



DIOCESE OF COVINGTON

NEW HIRE ONBOARDING BENEFITS PACKET

**PLAN YEAR
2023 – 2024**

New Hire Onboarding Packet

Table of Contents

• Lay Employee Payroll Summary	3
• Lay Employee Benefit Summary	4
• Medical Information	
○ Anthem Summary of Medical Benefits	5
○ Anthem Blue Vision Coverage Description.	9
○ Insurance Premium Schedule & Information . . .	13
○ Medical Application Form	14
• Voluntary Benefits Information	
○ Summary of Available Benefits & Information . .	18
○ Voluntary Benefits Enrollment Form.	19
○ Flexible Spending Account Plan Information . . .	20
○ Delta Dental Benefit Summary & Information. . .	34
○ Term Life & Accidental Death/Dismemberment Information (AD&D)	43
○ Long Term Disability (LTD) Information	46
○ Universal Life Insurance Information	49
○ IDShield / LegalShield Information.	57
○ 403(b) Retirement Information	58

Diocese of Covington – Employee Payroll Information

Fiscal Year: 2023-2024

I. Pay Dates	All employees are paid on a semi-monthly basis on the 15th and last day of each month. If a pay date occurs on the weekend, the previous Friday is considered the pay date.
II. Direct Deposit	All regular employees are required to use Direct Deposit. The net amount of the paycheck will be deposited to a checking or savings account of the employee's choice on the pay date. (Contact the Payroll Office for required form or download from the Diocesan website – see below). Direct deposit begins on the first pay date.
III. Payroll Options	<u>Teachers</u> may opt for payment of the contract salary for ten months (September-June) or twelve months (September-August) – if hired prior to the first day of school.
IV. Required Documentation	<u>Teachers</u> : Signed Contract with appropriate documentation. <u>All Employees</u> : Form W-4 (Federal withholding), Form K-4 or IT-4 (State Withholding), Form I-9 (Evidence of Employability), Acceptance Form (Policies and Procedures for Addressing Sexual Misconduct), Direct Deposit Form.
V. Paystub Information	All employees' pay stubs are available online at www.paycor.com . Registration and access instructions are provided on the Diocesan website – see below.
VI. Verify Information	On the first pay date, verify that the following are correct: <ul style="list-style-type: none"> - the spelling of your name - your address - your social security number - your gross pay <ul style="list-style-type: none"> - Hourly employees – hourly rate X hours worked - Salary/Contract employees – contract divided by 20 or 24 - all voluntary deductions
VII. Change Information	To change tax withholding options or address, contact the Payroll Office (392-1556 or 392-1558). Please contact the Payroll Office to report any change in personal information that will affect the manner in which we process your payroll or how we contact you (e.g. name, marital status, dependents, mailing address, bank payroll deposit information).
VIII. Lost or Stolen Paycheck	Contact the Payroll Office (392-1556 or 392-1558)
IX. Voluntary Deductions	In addition to the items on the Employee Benefit Sheet, employees may authorize contributions to the United Appeal.

If you have any questions regarding your paycheck, please call, write or visit the Payroll Office at the Diocesan Curia at 1125 Madison Avenue; Covington, KY 41011-3115.

Finance Office –	392-1500	FAX	392-1589
Payroll Office –	392-1500	FAX	392-1589
E-Mail –	Payroll@CovDio.org		

Please visit the Diocese of Covington website for more payroll/benefits information:
www.covdio.org ... Click: Offices ... Click: Finance ... Click: Payroll & Benefits

Diocese of Covington – Lay Employee Benefits

Plan Year: 2023-2024

Summary Information Only – For detailed information refer to the listed contact person.

<p>I. Medical Insurance Liz Champ – 859-392-1554 Fax – 859-392-1589 LChamp@CovDio.org Self-funded plan administered by Anthem BC/BS of KY</p> <p>Payroll Office Mary Murrin – 859-392-1558 MMurrin@CovDio.org Peggy Daly – 859-392-1556 PDaly@CovDio.org Fax – 859-392-1589</p>	<p><u>PREMIUMS</u> Full-time employee (>=30 hrs./week) – single plan paid @ 100% Part-time employee (>=15 hrs./week) – single plan paid @ 50% Employee/Spouse; Employee/Child(ren) and Family plans are available at an additional cost to full-time employees.</p> <p><u>COVERAGE</u> No election of primary care physician required. Physician Co-Pay = \$25 (for in-network) Deductibles: \$400 – Single / \$800 – Family Prescription Co-pays: \$10 Generic / \$30 Brand / 50% Non- Formulary / Mail order required for certain chronic Rx. Vision – Exam covered / Glasses and contact lenses allowances.</p> <p><u>ENROLLMENT</u> New employees may apply within 30 days of employment – Employment contract does not enroll you in the medical plan. Open Enrollment in month of May; effective following July 1st</p> <p><u>TERMINATION</u> Coverage ceases at the end of the termination month. Continuation coverage available at group rates for up to 18 months at former employee's expense</p>
<p>II. Retirement – Defined Benefit Plan Nyhart – 888-901-2090 CovLex@Nyhart.com</p>	<p><u>ELIGIBILITY</u> Must be at least 21 years of age. Must work at least 15 hours/week and at least 5 months/year.</p> <p><u>ENROLLMENT</u> Eligible employees enrolled at hire date unless waiver signed. Open Enrollment in November for non-participants.</p> <p><u>CONTRIBUTIONS</u> Employee – 3.50% Employer – 4.75%</p>
<p>III. Tax Sheltered Retirement Plan Payroll Office – 859-392-1558 Payroll@CovDio.org</p>	<p>403(b) Plan with payroll deductions Personal retirement program Federal/State income tax deferred No employer contributions; due to defined benefit plan</p>
<p>IV. Section 125 Plan Chard-Snyder Karen Bottorff – 513-616-6417 KarenBottorff@Gmail.com</p>	<p>Unreimbursed Medical – IRS regulated maximum (\$2,850) Dependent Day Care – IRS regulated maximum (\$5,000) Plan Year – September through August Deductions made – September through May Existing Employees – Open enrollment in May New Hires – If hire date is post-September 1; eligibility will be September of the following calendar year.</p>
<p>V. Other Insurance Plans Available Karen Bottorff – 513-616-6417 KarenBottorff@Gmail.com</p>	<p>Insurances/coverages available: Dental (including vision/hearing); Term Life; Long-Term Disability; Long-Term Care; Universal Life; Legal Services and Identity Theft Protection Plan Year – July through June; Open enrollment in May</p>
<p>VI. Insurance Discount Program Zach Lux – 859-371-0440</p>	<p>Auto/Homeowners discount insurance program available through Liberty Mutual</p>
<p>VII. Paid Leave Steve Kopyay – 859-392-1534</p>	<p>Teachers – paid leave for illness, bereavement, maternity 10 days per year, cumulative up to 60 days total</p>
<p>VIII. College Tuition Steve Kopyay – 859-392-1534</p>	<p>Tuition reduction offered at Thomas More University for diocesan teachers, administrators and employees</p>
<p>IX. Credit Union Two Options</p>	<p>No. Ky. Educators' Federal Credit Union – 859-441-3405 Cove Federal Credit Union – 859-292-9000</p>
<p>X. Social Security/Medicare</p>	<p>7.65% of gross – matched by employer</p>
<p>XI. Unemployment Insurance</p>	<p>Pursuant to federal/state law, the Diocese of Covington is not a participating employer for US or KY Unemployment</p>

Your Summary of Benefits



Diocese of Covington
Blue Access® (PPO)
Effective 07/01/2023

Covered Benefits	Network	Non-network
Deductible (Single/Family)	\$400/\$800	\$800/\$1,600
Out-of-Pocket Maximum (Single/Family)	\$3,000/\$6,000	\$6,000/\$12,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> allergy injections (PCP and SCP) allergy testing MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, and non-maternity related Ultrasounds 	\$25/\$25 No copayment/coinsurance 20% 20%	40% 40% 40% 40%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations ¹ , Annual diabetic eye exam, Vision and Hearing screenings <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility 	 No copayment/coinsurance No copayment/coinsurance	 40% 40%
Emergency and Urgent Care Emergency Room Services <ul style="list-style-type: none"> facility/other covered services (copayment waived if admitted) Urgent Care Center Services <ul style="list-style-type: none"> MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Allergy injections Allergy testing 	\$100 \$35	\$100 \$35
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	20%	40%
Blue 3.0		

