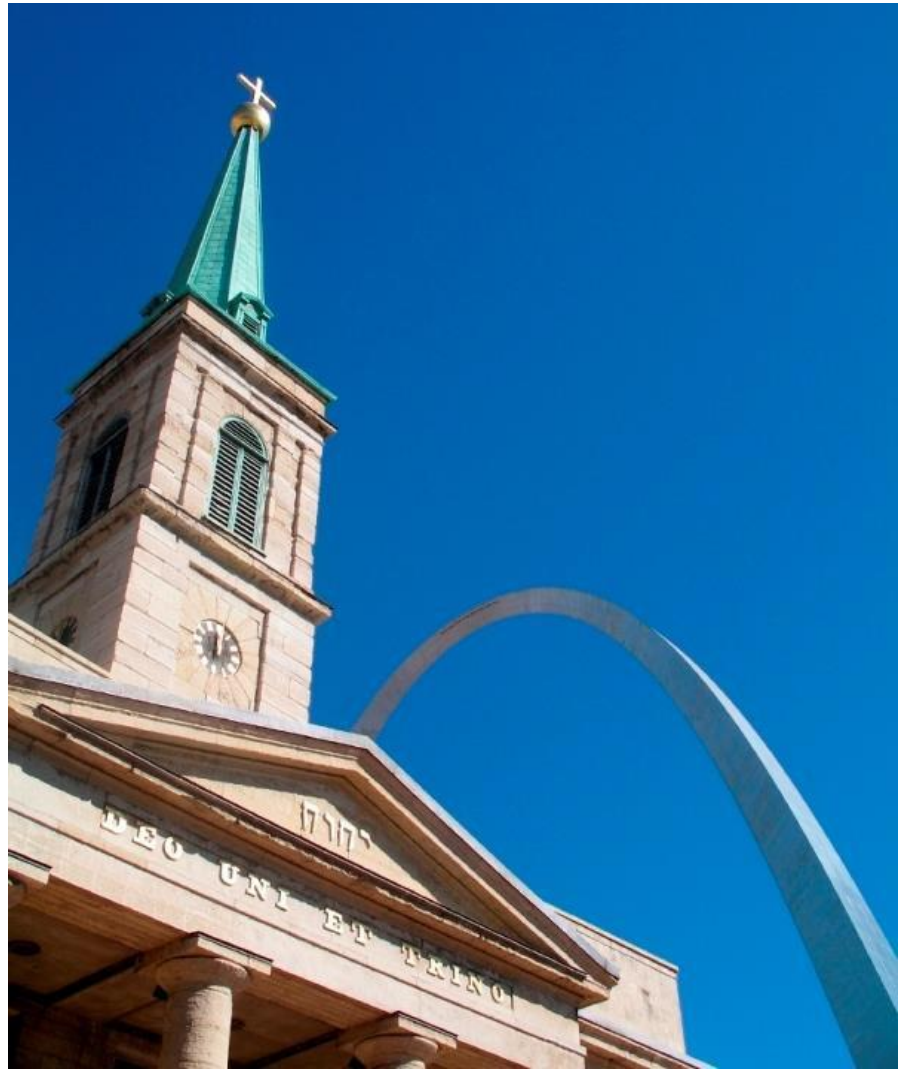


**ARCHDIOCESE
OF ST. LOUIS**



**EMPLOYEE BENEFIT PLAN 2021-2022
BENEFITS BOOKLET**

Office of Human Resources
Cardinal Rigali Center
20 Archbishop May Drive
St. Louis, MO 63119-5004
314.792.7546
314.792.7548 (Fax)
benefits@archstl.org

<http://archstl.org/hrbenefits>

ARCHDIOCESE OF ST. LOUIS

Employee Benefit Plan 2021 – 2022

Welcome to the Archdiocese of St. Louis!

This booklet contains a brief summary of your offered benefits. Detailed benefit plan information, including Summary of Benefits and Coverage (SBC), policies, and forms, are available on the on Archdiocesan Website at: <http://archstl.org/hr/benefits>

BENEFITS ELIGIBILITY and WAITING PERIODS DEFINED AS:

Employee Benefit Eligibility Threshold and Waiting Period		
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	No waiting period
Basic Life and AD&D Insurance	1000 hours annually or more	No waiting period
Voluntary 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)		
Employee Contributions	No minimum hours required	
Employer Contributions	1000 hours annually or more	1 st of the month after one year of employment.
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

HEALTH INSURANCE ENROLLMENT

Due to federal guidelines, if you are **eligible** for benefits, you must either enroll in the Archdiocesan Health Insurance or actively waive coverage.

