



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		
<u>Exams/Materials</u>		\$10/\$25 Copay	\$10/\$25 Copay		• 1x your annual earnings
Standard Frames		\$150 retail allowance	Reimbursed up to \$60		Employee Assistance Program (EAP) with Saint Louis Counseling – Employer Provided
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			• 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.
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			Flexible Spending Accounts with Tristar
<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		
<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. 					

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