Your Summary of Benefits

Covered Benefits	Network	Non-network
Inpatient Facility Services Unlimited days except for: <ul style="list-style-type: none"> 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 90 days Network/Non-Network combined for skilled nursing facility 	20%	40%
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	20%	40%
Other Outpatient Services (Combined Network & Non-Network limits) including but not limited to: <ul style="list-style-type: none"> Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. Home Care Services 90 visits(excludes IV Therapy) Durable Medical Equipment and Orthotics (excluding Prosthetic Devices, Limbs and Medical Supplies) Prosthetic Devices Prosthetic Limbs Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	20%	40%
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Cardiac Rehabilitation Pulmonary Rehabilitation Physical Therapy: 20 visits Occupational Therapy: 20 visits Manipulation Therapy: 12 visits Speech therapy: 20 visits 	No copayment/coinsurance 20%	No copayment/coinsurance 20%
Accidental Dental:	Copayments/Coinsurance based on setting where covered services are received	40%

Your Summary of Benefits

Covered Benefits	Network	Non-network
Behavioral Health: Mental Illness and Substance Abuse² <ul style="list-style-type: none"> Inpatient Facility Services Inpatient Professional Services Physician Home and Office Visits (PCP/SCP) Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional 	20% 20% No copayment/coinsurance No copayment/coinsurance	40%
Human Organ and Tissue Transplants³ <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage 	No copayment/coinsurance	50%
Prescription Drug Options: Network Tier structure equals 1/2/3 National Formulary <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Anthem Rx Direct Mail Service: (90-day supply) Includes diabetic test strip Medicare Rx - Wrap Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits.	\$10/\$30/50% min. \$50/ max. \$100 \$20/\$70/\$125	50% , min \$60 Not covered
Lifetime Maximum	Unlimited	Unlimited

Notes:

- Flat dollar copayments are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the out-of-pocket limits.
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services where a copayment and percentage (%) coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month in which the child attains age 26
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a % coinsurance, deductible and coinsurance apply to allergy injections.
- No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Certain diabetic and asthma supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.
- Autism Spectrum Disorder is covered based on the state law for members age 1 through 21
- Benefit period = calendar year

Your Summary of Benefits

- Mammograms (Routine), Diabetic Education and Medical Nutritional Therapy are no copayment/coinsurance Network office and outpatient facility settings.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Physical and Occupational Therapy in the office setting are subject to the PCP cost share.

1 These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.

2 We encourage you to refer to the Schedule of Benefits for limitations.

3 Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

5 Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Grandfathered Health Plan

Anthem Blue Cross and Blue Shield believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Anthem Blue Cross and Blue Shield at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. *This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.*

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at 1-866-723-0515.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Eyeglass Frames			
One pair of eyeglass frames	\$130 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every other calendar year
Eyeglass Lenses (<i>instead of contact lenses</i>)			
One pair of standard plastic prescription lenses <ul style="list-style-type: none"> Single vision lenses Bifocal lenses Trifocal lenses 	\$20 Copay \$20 Copay \$20 Copay	Reimbursed Up To \$40 Reimbursed Up To \$60 Reimbursed Up To \$80	Once every calendar year
Eyeglass Lens Enhancements <i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
<ul style="list-style-type: none"> Transitions Lenses (for a child under age 21) Standard polycarbonate (for a child under age 21) Factory Scratch Coating 	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (<i>instead of eyeglass lenses</i>) <i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
<ul style="list-style-type: none"> Elective conventional (non-disposable) OR Elective disposable OR Non-elective (medically necessary) 	\$130 Allowance, then 15% off any remaining balance \$130 Allowance (<i>no additional discount</i>) Covered in full	Reimbursed Up To \$105 Reimbursed Up To \$105 Reimbursed Up To \$210	Once every calendar year

This is a primary vision plan with benefits intended to cover only corrective eyewear. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-Network Member Cost (after any applicable copay)
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> Transitions lenses (Adults) Standard Polycarbonate (Adults) Tint (Solid and Gradient) UV Coating Progressive Lenses¹ <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Premium Tier 4 Anti-Reflective Coating² <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Other Add-ons 	\$75 \$40 \$15 \$15 \$55 \$85 \$95 \$110 \$175 \$45 \$57 \$68 \$85 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> Complete Pair Eyeglass materials purchased separately 	40% off retail price 20% off retail price
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail
Conventional Contact Lenses (non-disposable type)	<ul style="list-style-type: none"> Discount applies to materials only 	15% off retail price

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM
Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com , select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

TO FAX: 866-293-7373
TO EMAIL: oonclaims@eyewearspecialoffers.com
TO MAIL: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

Transitions are registered trademarks of Transitions Optical, Inc. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield Names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Get Help in Your Language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD: 711).

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

German

Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Kirundi

Ufise uburenganzira bwo gufashwa mu rurimi rwawe ku buntu. Akura umunywanyi abikora Ikaratakarangamuntu yawe kugira ufashwe. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Nepali

तपाईंले यो जानकारी तथा सहयोग आफ्नो भाषामा नःशुल्क प्राप्त गर्ने तपाईंको अधिकार हो। सहायताको लागि तपाईंको ID कार्डमा दिएको सदस्य सेवा नम्बरमा कल गर्नुहोस्। (TTY/TDD: 711)

Oromo

Odeeffanoo kana fi gargaarsa afaan keetiin kaffaltii malee argachuuf mirga qabda. Gargaarsa argachuuf lakkoofsa bilbilaa tajaajila miseensaa (Member Services) waraqaa enyummaa kee irratti argamu irratti bilbili. (TTY/TDD: 711)

Pennsylvania Dutch

Du hoscht die Recht selle Information un Hilfe in dei Schprooch mitaus Koscht griege. Ruf die Member Services Nummer uff dei ID Kaarte fer Hilfe aa. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. **(TTY/TDD: 711)**

Serbian

Imate pravo da dobijete sve informacije i pomoć na vašem jeziku, i to potpuno besplatno. Pozovite broj Centra za podršku članovima koji se nalazi na vašoj identifikacionoj kartici. **(TTY/TDD: 711)**

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. **(TTY/TDD: 711)**

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. **(TTY/TDD: 711)**

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Diocese of Covington
 Medical Insurance Premiums
 For the 2023-2024 Plan Year

Full Time Employee * Coverage Level	Total Premium	Monthly		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 920	\$ 920	\$ -	\$ 460	\$ -
Employee and Child(ren)	\$ 1,620	\$ 920	\$ 700	\$ 460	\$ 350
Employee and Spouse	\$ 1,890	\$ 920	\$ 970	\$ 460	\$ 485
Family	\$ 2,810	\$ 920	\$ 1,890	\$ 460	\$ 945

* - Full time employee is defined as an employee working 30 hours or more per week.

Part Time Employee ** Coverage Level	Total Premium	Monthly		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 920	\$ 460	\$ 460	\$ 230	\$ 230
Employee and Child(ren)	n/a				
Employee and Spouse	n/a				
Family	n/a				

** - Part time employee is defined as an employee working 15 or more hours per week but less than 30 hours per week; and are only eligible for 'Single' coverage.

Employee Enrollment Application



Your Anthem enrollment application is attached. It is essential that you read it carefully and complete all necessary sections.

If you are a new enrollee:

- a) Applying for health coverage, please complete sections 2, 4, 5, 6, 7, 8, and 9. Your signature is required in section 9.
- b) Waiving your health coverage benefit, please complete sections 2, 5, and 10. Your signature is required in section 10.
- c) Complete all appropriate sections, print, sign and mail, fax or email to:
Ms. Elizabeth (Liz) Champ
Diocesan Benefits Office
1125 Madison Avenue
Covington, KY 41011-3115
Phone: (859) 392-1554
Fax: (859) 392-1589
Email: LChamp@CovDio.org



If you are adding a dependent(s):

Complete section 3 in addition to the above.

