Welcome to teaching in the Archdiocese of St. Louis. This guide contains a brief summary of your benefits. For more detailed plan documents, forms, and schedule of benefits, please access the Archdiocesan Benefits Website.

ARCHDIOCESAN BENEFITS WEBSITE

The Archdiocese maintains an up-to-date benefit website detailing employee benefit information. The website address is: http://archstl.org/hrbenefits. Then scroll down on the specific benefit plan for benefit documents and forms for your review.

BENEFITS ELIGIBILITY CRITERIA FOR EDUCATORS:

Medical/Dental/Rx Health Insurance
- Half-time or more with United Healthcare Choice Plus and Delta Dental of Missouri
- Half-time or more Voluntary Life Insurance with Hartford
- Half-time or more Basic Life Insurance with Hartford
- Half-time or more Long Term Disability (LTD) with Unum
- Half-time or more (b) Retirement Plan with Prudential
  - Employer Contributions
  - Employee Contributions
- Half-time or more Employee Assistance Plan (EAP) with Saint Louis Counseling

BENEFITS ELIGIBILITY CRITERIA CONTINUED:

Flexible Spending Account (FSA)
- Half-time or more with Tristar Group
 Adoption Assistance Program
- Half-time or more with Good Shepherd Children & Family Services

WAITING PERIOD FOR PLAN TO BECOME EFFECTIVE:

Medical/Dental/Rx Health Insurance
- No waiting period with United Healthcare Choice Plus and Delta Dental of Missouri
 Voluntary Life Insurance with Hartford
- No waiting period Basic Life Insurance with Hartford
- No waiting period Long Term Disability (LTD) with Unum
- 1st of the month 403(b) Lay Retirement Plan with Prudential
  - Employer Contributions
  - Employee Contributions
- 1st of the month after one year Employee Assistance Plan (EAP)
- No waiting period with Saint Louis Counseling
 Flexible Spending Account (FSA)
- No waiting period with Tristar Group
 Adoption Assistance Program
- 1st of the month after one year with Good Shepherd Children & Family Services
HEALTH INSURANCE ENROLLMENT

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

For an elementary or high school teacher under contract, the effective date of health plan coverage is August 1st.

If you choose to enroll, please submit your health insurance enrollment form to your employer within 31 days of the first day of employment, selecting one of the two health plans with United Healthcare Choice Plus, the Standard or the Premier Plan.

If you choose to waive the health insurance plan, please complete page 3 to decline the coverage on the health insurance form. Please give the signed form waiving coverage to your employer’s benefits administrator within 31 days of August 1st.

If you choose to not enroll during your first 31 days of the Open Enrollment Period and decide to join at a later date, you will have to have a qualifying event in order to enroll as a Special Enrollee or wait until the next Open Enrollment Period held during May, to take effect July 1, 2020.

Enrollments, terminations, or changes to your health coverage can be made throughout the year only if preceded by a Life Event/Qualified Status Change, and the change is made within 31 days of the life event/qualified status change. Your benefits change must be consistent with your life event/qualified status change. 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 (proof of lost coverage will be required)
- Termination of employment
- Change in your employment status or that of your spouse
- Change in health coverage attributable to your employment or that of your spouse
- A court order
- Entitlement to Medicare or Medicaid
MONTHLY COST OF THE INSURANCE

**Please review the Spousal Surcharge Policy**

<table>
<thead>
<tr>
<th>Educator Table</th>
<th>7/1/2019 - 6/30/2020</th>
<th>Employee</th>
<th>Employee +1 Dependent**</th>
<th>Employee +Family**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Time Educator</strong></td>
<td>Health Insurance Premiums</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>Standard Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Contributions</td>
<td>$78.60 (15%)</td>
<td>$289.00 (25%)</td>
<td>$367.60 (35%)</td>
<td></td>
</tr>
<tr>
<td>Employer Contributions</td>
<td>$445.40 (85%)</td>
<td>$867.00 (75%)</td>
<td>$1,314.40 (75%)</td>
<td></td>
</tr>
<tr>
<td>Total Monthly Premium</td>
<td>$524.00</td>
<td>$1,156.00</td>
<td>$1,520.00</td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>Premier Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Contributions</td>
<td>$114.90 (15%)</td>
<td>$384.50 (25%)</td>
<td>$500.40 (25%)</td>
<td></td>
</tr>
<tr>
<td>Employer Contributions</td>
<td>$651.10 (85%)</td>
<td>$1,153.50 (75%)</td>
<td>$1,804.60 (75%)</td>
<td></td>
</tr>
<tr>
<td>Total Monthly Premium</td>
<td>$766.00</td>
<td>$1,538.00</td>
<td>$2,344.60</td>
<td></td>
</tr>
</tbody>
</table>

