



EMPLOYEE BENEFITS BOOKLET

2023-2024

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Welcome to the Archdiocese of St. Louis!

Employee Benefits Booklet 2023 – 2024

This booklet contains a high-level overview of benefits offered to you as a benefits eligible Archdiocesan employee. Detailed benefit plan information, including Benefits Summaries, Summary Plan Descriptions (SPDs), policies, and forms, is available on the Archdiocesan Benefits webpage at: www.archstl.org/hrbenefits.

Important: As an employee of the Archdiocese of St. Louis, you receive an **Employee Number** (starts with “ss” followed by six digits) at the start of your employment, which is your unique employee identifier. Please make sure you know your Employee Number and save in a secure place, as this is your Username to login to Employee Self-Service (ESS) to retrieve paystubs, update employee and/or dependent demographic information, and complete online Open Enrollment every year.

Employee Benefit Eligibility Threshold and Waiting Periods		
Employees working 1,000 hours or more annually, or educators working half time or more are eligible for benefits.		
BENEFIT	ELIGIBILITY	WAITING PERIOD
Medical/RX, Dental and Vision	1000 hours annually or more	1st of the month following either date of hire or contract start date.
Basic Life and AD&D Insurance	1000 hours annually or more	No waiting period.
Supplemental Life Insurance	1000 hours annually or more	No waiting period.
Long Term Disability Insurance (LTD)	1000 hours annually or more	1 st of the month after 90 days.
Retirement Plan (403b and Roth option)		
Employee Contributions	No minimum hours required	No waiting period.
Employer Contributions	1000 hours annually or more	1 st of the month following the completion of one year of service.
Employee Assistance Plan (EAP)	1000 hours annually or more	No waiting period.
Flexible Spending Account (FSA)	1000 hours annually or more	No waiting period.
Adoption Assistance Program	1000 hours annually or more	1 st of the month after one year of service.

HEALTH INSURANCE ENROLLMENT

Due to federal guidelines and healthcare reform, if you are **eligible** for benefits, you must either enroll in the Archdiocesan health insurance or actively waive coverage.

Whether you choose to enroll in or waive coverage, you must complete either the Employee Health Insurance Form (to enroll) or Employee Health Insurance Waiver Form (to waive) and submit to your employer's business manager or local benefits contact **within 31 days of your contract start date and/or date of hire**.

Provided enrollment paperwork is completed and submitted timely, effective dates for health coverage are as follows:

- For non-contracted employees - first of the month following date of hire.
- For contracted employees - first of the month following start date of contract. Contract start dates are generally:
 - July 1st for principal contracts – health coverage effective date would be Aug. 1st.
 - August 1st for educator contracts – health coverage effective date would be Sept. 1st.

If you choose not to enroll during your initial **31 day** eligibility enrollment period, you must experience a qualifying event in order to enroll or wait until the next Open Enrollment Period, generally held in May, to take effect July 1.

Enrollments, waivers, or changes to your health coverage are permitted throughout the year only if you experience a qualifying event and the change request is made **within 31 days** of the qualifying event date. If your benefit change request is completed and submitted timely, the change will be effective as of the qualifying event date. The following events may qualify you for limited changes in coverage:

- Marriage*
- Divorce*/Legal separation*
- Birth or placement for adoption of a child*
- Death
- Ineligibility of a dependent (applicable to impacted dependent only)
- Loss of other coverage*
- Termination of employment
- Significant coverage decrease or cost change of deduction/premium of $\geq 10\%$
- Change in health coverage attributable to your employment or that of your spouse
- A court order*
- Entitlement to Medicare or Medicaid

*Documentation of qualifying event may be required. For more details, please visit

<https://www.archstl.org/new-hire> and click on the *Special Enrollment Instructions for Qualifying Events* link.