NOTE: You may be required to supply additional information.

It is important that you read and understand the Significant Terms, Conditions and Authorizations on Page 4.

Thank you for choosing Anthem Blue Cross and Blue Shield.
www.anthem.com

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a register trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Anthem Health Plans of Kentucky, Inc: 13550 Triton Park Blvd, Louisville, KY 40223

1. Employer/Group Use:		Roman Catholic Diocese of Covington					
Employer Name and Address:		1125 Madison Avenue; Covington, KY 41011-3115					
Group #	Sub-group #	Request Effective Date			Department Name		
W32182		/ /					
Anthem Use:	Plan	Health Effective	PCP	COB	Pre-ex (date)		
	/ /	Yes	No	Yes	No	/ /	

2. Reason for Application				3. Status Change / Event			
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Waiver	Event Date: / /		<input type="checkbox"/> Marriage	<input type="checkbox"/> Adoption *		
<input type="checkbox"/> Annual Open Enrollment	<input type="checkbox"/> New Hire			<input type="checkbox"/> Birth	<input type="checkbox"/> Legal Guardianship *		
<input type="checkbox"/> COBRA	<input type="checkbox"/> Rehire (date): / /			<input type="checkbox"/> Other:			
Qualifying Event:							
Event Date: / /		<input type="checkbox"/> Add dependent (See § 3)		* - Include legal documentation			

4. Type of Coverage / Plan					
<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> Employee only	<input type="checkbox"/> Employee + spouse	<input type="checkbox"/> Employee + child(ren)	<input type="checkbox"/> Family coverage	
<input checked="" type="checkbox"/> Blue View Vision					
<input type="checkbox"/> No Coverage (MUST complete and sign Section 10)					

5. Employee Information						
Last Name	First name, M.I.	Date of Birth	Age	Gender	Social Security #	
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F		
Home Address	City	State	Zip Code	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
Home telephone	Work telephone	eMail address (required)				
Retired <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation	Full-time hire date	Hours working/week	
				/ /		

6. Family Information *Spouse and dependents to be covered							
* Please read the Genetic Information Non-discrimination Act (GINA) information on Pg 3, prior to answering the below questions.							
Dependent #1: Last Name		First name, M.I.		Relationship to Applicant:	<input type="checkbox"/> Spouse <input type="checkbox"/> Other:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	FT Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is dependent's address different than applicant's address?				<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes, provide full address below)		
Date of Birth	Gender	Social Security #	Eligible for federal income tax exemption?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /	<input type="checkbox"/> M <input type="checkbox"/> F		Court ordered health care coverage?		<input type="checkbox"/> Yes * <input type="checkbox"/> No		
If child, is child married?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently hospitalized/disabled?		<input type="checkbox"/> Yes * <input type="checkbox"/> No	
				(If Yes, to either, include legal documentation and reason)			
Does child have other medical insurance available?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dependent #2: Last Name		First name, M.I.		Relationship to Applicant:	<input type="checkbox"/> Spouse <input type="checkbox"/> Other:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	FT Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is dependent's address different than applicant's address?				<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes, provide full address below)		
Date of Birth	Gender	Social Security #	Eligible for federal income tax exemption?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
/ /	<input type="checkbox"/> M <input type="checkbox"/> F		Court ordered health care coverage?		<input type="checkbox"/> Yes * <input type="checkbox"/> No		
If child, is child married?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently hospitalized/disabled?		<input type="checkbox"/> Yes * <input type="checkbox"/> No	
				(If Yes, to either, include legal documentation and reason)			
Does child have other medical insurance available?				<input type="checkbox"/> Yes <input type="checkbox"/> No			

Name: _____

SSN: _____

Dependent #3: Last Name		First name, M.I.	Relationship to Applicant:	<input type="checkbox"/> Spouse <input type="checkbox"/> Other:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter	FT Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is dependent's address different than applicant's address?			<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes, provide full address below)		
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #	Eligible for federal income tax exemption?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			Court ordered health care coverage?	<input type="checkbox"/> Yes * <input type="checkbox"/> No		
			Currently hospitalized/disabled?	<input type="checkbox"/> Yes * <input type="checkbox"/> No		
If child, is child married?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes, to either, include legal documentation and reason)			
Does child have other medical insurance available?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
For additional dependents, submit on a separate sheet of paper.						

7. Other Health Coverage				
Please check one:		<input type="checkbox"/> Yes - must complete this section		<input type="checkbox"/> No
On the day your coverage begins, list family members, including yourself, who will be covered by any other health coverage:				
Provide name, phone number and address of the HMO or insurance company			Policy/Certificate #	Effective date / /
Policy/certificate holder's name	Social Security #	Date of birth / /	Relationship to applicant	
If you and/or your dependents are enrolled in Medicare or Medicaid, complete the following:				
Enrollee's name(s)	Medicare / Medicaid ID number	Medicare Part A effective Date / /	Medicare Part B effective Date / /	ESRD onset date / /
		/ /	/ /	/ /
Medicare Part D ID#	Medicare Part D Carrier	Medicare Part D effective Date / /	Medicare Part B term date / /	
Reason for Medicare entitlement:	<input type="checkbox"/> Age <input type="checkbox"/> Disability	<input type="checkbox"/> ESRD/Disability	<input type="checkbox"/> End Stage Renal Disease	

Significant Terms, Conditions and Authorizations (TERMS) *Please read this section carefully before signing*

Genetic Information Non-discrimination Act (GINA): When answering questions on this enrollment application the information provided for each individual should include only information about that individual, and should not include any genetic information. Genetic information includes family medical history and information related to the individual's genetic testing, genetic services, genetic counseling, or genetic diseases for which the individual may be at risk. All responses pertaining to an individual will only be considered and applied to the individual in question.

Continue to Page 4 for signature page and remaining Terms, Conditions and Authorizations (TERMS)

Name: _____

SSN: _____

Significant Terms, Conditions and Authorizations (TERMS) *Please read this section carefully before signing*

1. I may not assign any payment under my Anthem Blue Cross and Blue Shield program unless allowed by law.
2. I authorize deduction from my wages/pension, if necessary for the required premium for the coverage for which I, or any dependents have applied.
3. I am applying for the coverage selected on this application. If I select a coverage, or combination of coverages, not available to me and / or a class for which I am not eligible, I agree that my selection(s) is hereby automatically amended to be consistent with the employer's application.
4. I understand that, to the extent permitted by law, Anthem reserves the right to accept or decline this application and that no right whatsoever is created by this application.
5. I am responsible to timely notify my employer of any change that would make me or any dependent ineligible for coverage.
6. By signing this application, I agree and consent to the recording and / or monitoring of any telephone conversation between Anthem and myself.
I acknowledge that I have read the Significant Terms, Conditions and Authorizations, and I accept such provisions as a condition of coverage. I represent that the answers given to all questions on this application are true and accurate to the best of my knowledge and I understand they are being relied on by Anthem in accepting this application. I understand that any misstatements or failure to report new medical information prior to my effective date may result in a material change to coverage or premium rates. Any material misrepresentation or significant omission found in this application may result in denial of benefits, rescission or cancellation of coverage.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company, health maintenance organization, self-insured plan, or other person, files an application for insurance or other form of health care coverage containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

I give this authorization for and on behalf of any eligible dependents and myself if covered by the Plan. I am acting as their agent and representative.

Your health coverage will be provided by one of the following companies based upon the state in which your employer, trust or association is located: **Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc.**

9. Read the TERMS section above carefully before signing. Please review your application for errors.

By signing this, I am indicating that I have read and understand the language in the TERMS section of this application and agree to all of its terms.

