagement, responsibility and our active “shared” investment. Our comprehensive benefits plan is a reflection of this dedication.

Open Enrollment Instructions

Open Enrollment occurs annually and is the one time during the year that you are able to make changes to your current benefit elections and/or enroll yourself or any dependent(s) in benefits for the first time. You will not be able to make any changes outside of the open enrollment period, unless your experience a qualifying life event (further information regarding qualifying life events is provided on the following page). Any changes that are made during the open enrollment period will be effective 1/1/2020.

Beginning on Wednesday, December 4th, you will enroll in your benefits through the Diocese of Baker online benefits platform (Maxwell Health). On the 4th, you will receive an e-mail with instructions on how to enroll in your benefits for the 1/1/2020 plan year. You can access your online benefits platform by clicking the link included in the e-mail or by going to <https://app.maxwellhealth.com/member/login>. Instructions for downloading the Maxwell Health mobile app are also available on the Maxwell Health website.

Open Enrollment must be completed by Wednesday, December 18th

We encourage you to review the supporting materials on the Diocese of Baker online benefits platform carefully. Share it with your dependents and ask any questions that you may have prior to making your benefit plan elections. It is very important for you to make sure that you understand these benefits and the role they play in your larger financial planning. Remember, at all times, your health is your most valuable asset. Like all financial assets your good health requires your direct and active investment of time, effort and money.



Introduction and Instructions

Comprehensive Benefits Plan Eligibility:

- As an employee, you are eligible for the benefits plan if you work a minimum of 20 hours per week as a 12-month (52 week) employee and a minimum of 26 hours per week as a 10-month (39 week) employee. Newly hired employees are eligible for benefits on the first of the month following date of hire.
 - You will have 30 days from your first day of employment to make your benefit elections.
- Eligible dependents include your spouse and your children. Your children are eligible until the end of the month in which they reach age twenty-six (26), and are defined as your children by birth, adoption, legal guardianship, or your spouse's children. There is no age restriction in the case your child is "totally or permanently disabled" by a physical or mental condition.

Qualifying Events:

- Examples of qualifying life events include a change in marital status (marriage or divorce); a change in dependent eligibility due to birth, adoption, loss of coverage, death or divorce; a change in your (or your spouse's) employment (gain or loss of eligibility); eligibility for or loss of Medicare, Medicaid or a State Child Health Insurance Plan (CHIP).
- If you experience a qualifying life event and you want to make a benefit election change, you must report it to Human Resources within 30 days; otherwise you will have to wait until the next Open Enrollment period or your next qualifying life event.
- If you waive coverage at your initial eligibility period or at Open Enrollment, you will not be eligible to enroll until the next Open Enrollment period, unless a qualifying life event occurs.

The Diocese of Baker reserves the right to change, alter or terminate at any time any and/or all of the benefit programs described here with 30 days' notice. This document is designed for summary purposes. Please review the detailed plan documents associated with all programs described in this Summary.

The information in this Summary is presented for illustrative purposes and the text contained in this summary was taken from various summary plan descriptions and benefits information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between this Summary and the actual plan documents, the actual plan documents will prevail.

Introduction and Instructions



Open Enrollment Highlights

- Beginning January 1st, 2020, your medical network will be changing from Providence Preferred to Cigna. If you are currently enrolled in the Diocese of Baker medical plan, you will receive a new ID card in the mail from ABS which will reflect the new Cigna network. This new network will provide you with access to a greater number of in-network providers and facilities in your area.
- For those enrolled as a single, there will be no changes to your monthly cost for medical, dental and vision coverage. For those enrolled as an Employee + Child(ren), there will be a \$10 per month increase. For those enrolled as an Employee + Spouse and Employee + Family, there will be a \$25 per month increase.
- As a reminder effective October 1st, 2019, the Diocese of Baker implemented the Broad Vaccination Network through CVS Caremark. This network provides you and your covered family members access to covered vaccines at no cost to you. Please see the “CVS Vaccination Network Notification” on the Maxwell Health website for additional details.
- Your dental benefits will continue to be provided by Moda Health & Delta Dental of Oregon (Moda/Delta Dental). However, the network has been upgraded to the Delta Dental Premier Network. This will provide you with access to more in-network providers; 90% of providers in the State of Oregon are covered under the premier network!
- Your vision benefits will continue to be provided by EyeMed, and there will be no changes to the plan design for the 2020 plan year.