CLASSIFICATION OF EMPLOYEES FOR HEALTH INSURANCE

	Full-Time	Part-Time	Non-Eligible
Teachers and Learning Consultants/Full-Time (Nine months out of the year)	X		
Teachers and Learning Consultants/Half-Time or more (yet less than full-time for nine months)		X	
Teachers and Learning Consultants (Nine months out of the year, less than half-time and works less than 2½ days a week)			X
School Year Employees who work nine months, five days a week for full school day (ex: School Secretaries, Maintenance, Teacher's Aide, Pre-School Teacher, Cafeteria, Cooks who are non-contract)	X		
School Year Employees who work more than 1,000 hours, but less than 1,820 hours annually and less than five full school days per week		X	
School Year Employees who work less than 1,000 hours annually and less than five full school days per week (ex: Bookkeeper, Maintenance, Clerical, Youth Minister)			X
Parish Employees who work more than 1,000 hours and less than 1,820 hours annually (yet not full-time)		X	
Parish Employees who work less than 1,000 hours			X

MONTHLY COST OF HEALTH INSURANCE

Health Insurance Premiums - Full-Time Employees

7/1/2023 – 6/30/2024 United Healthcare	Employee	Employee +1 Dependent*	Employee +Family*
<u>Standard Plan</u>			
Employee Contributions	\$ 90.00 (15%)	\$ 331.00 (25%)	\$ 447.00 (25%)
Employer Contributions	\$ 510.00 (85%)	\$ 995.00 (75%)	\$ 1,344.00 (75%)
Total Monthly Premium	\$ 600.00	\$ 1,326.00	\$ 1,791.00
<u>Premier Plan</u>			
Employee Contributions	\$ 131.00 (15%)	\$ 440.00 (25%)	\$ 555.00 (25%)
Employer Contributions	\$ 748.00 (85%)	\$ 1,323.00 (75%)	\$ 1,668.00 (75%)
Total Monthly Premium	\$ 879.00	\$ 1,763.00	\$ 2,223.00

*One dependent may be either a spouse or a dependent child.

Health Insurance Premiums - Half-Time/Part-Time** Employees

7/1/2023 – 6/30/2024 United Healthcare	Employee	Employee +1 Dependent**	Employee +Family**
<u>Standard Plan</u>			
Employee Contributions	\$ 240.00 (40%)	\$ 663.00 (50%)	\$ 895.00 (50%)
Employer Contributions	\$ 360.00 (60%)	\$ 663.00 (50%)	\$ 896.00 (50%)
Total Monthly Premium	\$ 600.00	\$ 1,326.00	\$ 1,791.00
<u>Premier Plan</u>			
Employee Contributions	\$ 351.00 (40%)	\$ 881.00 (50%)	\$ 1,111.00 (50%)
Employer Contributions	\$ 528.00 (60%)	\$ 882.00 (50%)	\$ 1,112.00 (50%)
Total Monthly Premium	\$ 879.00	\$ 1,763.00	\$ 2,223.00

***One dependent may be either a spouse or a dependent child.**

***Please review the Spousal Surcharge Policy.**

****Half-time or more but less than full-time educator. Part-time employees at 1,000 hours or more, but less than 1,820 hours annually.**

Your monthly payroll deductions for medical, prescription, dental, and vision benefits are shown in the applicable Full-Time and/or Half-Time/Part-Time premium tables. Please note that your payroll deducted contribution is dependent upon employment status (full-time or half-time/part-time), the insurance plan (Standard or Premier), and the number of dependents covered by you. Please check with your employer to verify your share of the monthly premium.

Religious Teachers:

For full time religious, the employer may pay 100% of the annual individual insurance premium. For religious who are employed half-time or more, but less than full time, the employer may pay 75% of the health insurance premium.

Married Couples:

Married couples eligible for the Archdiocesan Employee Benefit Plan may choose coverage under one family health plan or two individual health plans. If a married couple chooses employee + one or employee + family, one spouse is responsible for paying the premium, and there is no cost sharing between parishes.

SPOUSAL SURCHARGE POLICY

The health insurance plan has a spousal surcharge fee of \$200 per month to cover a spouse who is eligible for employer-subsidized health insurance through their own employer. In some cases, fee exemptions are allowed, as outlined in the Spousal Surcharge Fee Policy, Spousal Surcharge FAQ, and on the Employee Health Insurance Form. If you qualify for an exemption, complete the attestation portion of the *Employee Health Insurance Form* and submit it to your employer's business manager or local benefits contact. Please note, if your spouse's health insurance status changes at their employer, it is your responsibility to notify your employer of the change and make any necessary adjustments to your spousal surcharge status.