Applicant Signature for Electing Health Coverage

Date

/ /

10. Waiver of health coverage for employee and/or any eligible dependent not enrolling.

Name of person waiving

Already protected by coverage of:

☐ Spouse ☐ Parent ☐ None

Employer Name

Carrier: ☐ Anthem (list policy #)☐ Other (list Carrier name/policy #)

Name of person waiving

Already protected by coverage of:

☐ Spouse ☐ Parent ☐ None

Employer Name

Carrier: ☐ Anthem (list policy #)☐ Other (list Carrier name/policy #)

Name of person waiving

Already protected by coverage of:

☐ Spouse ☐ Parent ☐ None

Employer Name

Carrier: ☐ Anthem (list policy #)☐ Other (list Carrier name/policy #)

Name of person waiving

Already protected by coverage of:

☐ Spouse ☐ Parent ☐ None

Employer Name

Carrier: ☐ Anthem (list policy #)☐ Other (list Carrier name/policy #)

I certify that I have been given an opportunity to apply for Anthem Blue Cross and Blue Shield coverage and after careful consideration, have decided not to take advantage of this offer. In the event I wish to apply for such coverage hereafter, I may do so, subject to established procedures. If I am declining enrollment for myself or my dependents (including my spouse) because of other health insurance coverage, I may in the future be able to enroll myself or my dependents in this plan, provided that enrollment is requested within 31 days after other coverage ends. If I have a dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents provided that I request enrollment within 31 days after the marriage, birth, adoption or placement of adoption. I also understand that my dependents and I may enroll under two additional circumstances:

- Either my or my dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- My dependent or I become eligible for a subsidy (state premium assistance program).

In these cases, I may be able to enroll myself and my dependents provided that I request enrollment within 60 days of the loss of Medicaid/CHIP or of the eligibility determination.

Applicant Signature for Waiving of Health Coverage

Date

/ /

Diocese of Covington Voluntary Benefit Descriptions



Flexible Spending Account (FSA): Save Federal, State and FICA taxes on all of your family's Out-Of-Pocket Medical, Dental, and Vision expenses! The **BENNY Card**, allows you to keep your cash in your pocket while paying for prescriptions, deductibles, doctor and hospital co-pays, dental services, glasses, etc. The Maximum amount you may set aside per Plan Year is \$3,050.00.

Dependent Day Care (DCAP): Pay for your dependents' daycare while you are at work with Pre-Tax dollars! Save 30% depending on your tax bracket! The maximum you may set aside per Plan Year is \$5,000.00!!

DELTA DENTAL of KENTUCKY

Choose from a **large network** of dentists who provide 100% Preventive services. 50% Basic and Major Services after a \$50 deductible. Coverage subject to a \$2000 cap per individual per calendar year.

	<u>PPO</u>
Employee Only -	\$13.16/pay
Employee + Spouse	\$26.32/pay
Employee + Child(ren)	\$29.03/pay
Family	\$54.72/pay

In business for 56 Years, Delta Dental of Kentucky has the largest network with 90% of Participating Providers in KY and insures over 780,000 smiles across the Commonwealth.

LEGALSHIELD & IDENTITYSHIELD

Legal Shield : Get Legal Consultation on unlimited issues (not employer related), Will preparation, legal document review and 24/7/365 Emergency Assistance.

Identity Shield: 24/7 Continuous Monitoring with Activity Alerts, Vault Password Manager • Identity Restoration Services – All personal data monitored including driver's license, medical, social security, checking, savings and credit cards.

<u>LEGALSHIELD</u>
Individual - \$10.48/pay
Family - \$10.49/pay

<u>IDENTITYSHIELD</u>
Individual - \$4.23/pay
Family- \$7.98/pay

<u>Both Plans</u>
Individual - \$14.70/pay
Family - \$16.95/pay

UNUM Insurance Services

Long Term Disability Insurance: Protect 60% of your gross income in the event you cannot return to work after an injury or sickness. Coverage will continue until your normal retirement age. **The average cost for a 35 year old earning \$30,000/yr is \$5.74/pay. Contact Karen Bottorff at karenbottorff@gmail.com for your individual rate!**

Group Term Life Insurance: Protect your family in the event of your untimely death with term life insurance. Coverage is available from \$20,000 to \$500,000, not to exceed 5X your annual earnings. **Average cost for a 35 Year Old with \$50,000 in coverage is \$2.35/pay period!! Contact Karen Bottorff at Karenbottorff.gmail.com for your individual rate!**



Universal Life Insurance- Get the advantage of cash-value life insurance coupled with a provision for Long Term Care Insurance if you need it. Excellent method to plan for all the unexpected late life events! Call Karen Bottorff at 513-616-6417 for your rate and quote. Lock in competitive premiums at your attained age.!



Diocese Enrollment 2023-2024

Form is due within 30
days of hire date

E-mail Forms to DoCOpenEnrollment@gmail.com

Questions:
513-616-6417
Karenbottorff@gmail.com

EMPLOYEE INFORMATION:

NAME (LAST, FIRST, M.I.)		SOCIAL SECURITY #	SCHOOL/CHURCH
HOME ADDRESS	APT #	DATE OF HIRE	DATE OF BIRTH / AGE
CITY	STATE	ZIP CODE	CELL PHONE
E-MAIL ADDRESS		JOB TITLE / POSITION	PAID DURING THE SUMMER Yes <input type="checkbox"/> No <input type="checkbox"/>

DEPENDENT INFORMATION: Dependents to be included for Insurance coverage only, not FSA or DCAP

NAME (LAST, FIRST, M.I.)	D.O.B.	SOCIAL SECURITY #	SEX	RELATIONSHIP

S125 PLAN ELECTIONS (Must be made each Plan Year) Deduction Schedule-18 pays: 9/15/2023 - 5/31/2024
* New Hire Eligibility- If hire date is on or after September 1st, 2023, eligibility for FSA/DCAP is September 1st, 2024

Flexible Sending Account (FSA) & LFSA

Out-pocket- medical, dental, vision expenses

Contribute \$100 to **\$3050**

Minimum is \$100/plan year

Annual
Election

Dependent Daycare (DCAP)

Child and/or Adult Daycare expenses

If married filing jointly/single - Contribute up to **\$5000**

If married filing separately - Contribute up to \$2500

Annual
Election

INSURANCE PLAN ELECTIONS - Deduction Schedule: 24 Pays: 9/15-8/31

* New Hire Eligibility- 1st day of month following 30 days of employment.

Delta Dental of Kentucky

PPO

Employee Only \$13.16 / pay ☐

Employee + Spouse \$26.32 / pay ☐

Employee + Child(ren) \$29.03 / pay ☐

Family \$54.72 / pay ☐

Legal Shield

Individual - \$10.48 / pay ☐ Family - \$10.49 / pay ☐

Identify Theft

Individual - \$ 4.23 / pay ☐ Family - \$ 7.98 / pay ☐

Both Plans

Individual - \$14.70 / pay ☐ Family - \$16.95 / pay ☐

UNUM Group Term Life Insurance and AD&D

Benefit
Amount

Employee Amount (\$10,000-\$500,000)

Spouse Amount (\$5,000-\$150,000)

Child Amount (\$2,000-\$10,000)

Maximum Guaranteed Issue Amount is 5X Salary

Current Salary

Transamerica Universal Life Insurance with Cash Values

(Separate Enrollment form will be sent)

Employee Only - \$8.66 / pay

Spouse - \$8.66 / pay

Check
Box

☐☐

Unum Long-Term Disability

Current Salary

☐

BENEFICIARIES (For Life Insurance Only)

NAME (LAST, First, M.I.)	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH

EMPLOYEE AUTHORIZATION/SIGNATURE:

Date:

I hereby authorize my employer to deduct from my compensation the required contributions for the benefits I have elected above.
I received and read all authorizations provided by each plan elected and agree to comply with such terms and conditions

The Chard Snyder Flexible Spending Account



What is a Flexible Spending Account?

A Flexible Spending Account (FSA) can help you save money for healthcare and/or dependent care items and services for yourself and your family. FSA funds are deducted from your paycheck before taxes, so the money deposited into the account is **tax free** which **saves you money**.