**WAIVER OF HEALTH INSURANCE**

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 coverage must sign a waiver of coverage and indicate why they are waiving their right to coverage. Please complete an Employee Health Insurance Form to waive coverage. The form is on the HRBenefits website at archstl.org/hrbenefits, scroll down to the UnitedHealthcare Medical Plan section. Complete sections B, D and E, if you do not want health insurance coverage. Please give the signed form waiving coverage to your employer’s benefits administrator.

Religious Teachers:
For full time religious, the parish pays 100% of the annual individual insurance premium. For religious who are employed half time or more, but less than full time, the employer will pay 75% of the health insurance premium.

<table>
<thead>
<tr>
<th>Half Time or more and less than Full Time Educator</th>
<th>Health Insurance Premiums</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UnitedHealthcare</strong></td>
<td>Standard Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Contributions</td>
<td>$209.60 (40%)</td>
<td>$578.00 (50%)</td>
<td>$787.60 (50%)</td>
<td></td>
</tr>
<tr>
<td>Employer Contributions</td>
<td>$314.40 (60%)</td>
<td>$578.00 (50%)</td>
<td>$992.40 (50%)</td>
<td></td>
</tr>
<tr>
<td>Total Monthly Premium</td>
<td>$524.00</td>
<td>$1,156.00</td>
<td>$1,980.00</td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>Premier Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Contributions</td>
<td>$306.40 (40%)</td>
<td>$769.00 (50%)</td>
<td>$1,139.40 (50%)</td>
<td></td>
</tr>
<tr>
<td>Employer Contributions</td>
<td>$459.60 (60%)</td>
<td>$769.00 (50%)</td>
<td>$1,228.60 (50%)</td>
<td></td>
</tr>
<tr>
<td>Total Monthly Premium</td>
<td>$766.00</td>
<td>$1,538.00</td>
<td>$2,304.60</td>
<td></td>
</tr>
</tbody>
</table>

One dependent may be either a spouse or a dependent child.
Married Couples:
Married couples eligible for the Archdiocesan Employee Benefit Plan may choose coverage under one family health plan or two individual health plans. Two or more involved employers can choose to decide between themselves if any cost sharing will occur.

HEALTH INSURANCE PLAN DESIGN

A participant of the health insurance plan receives the following two benefits bundled together in one comprehensive plan:

1. Medical Coverage: UnitedHealthcare Choice Plus (UHC)

Select the health care option that best suits your individual needs. You may choose one of the following two health care options with UHC offered by the Archdiocese for this plan year 2019 – 2020:

   1. UHC Standard Plan
   2. UHC Premier Plan

Select the coverage type: Employee Only, Employee + One, or Employee + Family.

The health insurance plan includes medical, dental, and prescription coverage.

Dependents:

Your eligible dependents may 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 child’s 26th birthday. It is the responsibility of the employee/participant to monitor dependent’s eligibility.

- Your unmarried dependent child older than age 26 who is mentally or physically disabled and depends on you for support and care.

To access the Summary of Benefits and Coverage (SBC) and understand the two benefit options, you can go to [http://archstl.org/hrbenefits](http://archstl.org/hrbenefits), scroll down to the UHC medical plan section. The prescription coverage is provided by OptumRx and is included with the medical plan. You present your medical ID card to your pharmacy for coverage.

* On the HRBenefits website you will find more information on the enrollment forms, plan documents, schedule of medical benefits, and United Healthcare Choice Plus (UHC) Standard or Premier Plan information. Please refer to page 10 of this booklet for a spreadsheet of benefit comparisons of the two health insurance plans.

In the event that you enroll in the health insurance plan, [www.myuhc.com](http://www.myuhc.com) is your best tool for claims, providers, prescriptions, and other health information.

2. Dental Coverage through Delta Dental of Missouri

Dental coverage is provided with the medical plans and may not be selected separately from the medical plans. The dental program offers two networks of dentists, Delta Dental PPO and Delta Dental Premier Network. You or your dependent(s) have the freedom to choose any PPO or Premier dentist at any time. The HRBenefits website contains a Delta Dental Summary of Benefits detailing the
Archdiocesan dental plan administered by Delta Dental of Missouri. You will receive your dental ID card at your home address.