Provider Contact Information



Provider Contact Information

Medical Administrator Automated Benefit Services (ABS) <i>General questions & claims questions</i>	Web Address www.abs-tpa.com	Phone Number (800) 645-9978
Medical Network Cigna <i>Assistance with locating in-network providers</i>	Web Address www.hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001	Phone Number (800) 997-1654
Prescription Drug Coverage CVS/Caremark <i>Assistance with prescription drug coverage</i>	Web Address www.caremark.com/wps/portal	Phone Number (866) 475-0056
Dental Coverage Moda Health/Delta Dental of Oregon	Web Address www.modahealth.com/dental	Phone Number (503) 265-2965
Vision Coverage EyeMed	Web Address https://portal.eyemedvisioncare.com	Phone Number (866) 439-3633
Enrollment Questions Leah Bickett	E-mail leah@dioceseofbaker.org	Phone Number 541-388-4004

Medical Plan



Medical Plan

Your medical plan provides to you and your family the comprehensive medical insurance coverage that you need in the case you are ill or injured, and covers the preventive health care services you need to maintain your health. Your comprehensive health plan is administered by Automated Benefit Services (ABS) and utilizes the Cigna PPO network. CVS/Caremark administers your prescription drug coverage.

Your medical plan utilizes a preferred provider organization (PPO) network. A PPO has contracts with a network of "preferred" providers from which you can choose. With a PPO Plan, you have the flexibility of visiting in-network or out-of-network providers, but save significant dollars by obtaining services from in-network providers. You do not need to select a primary care physician (PCP) and you do not need referrals to see other providers in the network.

Effective January 1st, 2020, your medical network will be changing from Providence Preferred to Cigna. Cigna is one of the largest health insurance networks in the country, providing access to a greater number of in-network doctors and facilities in your area. If you are currently enrolled in the Diocese of Baker medical plan, you will receive a new ID card in the mail from ABS which will reflect that Cigna is the new network. You can visit the following website to find providers that are in-network with Cigna: www.hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001.

The following provides a brief summary of your PPO medical plan. For specific plan details, please see the Summary of Benefits and Coverage provided on the Diocese of Baker online benefits platform. Your plan design will not change in any way for the 2020 plan year.

	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
DEDUCTIBLE*	\$725 per individual / \$1,450 per family	
COINSURANCE	Plan pays 80% after deductible	Plan pays 60% after deductible
COINSURANCE MAXIMUM**	\$1,230 per individual / \$2,460 per family	\$1,480 per individual / \$2,960 per family
PREVENTIVE & WELLNESS CARE	Plan pays 100%	Plan pays 60% after deductible
PHYSICIAN VISITS	Plan pays 80% after deductible	Plan pays 60% after deductible
SPECIALIST VISITS	Plan pays 80% after deductible	Plan pays 60% after deductible
URGENT CARE	Plan pays 80% after deductible	Plan pays 60% after deductible
EMERGENCY ROOM	Plan pays 80% after deductible	Plan pays 80% after deductible
PRESCRIPTION DRUGS (30-DAY SUPPLY) – CVS CAREMARK	Generic Drugs: \$25 copay retail / \$55 copay mail order Branded Drugs: \$50 copay / \$110 copay mail order	Not Covered

*The deductible does not include prescription drug copay expenses.

**The coinsurance maximum does not include expenses paid toward the deductible, prescription drug copays, or utilization review penalties (utilization review penalties are \$275 where applicable).

Medical Plan



Medical Plan Reminders

- Your medical care may need receive precertification from ABS and Cigna depending on the type of care that you are receiving. In these situations, your provider will need to work with ABS and Cigna in order to obtain the precertification approval. If you do not receive the proper precertification approval prior to receiving care, you may be subject to a \$275 utilization review penalty.

Below are the categories in which precertification may be required:

- Inpatient Care
 - Acute care rendered in a hospital setting
 - Routine and high-risk maternity care
 - Routine maternity care only requires precertification if the inpatient stay exceeds the federal requirement of 48 hours for vaginal delivery and 96 hours if a cesarean section delivery.
 - Care received at a Skilled Nursing Facility
 - Rehabilitation
 - Detox
 - Mental Health and Substance Abuse (Hospital and/or Residential care)
- Outpatient Care
 - Cochlear Implants
 - Durable Medical Equipment
 - Gastric Bypass
 - Home Infusion Therapy
 - Injectable Medications
 - Oral Pharynx Procedures
 - Orthotics and Prosthetics
 - Potential Experimental/Investigational/Unproven Procedures
 - Transplants
 - Other Procedures
 - This would be inclusive of: Vascular surgery, miscellaneous DME, and unclassified drugs/biologics.
- Through CVS Caremark, your Pharmacy Benefits Manager, you have available to you a vaccination network which allows you and other covered family members to receive covered vaccinations at no cost to you. For a list of covered vaccinations, please see the “CVS Vaccination Network Notification” document on the Maxwell Health website.
- In the event of an emergency, where additional prescription fills may be needed, please visit or contact your local pharmacy to determine if an emergency fill request can be fulfilled.