If you choose to enroll, you must submit your completed health insurance enrollment or waiver form to your employer's business manager or local benefits representative within **31 days** of your contract date and/or the first day of employment. Provided enrollment is timely.

The **effective date** of health coverage is:

- First day of employment, for non-contracted employees
- Start of Contract Date for contracted employees - Contract start dates are generally as follows:
 - July 1st for principal / DRE / CRE contracts
 - August 1st, for an educator under contract

If you choose to waive the health insurance, please complete and sign the **Employee Health Insurance Waiver Form**. Give to your employer's business manager or local benefits representative within **31 days** of new contract date and /or first day of employment.

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

Enrollments, terminations, or changes to your health coverage can be made throughout the year only if preceded by a qualified life event and the change is made within **31 days** of the life event date. Your benefits change date must be consistent with your life event/qualified status change date. The following events qualify you for a change in coverage:

- Marriage*
- Divorce*
- Legal separation*
- Birth or placement for adoption of a child*
- Death
- Ineligibility of a dependent
- 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

*Proof of qualifying event may be required

MONTHLY COST OF HEALTH INSURANCE

Health Insurance Premiums - Full-Time Employees

7/1/2021 – 6/30/2022 United Healthcare	Employee	Employee +1 Dependent*	Employee +Family*
<u>Standard Plan</u>			
Employee Contributions	\$ 84.00 (15%)	\$ 311.00 (25%)	\$ 420.00 (25%)
Employer Contributions	\$ 479.00 (85%)	\$ 933.00 (75%)	\$ 1,260.00 (75%)
Total Monthly Premium	\$ 563.00	\$ 1,244.00	\$ 1,680.00
<u>Premier Plan</u>			
Employee Contributions	\$ 124.00 (15%)	\$ 413.00 (25%)	\$ 521.00 (25%)
Employer Contributions	\$ 700.00 (85%)	\$ 1,240.00 (75%)	\$ 1,564.00 (75%)
Total Monthly Premium	\$ 824.00	\$ 1,653.00	\$ 2,085.00

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

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

7/1/2021 – 6/30/2022 United Healthcare	Employee	Employee +1 Dependent**	Employee +Family**
<u>Standard Plan</u>			
Employee Contributions	\$ 225.00 (40%)	\$ 622.00 (50%)	\$ 840.00 (50%)
Employer Contributions	\$ 338.00 (60%)	\$ 622.00 (50%)	\$ 840.00 (50%)
Total Monthly Premium	\$ 563.00	\$ 1,244.00	\$ 1,680.00
<u>Premier Plan</u>			
Employee Contributions	\$ 330.00 (40%)	\$ 826.00 (50%)	\$ 1,042.00 (50%)
Employer Contributions	\$ 494.00 (60%)	\$ 827.00 (50%)	\$ 1,043.00 (50%)
Total Monthly Premium	\$ 824.00	\$ 1,653.00	\$ 2,085.00

*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, but less than 1,820 hours annually.

Your monthly payroll deductions for medical, prescription, dental, and vision benefit 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 parish 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+1 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 of \$125 per month to cover a spouse who is eligible for employer-subsidized health insurance coverage through their own employer. In some cases, exemptions are allowed, as outlined in the policy 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 representative.

WAIVER OF HEALTH INSURANCE

Due to health care reform, if you are eligible for benefits, you must either be enrolled in the Archdiocesan Health Insurance Plan or actively waive coverage. Employees who waive health insurance **must** complete the *Employee Health Insurance Waiver Form*, and return the signed waiver to their employer's business manager or local benefits representative.

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.** Select the coverage plan and type of coverage (standard or premier plan): Employee Only, Employee +One, or Employee +Family. The comprehensive plan includes:

1. **Medical Coverage: United Healthcare Choice Plus (UHC)**

UHC Standard Plan
UHC Premier Plan

Present your UHC medical ID card at the time of service to receive health insurance benefits. Register at www.myuhc.com to print temporary cards, find participating providers, and view additional information.