HEALTH INSURANCE PLAN DESIGN

A participant of the health insurance plan receives medical, prescription, dental, and vision coverage bundled together in one comprehensive plan. **Coverage for each plan may not be selected and/or waived separately.** A participant will select the coverage plan (Standard or Premier) and coverage tier (Employee Only, Employee + One, or Employee + Family) that best fits their health insurance needs. The health insurance carriers that administer the coverages are as follows:

- **Medical: United Healthcare**
 - Utilizes the Choice Plus National Network
 - Plans Offered:
 - UHC Standard Plan or UHC Premier Plan
 - Register at www.myuhc.com to find participating providers and view additional medical information.
 - Customer Service Phone Number: 1-888-332-8885

- **Prescription (Rx): OptumRx**
 - Register at www.myuhc.com to view the Pharmacy Formulary Drug List and additional Rx information.
 - Customer Service Phone Number: 1-888-332-8885

- **Dental: Delta Dental**
 - The dental plan offers two networks of dentists, PPO (maximum benefits) and Premier.
 - Register at www.deltadentalmo.com for additional dental information.
 - Customer Service Phone Number: 800-335-8266

- **Vision: DeltaVision**
 - Utilizes the EyeMed Vision Care Network
 - Register at www.deltadentalmo.com/vision for additional vision information.
 - Customer Service Phone Number: 877-226-1412

For your reference, a comparison of major plan provisions for medical, prescription, dental, and vision coverage can be found at the end of this booklet. For more detailed health insurance information, such as Benefits Summaries, Summary Plan Descriptions (SPDs), and Drug Formulary Lists, please visit the Archdiocesan Benefits webpage: <https://www.archstl.org/human-resources/employee-benefits-and-forms>.

Dependents:

Eligible dependents include the following:

- Your spouse to whom you are married; as recognized by the laws of the Catholic Church or the laws of the State of Missouri. It is always understood for this purpose that the spouse is of the opposite sex.
- Your child who is married or unmarried, without respect to student or dependency status, until the end of the month of the child's 26th birthday. It is the responsibility of the employee to monitor the dependent's eligibility for medical and life insurance (Hartford) benefit plans.
- Your unmarried dependent child older than age 26 who is mentally or physically disabled and depends on you for support. Review and approval of dependent coverage eligibility beyond limiting age from UHC is required.

HEALTH ID CARDS

Your UHC medical/OptumRx, Delta Dental and DeltaVision/EyeMed Vision Care ID cards will be mailed to your home address. Present the appropriate ID card to your provider at the time of service to receive insurance benefits. If you need to request a new ID card to be mailed to you or need to print a temporary ID card, please visit the specific carrier website indicated in the above section and login to your online account. However, to request a new vision ID card, you must call DeltaVision at 1-844-549-2603 as this cannot be done online.

FLEXIBLE SPENDING ACCOUNT (FSA) PLANS: TRISTAR

You may also participate in one or both of the Flexible Spending Account (FSA) Plans administered through Tristar; the Health FSA and/or the Dependent Care FSA. The FSA Plans allow you to set aside money, on a pre-tax basis, to pay for health and/or dependent care expenses. If you choose to participate, your employee contributions will be automatically deducted from your paycheck with before-tax dollars, as defined under IRS Section 125. Please review the FSA Plan Documents to ensure you understand the “Use it or lose it” rule the FSA Plans follow so you can calculate the appropriate amount of funds to contribute for the plan year.

To enroll in the Health FSA and/or Dependent Care FSA plan(s) complete the ***Flexible Spending Account Election Form*** and submit it to your employer’s business manager within 31 days of your contract start date or date of hire, and retain a copy for your records. If you do not choose to participate in the Flexible Spending Account (FSA) Plans, no action is required of you.

Additional FSA plan information, claim submission methods, and forms may be found at www.archstl.org/hrbenefits by clicking on the Flexible Spending Account (FSA) Plans icon.

BASIC LIFE/AD&D INSURANCE: HARTFORD

You are automatically enrolled in the Hartford Basic Life and Accidental Death and Dismemberment (AD&D) coverage (effective date of hire), in the amount of one times your basic annual earnings. This benefit is at no cost to you, as it is an employer-paid benefit. **You must designate a beneficiary**, by completing the ***Hartford Beneficiary Designation Form***.