You may save **up to 40%** on your healthcare or dependent care costs.

What are the Different Types of FSAs?



A **health FSA** can be used for eligible medical expenses such as copays, coinsurance, deductibles, dental, vision, prescriptions, medical supplies, and procedures. Even over-the-counter medications and menstrual care products are eligible expenses.



A **limited-purpose FSA** is designated for eligible dental and vision expenses only. The limited FSA allows those with a Health Savings Account (HSA) to use HSA funds for medical expenses and use the limited FSA funds for eligible expenses such as orthodontia or glasses.



A **dependent care FSA** can be used for expenses incurred to care for your children age 12 and younger, as well as your adult tax dependents, who require care while you are at work.

What are FSA Eligible Expenses?

The IRS determines what expenses are FSA eligible. Eligible expenses are reimbursed if they are incurred by you, your spouse, or your tax dependents during the plan year. The charts below show examples of eligible expenses:

Health FSA

Deductibles	Medical Services	Dental Treatment	Acne Medicine
Hospital Services	Vaccines	Chiropractor	Menstrual Care
Prescriptions	Contact Lenses	Sunscreen	OTC Medications
Copays	Orthodontia	Thermometers	Baby Monitors
First Aid Kits	Physical Exams	Physical Therapy	Coinsurance

Limited-Purpose FSA

Dental Visits	Eye Exams	Orthodontia
Dental Surgeries	Eyeglasses	Teeth Cleanings
Fluoride Treatment	Contacts	Dental/Vision Copays

Dependent Care FSA

In-Home Babysitter	Summer Day Camp	Outside Babysitter
Daycare Centers	Elder Custodial Care	After-School Activities
Nursery School	Elder Daycare	Latchkey Program



The Chard Snyder Mobile App



Manage
your FSA
on the go,
anywhere,
anytime

Features

- Submit FSA claims with receipt images using your phone's camera
- View account balances and transaction details
- Enable Face ID or Touch ID for easy, secure access
- Catalog past and current receipts using your phone's camera
- Scan any product for eligibility using your phone's camera (*Plan restrictions may apply*)

Download from the App Store or Google Play



www.chard-snyder.com



Chard Snyder helps you get the most out of your FSA benefit.

Am I Eligible for an FSA?

To maximize savings, you can enroll in a dependent care FSA with either a health FSA or a limited-purpose FSA. You are not eligible to be enrolled in both a health FSA and a limited-purpose FSA. If you are contributing to a Health Savings Account (HSA), you are not eligible for a health FSA but can enroll in a dependent care FSA and/or a limited-purpose FSA.

How Do I Access My FSA Funds?

The Chard Snyder Benefit Card provides an easy, convenient way to use your FSA funds to pay for eligible items and services. It works just like a debit card, but utilizes smart technology so it can only be used to pay for expenses that are eligible according to IRS guidelines under the FSA plan.

The Chard Snyder Benefit Card eliminates the need to pay out-of-pocket, submit a claim, or wait for reimbursement. Simply swipe the card at your healthcare provider's office, pharmacy, store, or use online, and the funds are automatically deducted from your care or limited-purpose FSA. Plan restrictions may apply to your dependent care amount, and some providers may not accept the benefit card.

You can also file a claim on the Chard Snyder Mobile App or your online account.

The Chard Snyder Benefit Card



- Convenient way to pay for eligible expenses directly from your FSA
- Works like a debit card
- Connect with your mobile wallet for contactless payments
- Your card is valid for 5 years
- Save your receipts

You may use your card until the expiration date shown on the front. You will receive new cards just before your current card expires.

Why Do I Need to Save My Receipts?

The IRS requires Chard Snyder to confirm that you used FSA funds for an eligible service or purchase. You may be asked for copies of itemized receipts, statements, or Explanation of Benefits (EOB) from doctors' and dentists' offices, hospitals, and stores that do not automatically verify eligible expenses.

Just take a picture of the itemized receipt with your smart phone and submit it using the Chard Snyder Mobile App or your online account. It's that easy!

Once you provide the requested information for a transaction that is not immediately recognized as eligible, the transaction in question is normally verified quickly. *(If you do not provide the requested documentation in a timely manner, your card may be turned off.)*



Chard Snyder Website

www.chard-snyder.com

Once you've enrolled, access your Chard Snyder FSA online account from the website home page by clicking on the blue *Login* tab at the top right of the page.



Chard Snyder Participant Services

Our Participant Services team is here to help answer questions you may have about your FSA. Contact us via Live Chat on the Chard Snyder website or give us a call.



800.982.7715 www.chard-snyder.com

Flexible Spending Account Carryover



What is a Flexible Spending Account Carryover?

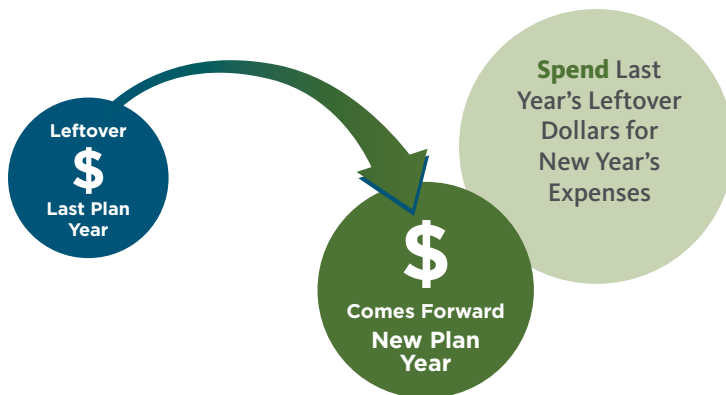
The carryover feature that comes with your Flexible Spending Account (FSA) allows you to **carry over up to \$610** of unused funds into the following plan year. The FSA is generally a “use-it-or-lose-it” account, but the carryover helps you save up to \$610 in unspent funds.

The FSA carryover is only offered with a **health or limited-purpose FSA**. If you have a dependent care FSA, the carryover is not an option.

How Does the FSA Carryover Work?

At the end of the FSA plan year, you are able to carry over up to \$610 of unused funds into the new plan year. **For example**, if you elected to contribute \$2,700 to your FSA during open enrollment but only spent \$2,400, you could carry over the remaining \$300 to use in the next plan year. Keep in mind, if you only spent \$2,000, you can also carry over \$610 but you would lose the additional \$90.

Plans vary, so be sure to check your **FSA plan guidelines** to confirm the amount your FSA allows to carry over.



What are the IRS Rules?

The IRS requires proof each claim is for an eligible expense. You may be asked to send a copy of your itemized receipt, itemized statement, or Explanation of Benefits (EOB) showing:

- Date of service (not the date of payment)
- Patient name
- Merchant or provider name
- Service provided or item purchased
- Amount of the expense

Only eligible expenses can be reimbursed. For a full list of FSA-eligible expenses, log into your Chard Snyder online account and view the Healthcare Eligible Expenses Table under *Quick Links* on the *Tools & Support* tab.

You must spend and claim your FSA money within your company's plan deadlines. Once you claim an expense you may not claim it again on your annual taxes.



The Chard Snyder Mobile App



Manage your FSA on the go, anywhere, anytime

Features

- Submit FSA claims with receipt images using your phone's camera
- View account balances and transaction details
- Enable Face ID or Touch ID for easy, secure access
- Catalog past and current receipts using your phone's camera
- Scan any product for eligibility using your phone's camera (*Plan restrictions may apply*)

Download from the App Store or Google Play



www.chard-snyder.com



FLEXIBLE SPENDING ACCOUNT

.....



Your tomorrow, today.

Open a Flexible Spending Account To Save 25-40% on Healthcare and Dependent Daycare Expenses

With a Flexible Spending Account (FSA), you pay for eligible expenses with tax-free dollars. You won't have to pay federal, social security or most states' taxes on the money you put into the plan.