Enrolling in just the Dental benefit while waiving the medical benefit is not an option.

**The Employee Wellness Program**

The Archdiocesan health plan has a goal to promote, improve and integrate more employee wellness. It is to the benefit to all when an employee identifies health risk factors early and takes steps to minimize those risks. We offer an annual Flu Vaccine Program, a free mammogram screening, and an H&H Health Screening. The Archdiocese also has a Wellness Incentive Program. The HRBenefits website contains comprehensive information regarding the Wellness Incentive Program. Click on Employee Wellness.

Benefit eligible teachers, with less than one year of service, may still participate in the Archdiocesan paid H&H Health Associates health screening to help them stay healthy and avoid serious illness. You may contact H&H directly for an appointment at 314.845.8302.

**HOW TO ENROLL IN THE HEALTH PLAN**

To enroll in the United Healthcare Standard or Premier Plan for the medical, dental, and prescription benefit, you must complete the Employee Health Insurance Form. The form is on the HRBenefits website at archstl.org/hrbenefits. Click on Forms. Return the completed form as soon as possible to your employer’s benefits administrator within 31 days of your contract start date. Retain a copy for your records. Your medical ID card will be mailed to your home address.

**ANNUAL OPEN ENROLLMENT PERIOD**

The health plan you choose now will provide you with coverage through June 30, 2020. If you believe your needs for health care might be better met in the other health plan, you will be given the opportunity during the Open Enrollment Period in May 2020 to select a new health plan that would take effect July 1, 2020.

**HEALTH INSURANCE PLAN CHANGES**

The premium rates and the various plan benefits are in place until June 30, 2020, at which time the premiums and/or plan benefits may be modified to continue the best possible health care coverage at a reasonable cost to all, and to ensure the fiscal integrity of the Archdiocesan Employee Benefit Plan.

**Health Insurance, Coverage at Retirement and Medicare**

If an educator retires, they and their dependents, who are enrolled in the Archdiocesan Employee Benefit Plan, may continue full health insurance coverage in the Plan until 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 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 or a private Catholic organization with Archdiocesan insurance coverage. 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.

**Medical 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, dental and prescription coverage under the plan for themselves and their dependents for up to 18 months (longer, or shorter, under specific criteria). The
former employee pays monthly the Continuation of Coverage Premium to the Archdiocese of St. Louis Office of Human Resources by the 18th of each month.

**PRE-TAX HEALTH INSURANCE PREMIUM PLAN & FLEXIBLE SPENDING ACCOUNT (FSA)**

Your employee contributions for the health insurance premium will be automatically deducted from your paycheck with before-tax dollars. The goal of the IRS Section 125 Flexible Spending Account is to provide you and your family with the same medical insurance coverage at a lower cost.

**Flexible Spending Account**

You may also participate in the Flexible Spending Account (FSA) Medical Reimbursement Plan and/or the Dependent Care Reimbursement Plan. Please review the FSA Benefits information on the HRBenefits website. The *FSA Questions and Answers* document and the *FSA Plan Highlights* describe the Archdiocesan Flexible Spending Account to assist you in making your pre-tax decision, Medical Reimbursement Plan, and/or Dependent Care Reimbursement Plan.

**HOW TO ENROLL IN THE FSA REIMBURSEMENT PLAN AND/OR WAIVE YOUR AUTOMATIC PRE-TAX PREMIUM CONTRIBUTION**

To enroll in the Tristar Medical Reimbursement Plan, Dependent Care Reimbursement Plan and/or to waive pre-tax payroll health insurance contribution, you must complete the *Archdiocese of St. Louis Employee Flexible Spending Plan Election Form*. The election form is on the HRBenefits website at [http://archstl/hrbenefits](http://archstl/hrbenefits), and scroll down to the Flexible Spending Plan button. If applicable, give the completed election form to your employer’s benefits administrator within 31 days of your effective date. Retain a copy for your records. If you do not choose to participate in the Flexible Reimbursement Plans or to waive the pre-tax premium contribution, you do not need to complete the Election Form.

**403(b) Retirement Plan**

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 is Prudential Retirement.