2. **Prescription (Rx) Coverage: Optum Rx**

Present your UHC medical ID card at the pharmacy to receive Rx benefits. Register at www.myuhc.com to print temporary cards, find participating providers, and view additional information.

3. **Dental Coverage: Delta Dental**

Present your Delta Dental card to receive dental benefits. Register at www.deltadentalmo.com to print temporary cards, find participating dental providers, and view additional Delta Dental information.

4. **Vision Coverage: Delta Vision/Superior Vision**

Present your Delta Vision/Superior Vision National network card for vision benefits. **Please call Superior Vision customer service at 1 (844) 549.2603 to order a new card.** Visit www.deltadentalmo.com and login under the vision portion to find participating vision providers and additional Delta Vision information.

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 and are.

The Summary of Benefits and Coverage (SBC) and other detailed health information for the two UHC Health plan options are available at: <http://archstl.org/hrbenefits>

A comparison and highlights of major provisions provided under the health, dental, and vision plans may be found at the end of this booklet. If you enroll in the health insurance plan, visit www.myuhc.com and register as a member to access tools for claims, providers, prescriptions, ID Cards, and other health information.

DENTAL COVERAGE: DELTA DENTAL OF MISSOURI

The dental plan offers two networks of dentists, Delta Dental PPO (maximum benefits) and Delta Dental Premier. You and your dependent(s) have the freedom to choose any PPO or Premier dentist at any time. Please visit: www.deltadentalmo.com for additional information.

VISION COVERAGE: DELTA VISION

Vision coverage is administered by Delta Dental of Missouri, utilizing the Superior Vision National network, one of the largest and most diverse provider network in the nation. You and your dependents have the freedom to choose any Superior Vision National Network provider to obtain services. Contact Superior Vision customer service at 1 (844) 549.2603 or www.superiorvision.com.

IDENTIFICATION CARDS

Your UHC medical/OptumRx, Delta Dental and Delta Vision/Superior Vision ID Cards will be mailed to your home address.

THE EMPLOYEE WELLNESS PROGRAM

The Archdiocesan health plan strives to promote, improve and integrate more 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 Plan information visit: www.archstl.org/hrbenefits and click on the Employee Wellness icon.

OPEN ENROLLMENT PERIOD

Annually you will be given the opportunity to enroll, term or make changes to your health plan. Open enrollment is generally held in May to be effective July 1.

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 employee will be responsible for paying 100% of the current premium, plus any regular future premium increase, on a monthly basis 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 Plan). 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 of Human Resources on the 25th of each month.

FLEXIBLE SPENDING ACCOUNT (FSA) PLANS: TRISTAR

You may also participate in the Flexible Spending Account (FSA) Medical and/or Reimbursement Plan and/or the Dependent Care Reimbursement Plan, administered through Tristar. Your employee contributions for the health insurance premium and FSA will be automatically deducted from your paycheck with before-tax dollars, as defined under IRS Section 125. Detailed information including plan highlights, FAQs and the claim submission process is available on our website to assist you in determining your pre-tax election amount under the Medical Reimbursement Plan, and/or Dependent Care Reimbursement Plan.

To enroll in the Medical Reimbursement Plan and/or Dependent Care Reimbursement Plan, complete the **Employee Flexible Spending Plan Election Form**, submit it to your employer's business manager within 31 days of your contract date or first date of employment, and retain a copy for your records. If you do not choose to participate in the Flexible Reimbursement Plans, you do not need to complete the Election Form.

Additional FSA plan information, highlights, and updates may be found at www.archstl.org/hrbenefits .

403(B) RETIREMENT PLAN: PRUDENTIAL

You may save for your future retirement by making voluntary contributions to a 403(b) retirement account at any time. The retirement plan allows several investment choices. The record keeper for the Archdiocese is Prudential.

As a new hire, to make voluntary salary deferral contributions, wait until after your second pay deposit, then contact Prudential at 877-778-2100 or online at website: <http://prudential.com/online/retirement>

If you previously worked for the Archdiocese, you may already have an existing account. If not, register for your online account access at <http://prudential.com/online/retirement> then click on **Register Today** and follow the prompts. On that website you may click on **View your Account**, and if applicable, then click on **Register** as a new user.