Medical Plan



Medical Plan Out-of-Pocket Cost Example

- Scenario Details
 - You are enrolled in the Medical Plan as a Single, and to date you have not incurred any medical expenses.
 - You are admitted to an in-network hospital for an inpatient stay, which has been precertified by ABS/Cigna, and the cost of your 10-day stay is \$20,000.
 - All services received are subject to coinsurance, so you would be responsible for the full cost of these services up to your deductible (\$725).
 - Once you hit the deductible, you are responsible for only 20% of the costs until you hit the coinsurance maximum (\$1,230) ...
 - Calculated as: $\$20,000 - \$725 = \$19,275 * 20\% = \$3,855$.
 - In the example above, the coinsurance maximum has been exceeded, so all expenses over and above the \$1,230 coinsurance maximum would be covered by the plan. \$2,625 would be covered by the plan in this example ($\$3,855 - \$1,230$).
 - Following your inpatient stay, your provider prescribes a brand-name drug for you to take for 90 days, which you obtain at a local retail pharmacy store. The cost of this prescription drug is \$300 per 30-day supply (\$900 total).
 - Once the coinsurance maximum has been met, employees would only be responsible for prescription drug copays. Your copays would be \$50 per 30-day supply, so a total of \$150 in Rx copays would result ($\$50 * 3$ months of prescriptions = \$150).

	Cost Breakdown
Deductible	\$725 (met deductible)
Coinsurance	\$1,230 (member's portion of 20% coinsurance-met maximum)
Total Cost before Rx copays	\$1,955
Rx Copays	\$150
Total Cost	\$2,105
Annual Employee Premium Cost	\$60
Total All-in Costs	\$2,165

Dental Plan



Dental Plan

Your good oral health is important to your total health and wellbeing. Each year, further discoveries are made relative to the impact of your oral health on your overall health state. No longer are best practice dental care providers simply focused on reconstruction, but rather preventive care and the direct relationship of your oral health to your total health and wellbeing. For this reason, your dental plan coverage provided by the Diocese of Baker is very important to you and your overall good health.

Your dental benefits will continue to be provided through Moda Health & Delta Dental of Oregon (Moda/Delta Dental). As described on pg. 5 you now have access to the Delta Dental Premier Network, giving you access to more in-network providers. Please note that you may still receive care from an out-of-network dentist at the benefit levels described below, but you may be balance billed for any charges over and above the usual and customary amount, as determined by Moda/Delta Dental. You can visit the following website to find providers that are in-network:

<https://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml>

Details regarding the design with Moda/Delta Dental are included below. Please review below to fully understand all the benefits provided to you through this important coverage.

MODA/DELTA DENTAL IN-NETWORK COVERAGE	
CALENDAR BENEFIT MAXIMUM (FOR DIAGNOSTIC, BASIC & MAJOR CARE)	\$1,000 per person per calendar year (waived for preventive care)
LIFETIME BENEFIT MAXIMUM (FOR ORTHODONTIC SERVICES)	\$1,000 per person (covered for members of all ages)
DEDUCTIBLE	\$50 per individual / \$150 per family (waived for preventive care)
DIAGNOSTIC & PREVENTIVE CARE	
CLEANINGS, X-RAYS, FLUORIDE, AND SEALANTS	100% coverage
BASIC RESTORATIVE PROCEDURES	
RESTORATIONS	80% coverage
ENDODONTIC SERVICES	80% coverage
ROOT CANAL THERAPY	80% coverage
PERIODONTAL SERVICES AND SURGERY	80% coverage
ORAL SURGERY SERVICES	80% coverage
MAJOR RESTORATIVE PROCEDURES	
BRIDGES, CROWNS, IMPLANTS AND DENTURES	50% coverage
ORTHODONTIC SERVICES	
ORTHODONTIC SERVICES (TO AGE 19)	50% coverage

Vision Plan



Vision Plan

Similar to the relationship of your oral health to your overall health, the health of your eyes is essential to achieving health and wellbeing as well. Your vision plan coverage is a key component in the management of your overall health. Please review your vision plan documents in detail to fully understand all of the benefits provided to you through this important coverage.

Your vision benefits will continue to be provided through EyeMed. Details regarding the plan design with EyeMed are included in the "Summary Document" section and additional details are provided below. Please review these summaries to fully understand all of the benefits provided to you through this important coverage.

	EYEMED IN-NETWORK COVERAGE	EYEMED OUT-OF-NETWORK COVERAGE
EXAMS	\$20 copay	Up to \$40 reimbursement
FRAMES	\$0 copay; \$200 allowance + 20% discount on amount over \$200	Up to \$140 reimbursement
PLASTIC LENSES	\$0 copay	Reimbursements ranging from \$30-70 depending on the type of lens
PROGRESSIVE LENSES	\$55 copay (higher copays for premium progressive lenses)	Up to \$64 reimbursement
ELECTIVE CONTACTS	\$0 copay; \$200 allowance + 15% discount on amount over \$200. No discounts for disposable lenses	Up to \$200 reimbursement
MEDICALLY NECESSARY CONTACTS	\$0 copay; paid in full	Up to \$210 reimbursement
	Frequency of Coverage	
EXAMS	Once every 12 months	
LENSES	Once every 24 months	
FRAMES	Once every 24 months	