It's so Easy to Use Your Flexible Spending Account

If you use the Benny® prepaid benefits card, you can pay for many expenses without cash. Or you can pay for your expenses and submit a claim using the mobile app, email, fax, U.S. mail or through the website. Most reimbursements are received within two weeks depending on your plan's payment option.

Use the Chard Snyder mobile app or website any time to check your current balance, see the status of a claim or review the history of your account.

Get the Most From Your Flexible Spending Account...Plan Ahead to Save

You will want to plan ahead to save the most you can. Follow these steps:

1. Check your plan rules for possible claims deadlines
2. Use the Annual Expense Estimate Worksheet on the back of this brochure or on our website to help you plan
3. Review the lists of eligible healthcare expenses
4. Total what you paid last year for eligible expenses for each plan
5. Write down any new expenses you are sure of for the new plan year. Include new glasses, prescriptions, orthodontia, or another family member needing daycare, etc.
6. The total for each plan helps you decide how much to put into your accounts



Use the Tax-Savings Calculator on Our Website

Eligible healthcare and dependent daycare expenses are exempt from federal income and social security taxes as well as most state income taxes. Your tax savings will vary based on your tax bracket.

*Email questions to
askpenny@chard-snyder.com*

Search Thousands of FSA Eligible Products Online



www.chard-snyder.com/product-partners/fsastore.html
One coupon per customer



Save Your Receipts!

No matter how you submit a claim, the IRS requires that you prove it was for an eligible expense. You may be asked to send us a receipt, Explanation of Benefits (EOB), or bill as proof. Your proof must provide the date of the expense, a description of the item or service, the name of the store or provider and the amount you paid. Your expense must have occurred during the time period covered by your plan.

Your Healthcare Flexible Spending Account

Save on out-of-pocket healthcare expenses for you and your family. Use your healthcare account to pay for expenses not covered by your medical, dental and vision insurance plans such as deductibles, co-payment amounts and eligible services and merchandise for which you have no coverage.

Use your plan like an interest-free loan for expenses such as glasses, contact lenses, dentures, orthodontia, oral surgery, tooth implants or LASIK surgery. The tax-free money withheld from your check helps you pay for big expenses painlessly.

The IRS does not allow us to pay claims for doctor's retainer fees (VIP fees), medical services before they are provided (such as your expected costs as shown on dental estimates) or cosmetic merchandise or procedures such as tummy-tucks or teeth-whitening.

Over-the-counter drugs and medicines such as ibuprofen, acetaminophen or cough syrup are eligible expenses with a prescription from your doctor. Chard Snyder will need a copy of the prescription to keep in our files for one year in order to pay claims for these items.

Examples of Eligible Healthcare Account Expenses

Acupuncture	Fluoridation treatments	Physical therapy
Alcoholism / drug addiction treatment	Guide dog	Pre-existing conditions
Artificial limbs	Hearing aid / batteries	Prescriptions
Artificial teeth	Hospital services	Private hospital room
Braille books / magazines	Insulin	Psychiatric care (prescribed)
Childbirth classes	Laboratory fees	Reading glasses
Chiropractors	LASIK surgery	Sales tax (on eligible expenses)
Co-insurance / co-pays	Learning disability	Smoking cessation (prescribed)
Contact lenses / solution	Medical monitoring devices	Speech training
Crutches	Medical services	Transplants
Deductibles	Operations / surgery	Vaccines
Dental treatment	Optometrist	Weight-loss (prescribed)
Denture adhesives	Orthodontia*	Wheelchair
Eye exams / eyeglasses	Osteopath	X-ray fees
Fitness classes (prescribed)	Physical exams (non-employment)	

* Find our brochure titled *Save on Orthodontia With a Flexible Spending Account* on our website for a complete explanation of how orthodontia claims are paid.



Find the
*Using Your
Flexible Spending
Account*
brochure at
www.chard-snyder.com
for complete details



Use our Mobile
App to Stay
Up-to-Date
Wherever You Are

It's Easy to Manage Your Account

Chard Snyder offers you the tools you need to make using your Flexible Spending Account easy. Benny lets you pay without taking cash from your pocket. And you have online access to your account on the road or at your home computer. The secure online access lets you see your account activity, manage your personal profile, access forms and read messages... the information you need, when you need it.



Benny Prepaid Benefits Card Helps You Save Money

See the list of stores that accept Benny at www.chard-snyder.com.

Don't throw away your Benny...you can use it for up to five years. There is an expiration date on the front of your card.

Your healthcare election will be available on the first day of your plan year.

New participants will be mailed a set of two cards in their name.

Pay for Eligible Expenses With Benny...No Cash Required!

Benny® is smarter than the average card and recognizes many eligible expenses such as doctor's office visits, prescriptions and emergency room visits. Benny helps you stay within IRS rules by allowing purchases only at locations that provide eligible services or merchandise. Benny even knows which items are eligible at most places that sell over-the-counter healthcare merchandise. Using Benny means you can keep your cash in your pocket for other things. You'll receive two cards, one for you and one for another family member.

Use Our Mobile App and Stay Up-To-Date Wherever You Are

Use your iPhone®, Android® or tablet device to access your account balance anywhere. See specific transaction details and submit healthcare claims and receipt images, plus, choose the text alerts you want to receive. You'll know when claims are confirmed or denied and when receipts are needed to support your claim.



Look for this Envelope

Be on the lookout for this envelope in the mail. It will say **Your New Employee Benefits Materials Are Enclosed – Please Open Immediately!** Your cards are enclosed.

Your Dependent Daycare Flexible Spending Account Can Save You Hundreds of Dollars

Are you paying for the care of dependent children under the age of 13 or dependents of any age who are unable to care for themselves? Now you can pay for your dependents' daycare while you are at work or school and save 25-40% in taxes on every dollar.

Just enroll in the plan during your benefits open enrollment period and choose the amount you want to put aside for daycare. The annual maximum a household may set aside is \$5,000. Married couples filing singly may each set aside up to \$2,500. Divorced couples should check the FAQs on our website for special rules.

Tax-free money from your paycheck will be added to your dependent daycare account balance. You pay your daycare provider and then submit a claim for reimbursement. The plan works like a checking account in that you may only be reimbursed for the amount you have in your account at the time of your claim. If your claim is for more than the balance in your account, the rest of your claim will be paid when more money is added.

Examples of Eligible Dependent Daycare Expenses

Choose the care that best suits your situation:

- In-home babysitter
- Nursery school
- Daycare center
- Summer day camp
- Outside babysitter
- Elder custodial care
- Latchkey program
- Elder daycare



Important Points

You save 25-40% because you don't pay federal, social security or most states' taxes on the money you spend for daycare.

Choose your amount carefully. Once you are enrolled you cannot change it unless you change daycare providers, you have or adopt a child, or your child turns 13.

Services must be provided while you and your spouse are at work or attending classes as a full-time student.

Services must be provided during the current plan year. Your plan year is explained in your enrollment materials.

You should contact your tax advisor to discuss how you might use this benefit with the child care tax credit.



800.982.7715 www.chard-snyder.com



Healthcare Account Annual Expense Estimate Worksheet

MEDICAL

Co-pays / expenses

Prescriptions \$ _____ \$ _____

Physician visits \$ _____ \$ _____

Hospital visit co-pays / expenses
(including Emergency) \$ _____ \$ _____

Laboratory / testing expenses \$ _____ \$ _____

Deductible expenses \$ _____ \$ _____

Over-the-counter items (medicines
require a prescription) \$ _____ \$ _____

VISION

Eye examination \$ _____ \$ _____

Eyeglasses \$ _____ \$ _____

Contact lenses and solution \$ _____ \$ _____

LASIK surgery \$ _____ \$ _____

Other expenses \$ _____ \$ _____

HEARING

Hearing examination \$ _____ \$ _____

Hearing aid \$ _____ \$ _____

DENTAL

Co-pays / expenses

Dental visits \$ _____ \$ _____

Fillings \$ _____ \$ _____

Major work
(root canals, crowns, dentures, etc.) \$ _____ \$ _____

Orthodontia (braces) \$ _____ \$ _____

Deductible expenses \$ _____ \$ _____

Other expenses \$ _____ \$ _____

Total annual amounts \$ _____ \$ _____

The information contained in this publication is not, nor is it intended to be, legal or tax advice. Example expenses may not be reimbursable under your specific plan or restrictions may apply. Federal regulations may change plan features without notice at any time. © 2015 Chard, Snyder & Associates, Inc. All rights reserved.