- Insert your Personal Information
- Your Plan Name – Archdiocese of St. Louis
- Follow the next few pages
- It is important to **add your *beneficiary information** (review your beneficiaries annually and update if needed)

*Beneficiary designations made to your Basic Life 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

Your employer will make a 5% contribution into your retirement account each pay date. If after a one-year period from your date of hire, you worked 1,000 hours or more, or at least a hone-half-time contracted teacher. Contributions come from your employer's funds and are calculated by multiplying your gross salary per pay period by 5%.

If you previously worked for the Archdiocese, and were receiving an employer contribution, please notify your benefits administrator immediately.

Retirement planning and financial wellness information and educational webinars are updated regularly and available for your reference and viewing on our HR/benefits website, within the 403(b) Retirement Plan icon.

LONG TERM DISABILITY (LTD): UNUM

Long Term Disability insurance automatically becomes effective for benefit eligible employees the first of the month after you have completed 90 days of employment. Your employer pays for this benefit. The policy provides some income protection in the event of a long term disability. Please visit:

<http://archstl.org/hrbenefits> and click the ***Long Term Disability Button*** for more information.

BASIC LIFE/AD&D INSURANCE: HARTFORD

If you meet the benefits eligibility criteria, you are eligible for and automatically enrolled in the Hartford Basic Life and Accidental Death and Dismemberment (AD&D) benefit (effective DOH). In the event of your unfortunate passing, your designated beneficiary will receive a benefit 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 elect a beneficiary**, by completing the ***Beneficiary Designation Form***.

If you also choose to participate in the Hartford Voluntary Life Insurance your beneficiary designation will apply to both the Hartford **Voluntary** 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.

VOLUNTARY LIFE INSURANCE: HARTFORD

Optional life insurance plan and is paid for by you. The Hartford Life Insurance Summary of Benefits outlining the plan, including the premium table based on age and coverage amounts, is available for your review on the benefits website. If you want to purchase voluntary life coverage, complete the **Hartford Voluntary Life Enrollment/Change Form** and return it to your employer's business manager within **31 days** from your first day of employment.

Please note: Employees must complete and submit *Hartford Voluntary Life Form* to their employer's business manager to drop a dependent child's voluntary life insurance coverage upon attainment of **age 26**, as this is not an automatic process.

EMPLOYEE ASSISTANCE PROGRAM: SAINT LOUIS COUNSELING

The Employee Assistance Program (EAP) will be provided at no expense 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, if you meet the benefit eligibility criteria. The toll-free confidential phone line is: **1.888.629.3835**.

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. The international or domestic adoption would be processed through Good Shepherd Children and Family Services, a member of Catholic Charities of St. Louis.

EMPLOYEE SELF SERVICE

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

You may call 314.792.7546 or email Benefits@archstl.org We would be glad to answer your questions.

Detailed information regarding the various benefit plan, including plan summaries, forms, FAQs and vendor contact information is available on the Archdiocesan website at: <http://archstl.org/hrbenefits> .

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

NEW EMPLOYEE ENROLLMENT GUIDE

Do you want to enroll in or actively waive the Archdiocesan Health Insurance Plan (includes Medical, Prescription, Dental, and Vision).

I want to enroll in the Archdiocesan Health Insurance Plan: Complete the *Employee Health Insurance Form*.

I want to actively waive the Archdiocesan Health Insurance Plan: Complete the Employee Health Insurance *Waiver Form*.

Do you want to enroll in the Flexible Spending Accounts (Medical and/or Dependent Care Reimbursement)?

Yes. Complete the *Flexible Spending Account Plan Election Form*. Remember to choose elections at open enrollment each year.

No. There is nothing you need to do.

Do you want to enroll in the 403(b) Retirement Account to make voluntary contributions?

Yes. Register and enroll on the Prudential Retirement website or contact Prudential at 877-778-2100.

No. There is nothing you need to do. *Remember saving now for retirement is essential for your financial well-being.*

Do you want to enroll in the Voluntary Life Insurance Plan?

Yes. Complete the *Hartford Voluntary Life Enrollment Form* and *Evidence of Insurability (EOI)*, if applicable.

No. There is nothing you need to do.

Benefit forms are available on the Archdiocesan website at: <http://archstl.org/hrbenefits> or from your employer's business manager. Submit completed enrollment forms to your business manager within 31 days of your contract start date or first date of employment.