



ARCHDIOCESAN *HANDOUT FOR BENEFIT TERMINATIONS 2021-2022*

When your coverage terminates through one of the Archdiocese of St. Louis benefit plans, you have some options of coverage. The illustration below is designed to help you through the options that are available to you.

COVERAGE	OPTIONS AFTER BENEFITS END
<p><i>Hartford Basic Life Insurance and AD&D Policy</i></p>	<p>If your Basic life insurance plan is terminating, you may Port your group coverage or Convert to an individual policy. No medical certification is needed. To Port or Convert coverage, you must apply for Portability coverage or a Conversion policy and pay the first premium payment within 31 days after your group coverage ends. Portability coverage and Converted policies are subject to certain benefits and limits as outlined in your group policy and Notice of Conversion or Portability form which may be requested as needed. Premiums will change at this time. For additional information, contact your Benefit Administrator or call Hartford's Conversion & Portability Administrator (Selman) at 877-320-0484.</p>
<p><i>United Healthcare (UHC) - Standard Plan</i> <i>(Medical, RX, Dental, and Vision only)</i></p>	<p>If your medical coverage is terminating from UHC, you may elect to be covered by the Continuation of Coverage provision. You must pay the monthly premium by automatic withdrawal on the 25th of each month. Effective July 1, 2021, the monthly UHC Standard premium will be \$563 for Employee, \$1,244 for Employee + One, and \$1,680 for Employee + Family coverage. These premiums may change 7/1/2022. If you are eligible for Medicare, you are not eligible for this provision. The Office of Human Resources will be providing you with important information and forms regarding the Continuation of Coverage provision.</p>
<p><i>United Healthcare (UHC) - Premier Plan</i> <i>(Medical, RX, Dental, and Vision only)</i></p>	<p>If your medical coverage is terminating from UHC, you may elect to be covered by the Continuation of Coverage provision. You must pay the monthly premium by automatic withdrawal on the 25th of each month. Effective July 1, 2021, the monthly UHC Premier premium will be \$824 for Employee, \$1,653 for Employee + One, & \$2,085 for Employee + Family coverage. These premiums may change 7/1/2022. If you are eligible for Medicare, you are not eligible for this provision. The Office of Human Resources will be providing you with important information and forms regarding the Continuation of Coverage provision.</p>
<p><i>Hartford Life Voluntary Life Insurance</i></p>	<p>If you participated in the voluntary life insurance plan and your group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you may Port your group coverage or Convert to an individual policy. No medical certification is needed. To Port or Convert coverage, you must apply for Portability coverage or a Conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may Port or Convert their coverage as well. Portability coverage and Converted policies are subject to certain benefits and limits as outlined in your group policy and Notice of Conversion or Portability form which may be requested as needed. Premiums will change at this time. For additional information, contact your Benefit Administrator or call Hartford's Conversion & Portability Administrator (Selman) at 877-320-0484.</p>
<p><i>Unum Long Term Disability</i></p>	<p>The Long Term Disability Benefit ends on the last day of employment. There is no conversion policy for the Long Term Disability Plan.</p>

HANDOUT FOR TERMINATING EMPLOYEES (continued):

Tristar Flexible Spending Accounts

If you participated in one or both of the Flexible Spending Reimbursement Accounts, your salary reductions will terminate. You will not be able to receive reimbursements for Medical Care and/or Dependent Care expenses incurred after your date of termination. However, you may claim reimbursement for any Medical Care or Dependent Care expenses incurred during the period of coverage prior to termination, provided that you file a claim within 30 days following the close of the Plan Year in which the expense arose. For additional information, you can contact Tristar directly at 1.800.456.4584.

403(b) Lay Retirement Plans

If you participated in the lay employee 403(b) retirement plan, contact your 403(b) Prudential administrator for your options at 1.877.778.2100.

- For the Archdiocesan Lay Retirement Plan, contact a Gallagher representative at or 314-792-7262 or 314-792-7261.
- For the Cardinal Ritter Senior Services Mass Mutual Retirement Plan, contact the CRSS Office of Human Resources.

For Further Inquiries: contact the Office of Human Resources at the following:

Phone: 314.792.7546

E-mail: Benefits@archstl.org

Open Enrollment: Participants enrolled in the health insurance plan's Continuation of Coverage Provision or Early Retiree Provision are able to switch plans or add dependents during the open enrollment period which takes effect every July 1.