If you choose to participate in the Hartford Supplemental Life Insurance your beneficiary designation will apply to both the Hartford **Supplemental** Life and the **Basic** Life Insurance plans.

Please note: The Basic Life Insurance is a tax-free benefit in amounts up to \$50,000. As employer paid life coverage above \$50,000 will generate a taxable income event for the employee.

SUPPLEMENTAL LIFE INSURANCE: HARTFORD

You have the option to apply for Supplemental Life Insurance through the Hartford; this coverage is at your own expense. You can choose to enroll in employee, spouse, and/or dependent child supplemental life coverage and premiums are based on your (the employee) age and coverage amount elected; depending on the amount elected, Evidence of Insurability (EOI) may be required. For additional supplemental life plan and cost information, please visit <http://archstl.org/hrbenefits> and click on the Life Insurance Plans icon.

If you want to purchase supplemental life coverage, complete the ***Hartford Supplemental Life Insurance Form*** and ***Evidence of Insurability (EOI) Form***, if applicable, and return it to your employer’s business manager within **31 days** from date of hire.

Note: Employees must complete and submit the *Hartford Supplemental Life Form* to their employer’s business manager or local benefits contact to drop a dependent child’s supplemental life insurance coverage upon attainment of **age 26**, as this is not an automatic process.

LONG TERM DISABILITY (LTD): UNUM

Long Term Disability insurance automatically becomes effective the first of the month after you have completed 90 days of employment. Your employer pays for this benefit. The policy provides 60% income protection per month in the event of a long-term disability. For detailed plan information, please visit <http://archstl.org/hrbenefits> and click the Long Term Disability icon to reference plan highlights, flyers, and forms.

403(B) RETIREMENT PLAN: EMPOWER

You may save for your future retirement by making voluntary contributions to a 403(b) and/or Roth option retirement account at any time. The retirement plan offers several investment choices. The record keeper for the Archdiocese is Empower.

As a new hire, to make voluntary salary deferral contributions, wait until after your second pay deposit, then contact Empower at 866-467-7756 or online at website: <http://empowermyretirement.com>

If you previously worked for the Archdiocese, you may already have an existing account. If not, register for your online account access at <http://empowermyretirement.com> then click on Register and complete the account verification information/process.

*Beneficiary designations made to your Basic Life/AD&D Insurance do not apply to your retirement plan.

Please feel free to contact our dedicated Gallagher Retirement Consultants for any questions.

Mike Eagen 314.792.7262 Michael_Eagen@ajg.com

Sharon Gogel 314.792.7261 Sharon_Gogel@agj.com

After one-year of service and completion of 1,000 hours or more from date of hire, your employer will make a 5% contribution into your retirement account each pay period.

If you previously worked for the Archdiocese, and were receiving an employer contribution, please notify your benefits administrator immediately to ensure proper set up of your employer 5% contribution.

Retirement planning and financial wellness information and educational webinars are updated regularly and available for your reference and viewing at www.archstl.org/hrbenefits within the 403(b) Retirement Plan icon.

EMPLOYEE ASSISTANCE PROGRAM: SAINT LOUIS COUNSELING

The Employee Assistance Program (EAP) is provided at no cost to you through Saint Louis Counseling. This program provides up to 10 confidential, professional counseling sessions, for family problems, parenting issues, marital relationship conflicts and emotional concerns. It is available to you, your spouse, and any dependent children.

Toll-free confidential phone number: 314-544-3800

National Suicide Prevention Lifeline (24 hours, confidential): 1-800-273-8255

THE EMPLOYEE WELLNESS PROGRAM

The Archdiocesan health plan strives to promote, improve and integrate employee wellness. It is to the benefit of all when an employee identifies health risk factors early and takes steps to minimize those risks. Generally, an H&H Health Screening, a Flu Vaccine Program, and a mammogram screening are offered annually. For additional Wellness information visit: www.archstl.org/hrbenefits and click on the Employee Wellness Programs icon.

ADOPTION ASSISTANCE PROGRAM: GOOD SHEPHERD CHILDREN AND FAMILY SERVICES

The Adoption Assistance Program provides up to \$4,000 in financial assistance to you, if you adopt an eligible child through Good Shepherd Children and Family Services, a member of Catholic Charities of St. Louis.