Dependent Daycare Account Annual Expense Estimate

CHILD DAYCARE *

Full-time daycare (per week)

Child one \$ _____

Child two \$ _____

Part-time daycare (per week)

Child one \$ _____

Child two \$ _____

1. Estimate the cost per week for each category of care
2. Calculate the annual cost (weekly full-time daycare plus weekly part-time daycare X number of weeks per year)
3. Total amount \$ _____

*Child must be less than 13 years of age.

DISABLED / ELDER DAYCARE*

Caregiver
monthly cost \$ _____

Multiply monthly
cost times number
of months
estimated \$ _____

* Daycare provided for a dependent of any age who requires assistance with the basic tasks of daily life due to physical or mental challenges.



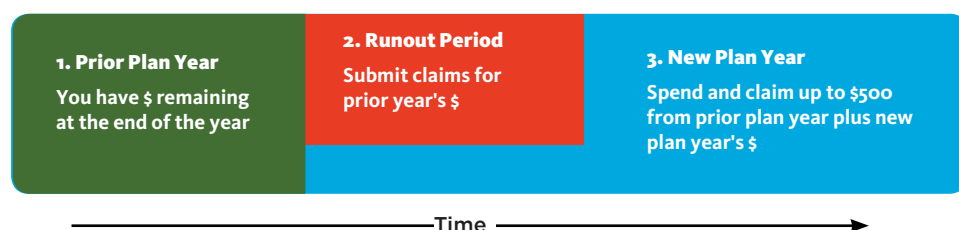
800.982.7715 www.chard-snyder.com



FSABennyp v8.15

How Does the Flexible Spending Account Carryover Work?

The Flexible Spending Account carryover works with the runout period and prior and new plan years like this:



Important Point

No matter how you submit a claim, the IRS requires that you prove it was for a valid expense. Your receipt, Explanation of Benefits (EOB), or bill must provide the date of the expense, a description of the item or service, the name of the store or provider and the amount you must pay.

1. Prior plan year

- The amount you chose to contribute from each paycheck was put into your Flexible Spending Account.
- You could use the Benny® prepaid benefits card or submit claims for any eligible services received or merchandise purchased after the date your plan year began.

2. Runout period (overlaps new plan year)

- When you pay with Benny during this period, you are using the money from the new plan year.
- If your new plan year's healthcare expenses are more than the amount you chose to contribute, you may claim up to \$500 from the balance of the prior plan year.
- You may submit claims for healthcare expenses dated during the prior plan year until the end of the runout period or until you have no money left for that year.

3. New plan year (overlaps runout period)

- You re-enroll in the healthcare Flexible Spending Account and the amount you choose to contribute from each paycheck is put into your account for the new plan year.
- You use your Benny to pay for current services and merchandise
- You may choose to submit claims for eligible expenses through our website, mobile app, or by email, fax or mail for any eligible services received or merchandise purchased on or after the starting date of the new plan year.
- The unused balance from your prior plan year (up to \$500) is made available to you.

Email questions to
askpenny@chard-snyder.com

Log in to your account to find the exact dates of the grace and runout periods of your plan or call Customer Service 513.459.9997 or 800.982.7715.



800.982.7715 www.chard-snyder.com

The information contained in this publication is not, nor is it intended to be, legal or tax advice. Example expenses may not be reimbursable under your specific plan or restrictions may apply. Federal regulations may change plan features without notice at any time. © 2015 Chard, Snyder & Associates, Inc. All rights reserved.



Carryover v8.15

How The Federal CARES Act Impacts Your Healthcare FSA



What is the CARES Act?

The Coronavirus Aid, Relief, and Economic Security (CARES) Act is Congress's latest coronavirus relief package and was signed into law on March 27, 2020. The CARES Act is the largest economic relief bill in United States history and will provide support to individuals and businesses affected by the pandemic.

Many of you have questions about the new law and how it impacts your benefits, including items now eligible for purchase with your healthcare flexible spending account (FSA). We hope to answer just a few questions here:



Are over-the-counter drugs and medicines now eligible expenses through a Healthcare FSA without a prescription?

Yes. With the new law, you are now able to purchase, or be reimbursed for, over-the-counter medications (examples: Tylenol, Motrin, cough suppressants; items that used to require a prescription) using your Healthcare FSA without a prescription.

In addition, any menstrual hygiene products (tampons, sanitary napkins, liners, etc.) may also be purchased or reimbursed using your Healthcare FSA with this new law.

The law is retroactive to January 1, 2020, meaning any over-the-counter medications or menstrual products you have purchased since January 1, 2020 can be reimbursed from your Healthcare FSA, if you have not already been reimbursed previously using a prescription.

When can I begin using my Healthcare FSA funds to purchase over-the-counter drugs and medicines, and menstrual hygiene products?

You may begin to use your Healthcare FSA funds for over-the-counter medications and menstrual hygiene products as of January 1, 2020. This new law also has no expiration date, meaning you may continue to purchase these items with your Healthcare FSA funds for the entire plan year and beyond.

Can I use my Chard Snyder Benefit Card to purchase over-the-counter medications and menstrual hygiene products?

You will be able to, but unfortunately, **not yet**. It is going to take several months before merchants can get their systems updated to recognize these items as eligible for purchase using your Healthcare FSA funds.

The Chard Snyder Mobile App



Manage your FSA on the go whenever it is convenient for you.

Download the Chard Snyder Mobile app for your smartphone or tablet from the App Store or Google Play.

How To Log In

1. Open the app and enter your username and password from your Chard Snyder online account
2. Create a four-digit passcode. For your security, you will be asked to create a four-digit passcode to use each time you access your account through the mobile app. You will not have to enter your username and password again unless it has changed.
3. Access your account through the mobile app



www.chard-snyder.com

What do I do until my Benefit Card can be used to purchase over-the-counter medications and menstrual products?

Don't worry, you can always file a claim to be reimbursed from your FSA until merchants have implemented the updated list of eligible items for benefit card use.

How do I request a reimbursement from my FSA?

The easiest way is to use the *Chard Snyder mobile app* or your *Chard Snyder online account*. You can also submit a paper claim by emailing, faxing, or mailing the form to Chard Snyder, along with your receipt.

FSA Claim Reimbursement Request forms can be found in the Tools & Support section of your online account or at www.chard-snyder.com under the Support tab. Reminder: you will need to submit a detailed receipt with your claim form.

Can I be reimbursed for items I have already purchased?

Yes, if you purchased on or after January 1, 2020, you can submit a claim to be reimbursed from your FSA for over-the-counter medications not previously reimbursed with a prescription, as well as menstrual hygiene products. You will need to provide a copy of your receipt that shows proof of purchase date and item purchased.

CARES Act Key Takeaways

- You may now purchase **over-the counter medications** that used to require a prescription, using your Healthcare FSA, without a prescription
- You may now purchase **menstrual hygiene products** using your Healthcare FSA
- You will be able to use your **Chard Snyder Benefit Card** to purchase these items after several months, once merchants have updated their systems
- You may **file an FSA claim for reimbursement** for over-the-counter medications or menstrual hygiene products dating back to January 1, 2020, as well as any claims that were previously denied



Chard Snyder Website

www.chard-snyder.com

Access your Chard Snyder account from the home page by clicking on the blue login tab at the top of the page.



Chard Snyder Customer Service

800.982.7715

askpenny@chard-snyder.com

Contact us by sending an email, giving us a call, or communication through Live Chat found on the home page of our website.



800.982.7715 www.chard-snyder.com



A person with long hair, wearing a green quilted jacket and a grey headband, is walking away from the camera on a dirt path through a forest. The path is surrounded by tall evergreen trees, and the background is slightly hazy.