As a new hire, to make voluntary salary deferral contributions, wait until after your second pay deposit, then you may log onto the Prudential Retirement website: [http://archstl.retirepru.com](http://archstl.retirepru.com). If you have previously worked for the Archdiocese, you may already have an existing account. On that website you may click on *View your Account*, and, if applicable, then click on *Register* as a new user.

- Insert our Personal Information
- Your Plan Name – Archdiocese of St. Louis
- Follow the next few pages.
- It is important to add your beneficiary information

Please feel free to contact our dedicated Gallagher Benefit Services retirement representatives for any questions, help to enroll or change investments, and fund information.

Mike Eagen 314.792.7262 Michael_Eagen@ajg.com or Sharon Gogel 314.792.7261 Sharon_Gogel@ajg.com

Your employer will make a 5% contribution into your retirement account if you are a half-time contracted teacher or more, after a one-year period from your date of hire. Contributions come from your employer’s funds and are calculated by multiplying your gross salary per pay period by 5%.
**UNUM Long Term Disability (LTD)**

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

**Hartford Voluntary Life Insurance**

This benefit is a voluntary term life insurance plan and is paid for by you. The Hartford Life Insurance Summary of Benefits is on the HRBenefits website. It describes the plan and includes the premium table based on your age and coverage amounts. If you want to purchase this voluntary term life coverage, complete the **Hartford Enrollment/Change Form** and return it to your employer’s benefits administrator within 31 days from your first day of employment.

**Hartford Basic Life Insurance and AD&D**

All benefit eligible active lay and deacon employees working a minimum of 1,000 hours annually or a teacher with a half-time or more contract are eligible for the Hartford Basic Life Insurance and Accidental Death and Dismemberment (AD&D) benefit. The Life and AD&D benefit is one times the employee’s basic annual earnings. If you are benefit eligible for the plan, your employer will automatically enroll you in the Hartford Life Insurance and AD&D plan, effective your date of hire. There will be no payroll deductions, since it is an employer-paid benefit. The only paper work that your school requires of you is to complete the **Beneficiary Designation Form**. If you choose to participate in the Hartford Voluntary Life Insurance plan, your beneficiary designation will apply to both the Hartford Voluntary Life and the Hartford Basic Life Insurance plans.

**Employee Assistance Plan with Saint Louis Counseling**

The Employee Assistance Program (EAP) will be provided at no expense to you through Saint Louis Counseling. This program provides confidential, professional counseling for family problems, parenting issues, marital relationship conflicts, and emotional concerns. It is available to you, your spouse, and any dependent children, if you work half time or more. The toll-free confidential phone line is: 1.888.629.3835.

**Adoption Assistance Program**

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. Please refer to the HRBenefits website for the Adoption Benefit Plan Document for further details.

**WHO CAN YOU CONTACT FOR BENEFIT QUESTIONS?**

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

**Website:** archstl.org/hrbenefits
NEW EMPLOYEE ENROLLMENT GUIDELINE

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

Yes to enroll. Complete the Employee Health Insurance Form

No. I want to waive. Complete section B, D, and E of the Employee Health Insurance 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

No. There is nothing you need to do.

Do you want to have your health insurance premium contribution deducted on an After-Tax basis?

Yes. Complete the Flexible Spending Account Plan Election Form

No. There is nothing you need to do.

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

Yes. Register and enroll on the Prudential Retirement website. See page 8 for further information.

No. There is nothing you need to do.

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

Yes. Complete the Hartford Voluntary Life Enrollment Form and Personal Health Application, if applicable.

No. There is nothing you need to do.

These forms can be obtained on the Archdiocesan website at http://archstl.org/hrbenefits or from the school’s benefits administrator. Return the completed forms to your school’s benefits administrator within 31 days of your employment, which is August 1st for elementary contract teachers or the first date of your paid employment contract, for high school contract teachers.
### PLAN FEATURES

**ARCHDIOCESE OF ST. LOUIS EMPLOYEE BENEFITS**  
**MAJOR PROVISIONS OF THE HEALTH INSURANCE PLAN JULY 1, 2019 – JUNE 30, 2020**