OPEN ENROLLMENT PERIOD

Annually you will be given the opportunity to enroll in, change, or waive your health insurance coverage online through Employee Self-Service (ESS). Open enrollment is generally held in May and changes are effective July 1. Communications are distributed through your business manager/local benefits contact via email and posted on the HR/Benefits website. Opportunities to enroll in/change health insurance coverage outside of the open enrollment period are limited to qualifying events.

EMPLOYEE SELF SERVICE

Employee Self Service (ESS), is the platform employees use to access paystubs, view insurance benefit coverage, update demographic information, and annually enroll/change/waive benefits during open enrollment. The Employee Number is provided to an employee upon hire, is the Username needed to access this system. If you are unable to locate your Employee Number, please contact the business manager, local benefits contact, or Human Resources.

HEALTH INSURANCE COVERAGE AT RETIREMENT

Upon retirement, you and your dependents, who are enrolled in the Archdiocesan Employee Benefit Plan, may continue full health insurance coverage until you/they are eligible for Medicare health insurance coverage, if the participant meets the following eligibility requirements: (a) is 55 years of age or older; (b) is not yet eligible for Medicare; (c) employee must either have been half time or more as defined by the Archdiocesan Policy or worked for 1,000 hours or more annually for 10 of the 12 years prior to retirement; and (d) employment must have been with a parish, school or agency of the Archdiocese of St. Louis. The retiree will be responsible for paying 100% of the current premium, plus any regular future premium increase, on the 5th of the month via ACH withdrawal until they are eligible for Medicare or decide to voluntarily terminate from the plan.

HEALTH INSURANCE COVERAGE AND TERMINATION

Upon termination (for any reason other than gross misconduct), any individual who has been covered under the plan for 3 months or longer may elect to continue coverage (Continuation of Coverage). The employee may continue medical, prescription, dental, and vision coverage under the plan for themselves and their dependents up to 18 months (longer or shorter, under specific criteria). The former employee

pays the Continuation of Coverage monthly premium to the Archdiocese of St. Louis on the 5th of each month via ACH withdrawal.

Detailed benefit plan information is available on the Archdiocesan Benefits webpage at:

<http://archstl.org/hrbenefits>.

Call 314.792.7546 or email Benefits@archstl.org if you have any questions.

NOTE: CRSS and Kenrick Seminary employees should contact their local HR/Benefits contact for specific information regarding their retirement/benefit plan information related to their organization.

Archdiocese of St. Louis 2023 Benefits



MEDICAL PLAN		UNITEDHEALTHCARE (UHC) CHOICE PLUS MEDICAL PLAN				
		UHC Standard Plan		UHC Premier Plan		
		In-Network	Out-of-Network	In-Network	Out-of-Network	
Calendar Year Deductible		\$1,000/\$2,000	\$2,000/\$4,000	\$750/\$1,500	\$1,500/\$3,000	
Out-of-Pocket Maximum		\$4,000/\$8,000	\$8,000/\$16,000	\$2,150/\$4,500	\$4,500/\$9,000	
Office Visits		\$30 copay	40%, after deductible	\$20 copay	40%, after deductible	
PRESCRIPTION DRUG		IN-NETWORK		OUT-OF-NETWORK		
Tier Copays		Retail: \$10/\$35/\$50 copay Mail Order: \$20/\$70/\$100 copay		Retail: \$10/\$35/\$50 copay		
DENTAL PLAN (included with medical enrollment)		DELTA DENTAL PLAN				
		PPO NETWORK		PREMIER NETWORK AND NON-NETWORK		
Preventive/Basic/Major/Orthodontic Services		100/90/60/50%		100/80/50/50%		
Annual Deductible/Max Benefit		\$50/\$2,000				
Ortho Lifetime Maximum		\$2,000 (per child)				
VISION PLAN (included with medical enrollment)	DELTA VISION PLAN			Basic Life and AD&D with Hartford – Employer Provided		
	In-Network	Out-of-Network		<ul style="list-style-type: none"> 1x your annual earnings 		
Exams/Materials	\$10/\$25 Copay	\$10/\$25 Copay				
Standard Frames	\$150 retail allowance	Reimbursed up to \$60		Employee Assistance Program (EAP) with Saint Louis Counseling – Employer Provided <ul style="list-style-type: none"> 24/7 Confidential, professional counseling for family problems, parenting issues, marital relationship conflicts, and emotional concerns. Available to you, your spouse, and any dependent children. 		
Elective Contact Lenses	\$150 retail after copay	Reimbursed up to \$90				
Medically Necessary Contacts	\$250 retail after copay	Reimbursed up to \$250				
Employer 403(b) Lay Retirement Plan with Empower – Employer Provided		Long Term Disability (LTD) with Unum – Employer Provided			Flexible Spending Accounts with Tristar <ul style="list-style-type: none"> Set aside tax-free money to pay for eligible Health Care and/or Dependent Care expenses throughout the year. 	
After one year of service, eligible employees receive a 5% automatic contribution into their 403(b) Lay Retirement Plan and have the option to make voluntary contributions as of date of hire.		<ul style="list-style-type: none"> Provides financial protection during a disability after a 180-day elimination period. 60% of your monthly earnings to a maximum of \$5,000 per month. 				
Adoption Assistance Program with Good Shepherd Children & Family Services – Employer Provided		Supplemental Life with Hartford				
<ul style="list-style-type: none"> Up to \$4,000 for Full-Time Employees/\$2,000 for Part-Time employees in reimbursement expenses if you adopt an eligible child and up to twenty days of paid leave from work. 			Guarantee Issue	Maximum Amount		
		Employee	\$100,000	\$300,000		
		Spouse	\$25,000	\$150,000		
		Child	\$5,000 minimum /\$15,000 maximum			