Early Retiree Provision: When your employment ends, you may be eligible to continue your health insurance coverage under the Early Retiree Coverage Provision instead of the Continuation of Coverage Plan. Please see the following eligibility requirements:

- Age 55 or older
- Not yet eligible for Medicare, unless covered under a separation/severance agreement for that limited period of time.
- Employee must either have been a half-time or more teacher as defined by Archdiocesan Policy or worked for 1,000 hours or more annually for ten of the prior twelve years to retirement.
- Employment must have been with a parish, school, or agency of the Archdiocese of St. Louis.
- Currently covered under the Plan for 3 months or longer

You must pay the monthly premium by automatic withdrawal on the 25th of each month. The monthly premiums may change 7/1/2022. If you are eligible for Medicare, you are not eligible for this provision. Please contact the Office of Human Resources for further information at 314.792.7546.

Decisions: As you can see, there are many options for you when you terminate your coverage as an employee. It is your responsibility to decide which option is best for you.

Medicare Eligibility:

Please contact the official U.S. government website for Medicare at www.medicare.gov or call for further information at 800.772.1213. The Archdiocese does not offer a Medicare supplemental plan.

Continuation of Coverage Provision:

Who May Continue Coverage, When, and for How Long?

Any individual who has been covered under the Archdiocese Health Insurance Plan for *3 months or longer* may elect to continue coverage. Anyone who is covered under another group health care plan or is Medicare eligible (unless covered under a separation/severance agreement for that limited period of time) cannot participate in the Continuation of Coverage Plan. You may continue medical, prescription, dental, and vision coverage under the Plan for yourself and your dependents for up to 18 months if your coverage terminates for any of the following reasons:

- If your employment ends for any reason other than your gross misconduct or
- If your working hours are reduced and you are no longer considered eligible for coverage under the Plan

Continuation of Coverage may extend from 18 months to 29 months for a participant and/or dependent who is disabled (as defined by the Social Security Administration) at the time of termination or reduction of hours, provided that such participant and/or dependent has given notice of the disability within 60 days of the Social Security determination and requested the extended continuation period before the end of the first 18 months.

Your dependents' coverage may be continued for up to 36 months if their coverage terminates for any of the following reasons:

- If you should die; or
- If you become divorced or legally separated from your spouse; or
- If your dependent child no longer meets the definition of an eligible dependent child under the Plan.

If the employee terminated after Medicare entitlement, the spouse/dependents are entitled to Continuation of Coverage for the longer of:

- 18 months from the date of the qualifying event (employee resignation/termination)
- 36 month from the date the employee became entitled to Medicare.

However, if the employee terminates employment just one month before Medicare entitlement, the spouse and dependents are entitled to Continuation of Coverage for up to 18 months.

When Continued Coverage Ends

The continued coverage will end for any person when:

- The cost of continued coverage is not paid on or before the date it is due; or
- That person becomes entitled to Medicare; or
- That person is covered or becomes covered under another group health care plan; or
- The Plan terminates for *all* employees; or
- That person has been in the continued coverage plan for applicable maximum time frame.

That person submits a cancellation form indicating the termination date of coverage.

Coverage Change Due to a Qualifying Event

There are a limited number of qualifying events under the Continuation of Coverage Provision. You are eligible to change your coverage only when you experience one of the qualifying events listed below.

- Marriage
- Divorce/Legal Separation/Legal Annulment
- Death of Spouse/Dependent
- Dependent child reaches 26 years of age
- Dependent begins a new job
- Dependent loss of coverage
- Birth of a Child
- Legal Adoption/Placement of Adoption
- Court Order, Judgment, or Decree
- Medicare commences

Notice Responsibilities

Within 60 days of termination or the qualifying event, it is your responsibility to notify the Archdiocesan Office of Human Resources at benefits@archstl.org or 314.792.7546 of whether or not you intend to enroll in the continued coverage provision plan regardless when enrollment paperwork is submitted. Continuation of Coverage is effective the date after active employee coverage ends. Coverage and premiums are retroactive to that date. It is your responsibility or that of your spouse to notify the Archdiocesan Office of Human Resources, if you become divorced or legally separated. It is your responsibility or that of your covered child to notify the Office of Human Resources if your dependent child no longer qualifies as a covered dependent under the Plan. *If you, your spouse, or child, fail to properly notify the Office of Human Resources within the 60 day period, you, your spouse, or your dependent child will be unable to purchase continued coverage.*