#### UNITED HEALTHCARE MEDICAL PLAN – Group #703597

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employees must choose one of the following two medical plans:</strong> United Healthcare Standard Plan or United Healthcare Premier Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Calendar Year Deductible (Individual / Family)</strong></td>
<td>$1,000 / $2,000</td>
<td>$2,000 / $4,000</td>
<td>$400 / $800</td>
<td>$600 / $1,200</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (Individual / Family)</strong></td>
<td>$4,000 / $8,000</td>
<td>$8,000 / $16,000</td>
<td>$1,650 / $3,300</td>
<td>$2,100 / $4,200</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td></td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td><strong>coinsurance paid by member</strong></td>
<td>20%</td>
<td></td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>$30 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Hospital Inpatient Stay</strong></td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Outpatient Diagnostic (lab, x-ray, mammography)</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$150 copay</td>
<td>$150 copay</td>
<td>$150 copay</td>
<td>$150 copay</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td><strong>Mental Health and Substance Abuse - Inpatient</strong></td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Mental Health and Substance Abuse - Outpatient</strong></td>
<td>$30 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Home Health Care (limit to 100 visits/ calendar year)</strong></td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Vision Examinations (1 exam per calendar year)</strong></td>
<td>100% after $20 copayment</td>
<td>60% after deductible</td>
<td>100% after $20 copayment</td>
<td>60% after deductible</td>
</tr>
</tbody>
</table>

#### Prescription Benefits

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>STANDARD PLAN</th>
<th>PREMIER PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacy Retail</strong></td>
<td>$10 / $35 / $50</td>
<td>$10 / $35 / $50</td>
</tr>
<tr>
<td><strong>Mail Order</strong></td>
<td>$20 / $70 / $100</td>
<td>$20 / $70 / $100</td>
</tr>
</tbody>
</table>

#### Delta Dental Plan – Group #1873-1000

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>PPO Network</th>
<th>Premier and Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible (Individual / Family)</strong></td>
<td>$50 / $100</td>
<td>$50 / $100</td>
</tr>
<tr>
<td><strong>Preventative Care - (Covered in Full – Deductible Waived)</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Care</strong></td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major Care</strong></td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontia - (Children to Age 19 - $1,500 Lifetime Maximum)</strong></td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Calendar Year Maximum (Individual / Family)</strong></td>
<td>$1,500 per person</td>
<td>$1,500 per person</td>
</tr>
</tbody>
</table>

All covered active employees in either the United Healthcare Standard or Premier Plan automatically receive Delta Dental Plan.

The above exhibit attempts to highlight the major provisions of the Employee Benefit Plans. Additional benefits will be found in the prospective plan brochure. In all cases, the Plan Document or Policy will serve as the legal basis for the terms and provisions of coverage. This document is for illustration purposes only.
### ARCHDIOCESE OF ST. LOUIS

**COMPARISON OF THE UNITEDHEALTHCARE PREMIER VS STANDARD PLAN**

**JULY 1, 2019 – JUNE 30, 2020**

<table>
<thead>
<tr>
<th>UNITEDHEALTHCARE (UHC) CHOICE PLUS MEDICAL PLAN</th>
<th>UHC STANDARD PLAN</th>
<th>UHC PREMIER PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible (Individual / Family)</td>
<td>Copayments do not apply to the deductible</td>
<td></td>
</tr>
<tr>
<td><strong>$1,000 / $2,000</strong></td>
<td>$1,000 per Covered Person per calendar year, not to exceed $2,000 for all Covered Persons in a family.</td>
<td><strong>$400 / $800</strong></td>
</tr>
<tr>
<td><strong>$2,000 / $4,000</strong></td>
<td>$2,000 per Covered Person per calendar year, not to exceed $4,000 for all Covered Persons in a family.</td>
<td><strong>$600 / $1,200</strong></td>
</tr>
</tbody>
</table>

| Out-of-Pocket Maximum (Individual / Family) | Copayments, Coinsurance and Deductible accumulate towards the Out-of-Pocket Maximum | |
| **$4,000 / $8,000** | $4,000 per Covered Person, per calendar year, not to exceed $8,000 for all Covered Persons in a family. | **$1,650 / $3,300** | $1,650 per Covered Person, per calendar year, not to exceed $3,300 for all Covered Persons in a family. |
| **$8,000 / $16,000** | $8,000 per Covered Person per calendar year, not to exceed $16,000 for all Covered Persons in a family. | **$2,100 / $4,200** | $2,100 per Covered Person, per calendar year, not to exceed $4,200 for all Covered Persons in a family. |

| Office Visits | |
| **$30 copay** | 40% | **$20 copay** | 40% |

| Mental Health and Substance Abuse - Outpatient | |
| **$30 copay** | 40% | **$20 copay** | 40% |