Visit the Archdiocese website at <http://archstl.org/hrbenefits> for more benefits information.



NEW HIRE BENEFITS ENROLLMENT CHECKLIST



New hire enrollment forms must be submitted within 31 days from contract date or first day of employment.

This checklist is designed to help you make your benefit enrollment elections. The following are required to be completed and submitted to your local benefits contact in order to finalize the benefits enrollment process:

Medical, Rx, Dental and Vision Benefits

- **Health Insurance Enrollment Form – Required** if you are enrolling in the medical, Rx, dental and vision plans. This is a packaged benefit offering and cannot be separated.

Waive Medical, Rx, Dental and Vision Benefits

- **Health Insurance Waiver Form – Required** if you are waiving medical, Rx, dental and vision coverage.

Health/Dependent Care Flexible Spending Account (FSA) Plan

- **Employee Flexible Spending Plan Election Form – Required** if you are enrolling in the health and/or dependent care flexible spending plan.
- You must re-enroll annually to continue participation in the FSA plan.

Life Insurance –Basic Life/AD&D

- You are automatically enrolled in the basic life/AD&D plan. There is no enrollment form to complete.
- **Hartford Beneficiary Designation Form – Required.** One beneficiary form may be completed if you are enrolled for both the Basic life/AD&D and Supplemental life plans.

Life Insurance – Supplemental Life

- **Hartford Supplemental Life Insurance Form – Required** if you are enrolling for supplemental life insurance.
- **Hartford Beneficiary Designation Form – Required** if you are enrolling for supplemental life insurance.
- **Evidence of Insurability (EOI) Form – Required** if you elect supplemental employee life insurance coverage in an amount greater than \$100,000; and/or spouse coverage in an amount greater than \$25,000.

Retirement Plan

- Contact Empower – Enrollment allowed at any time. To enroll in employee salary deferral contributions and designate a beneficiary, call 866-467-7756 or establish on line at <http://empowermyretirement.com>; or contact your local Arthur J. Gallagher representatives: Mike Eagen (314) 792-7262 or Sharon Gogel (314) 792-7261.
- Cardinal Ritter Senior Services - Empower Retirement Plan: Contact your local Human Resources Representative/CRSS at 314-961-8000.
- Employer Contribution – **If you previously worked for the Archdiocese, and were receiving an employer contribution, notify your local benefits contact immediately to reinstate the contribution.**

Reminder: This benefit list is not comprehensive and is a guide to the forms that employees may need to submit for benefit enrollment processing. For additional information regarding all benefit plans and offerings please visit the following link:

[Employee Benefits and Forms | Human Resources | Archdiocese of St Louis \(archstl.org\)](#)