Not sure what to buy with your FSA money?

Visit **FSAsstore.com/FlyerCHARD**
for the largest selection of guaranteed FSA-eligible
products with zero guesswork.

Get \$5 off with code, FCCHARD5.
One use per customer.

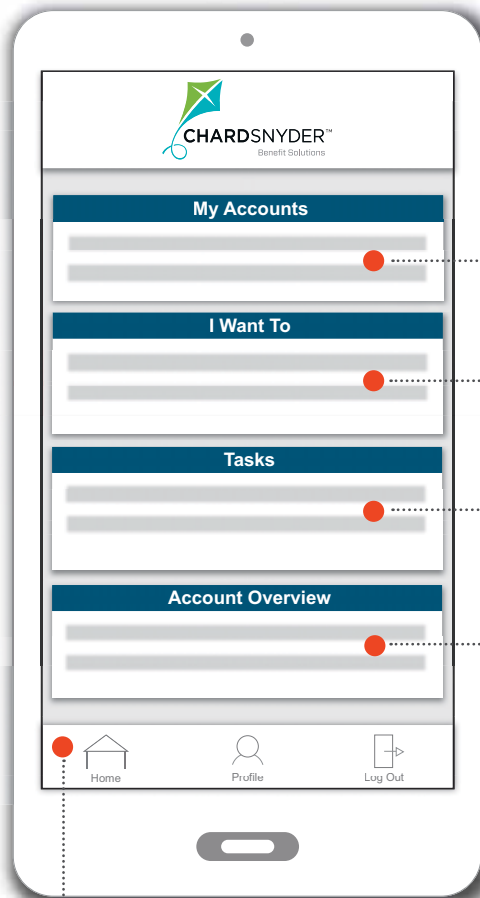


The Chard Snyder Mobile App

Manage Your Health Benefits On-the-Go

Want a simple, easy way to check your Chard Snyder account balances and submit receipts from anywhere? The Chard Snyder Mobile App lets you **securely** access your benefit accounts with a touch of a finger. Designed so you can quickly find what you need most, our mobile app provides easy, on-the-go access to all your benefit accounts, any time, any place.

Wondering whether you have enough money to pay a bill or make a purchase? The Chard Snyder Mobile App puts the answers at your fingertips:



My Accounts Section

All of your accounts listed here so you can view balance information right away. Then click on the account name to see more specific account details.

I Want To Section

Quickly take a number of actions, from making payments to scanning items for eligibility, and more! Depending on your plan, you will see:

- File A Claim
- Make HSA Transaction
- View HSA Investments
- Eligible Expense Scanner
- Manage Expenses
- View Account Snapshot

Tasks Section

Items that need your attention are listed here. You may see a reminder to submit a receipt for a recent transaction. Just click on the item to view more information.

Account Overview Section

Quickly view detailed information concerning your account(s) like recent transactions or HSA contributions and distributions.

Home Button

Home takes you to the main screen from any place in the app.

Profile Button

Here you can view your plan documents (plan summaries, tax documents, statements, etc), report your Chard Snyder Benefit Card lost or stolen, change your username and password, and find information on how to contact Chard Snyder.

Log Out Button

This will close the app and log you out of your account.



Click on the App!

Use your device of choice - including Apple® and Android™ powered smartphones and tablets.

Download the Chard Snyder Mobile App for your smartphone or tablet from the App Store or Google Play.

Watch a Video!

A video of how to use our mobile app is available on our website. Go to: [www.chard-snyder.com / Support Center / Videos / Chard Snyder Mobile App Video](http://www.chard-snyder.com/SupportCenter/Videos/ChardSnyderMobileAppVideo)

Set-up Text Alerts!

Log in to your account online and click on the **Message Center** tab. Chose **Update Notification Preferences** to add your mobile number and check the notifications you would like to receive.

Email questions to AskPenny@chard-snyder.com



800.982.7715 www.chard-snyder.com





Delta Dental of Kentucky Delta Dental PPO plus Premier Summary of Dental Plan Benefits

Group Name: Diocese of Covington

Group Number: 714610

Benefit Year: July 1, 2023 – June 30, 2024

Covered Services –

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non- participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Sealants – to prevent decay of permanent teeth	50%	50%	50%
Minor Restorative Services – fillings and crown repair	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Major Services			
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	Dependent children to the end of the month of age 19		

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.

Customer Service Toll-Free Number: (800) 955-2030
www.DeltaDentalKY.com

2013-004-DD Rev 3/14

- Fluoride treatments are payable once per calendar year for people up to age 14.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

Maximum Payment – \$2,000 per person total per Benefit Year on all services, except cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth). \$1,000 per person total per lifetime on cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

Dependent Age Limit – Dependents are covered up to age 26.

Eligible People – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

Also eligible at your option are your legal spouse and your children who meet the age requirements noted above. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Customer Service Toll-Free Number: (800) 955-2030
www.DeltaDentalKY.com

2013-004-DD Rev 3/14

How to find a Delta Dental participating provider:

First, determine the Delta Dental plan(s) you are looking at for your dental benefits and then search using the methods below:

Delta Dental PPO™ – In-network benefits are available through providers who participate in the Delta Dental PPO network. (See your benefit summary for specific coverage levels by network.)

Delta Dental Premier® – In-network benefits are available through providers who participate in the Delta Dental Premier network. (See your benefit summary for specific coverage levels by network.)

Delta Dental PPO Plus Premier™ – In-network benefits are available through providers who participate in the Delta Dental PPO or Delta Dental Premier network. (See your benefit summary for specific coverage levels by network.)

DeltaCare® USA – Benefits are only available through providers who participate in the DeltaCare network.

Second, choose one of the following methods to identify a participating provider who is in your plan:



Internet

Visit ky.deltadental.com and request the information by city, state, zip code, provider's name or specialty.



Mobile App

Download the mobile app for Apple or Android. To download, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.



Customer Service

Call Delta Dental customer service at 800-955-2030 and ask if your provider is participating in the network associated with the plan that you have chosen.



Call Your Provider

Call your provider's office and ask if he/she participates in the network associated with the plan that you have chosen.

It is important that you verify a provider's status each time you seek care as a provider contract may change. It is your responsibility to verify that the provider you use is contracted with the Delta Dental network associated with the plan that you have chosen. If you receive treatment from a non-network provider, your benefits may be paid at a lower percentage or you may be balance billed.

Delta Dental of Kentucky | ky.deltadental.com | 800-955-2030

Delta Dental of Kentucky has provided more than \$20 million to Non-profits across Kentucky since 2003.

*Registered Mark of Delta Dental Plans Association

Rev. 4/2021

Stay informed about your dental benefits with Member Portal



Stay current on your dental benefits with Delta Dental's easy-to-use Member Portal.

This secure online tool is designed to give you 24/7 access to important information regarding your dental benefits, including:

- Eligibility information
- Current benefits information (such as how much of your yearly benefit has been used to date)
- Specific claims information, including what has been approved and when it was paid

The site also allows you to sign up for electronic delivery of Explanation of Benefits (EOB) statements, print claim forms and identification cards, and browse oral health information.

All users must first register to gain access to the Member Portal. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

To start taking advantage of this innovative tool, follow these simple steps:

1. Visit www.memberportal.com.
2. Select "Sign Up" on the home page.
3. Complete the required fields under "Validate Membership" and click "Create Account."
NOTE: You will need the subscriber's (the person whose name is on the benefit package) member ID. In many cases, the member ID is the same as the subscriber's Social Security number.
4. Complete required fields and follow the on-screen instructions.
5. Return to the home screen and log in using the unique username and password you created.

If you need further assistance, contact Member Portal support at 866-356-0301.

Mobile App - Delta Dental's mobile app provides the ability to search for a Delta Dental Premier® or Delta Dental PPO™ dentist in your area, check your claims and coverage information on the go, get estimated cost ranges for common dental services, and access a mobile ID card that you can show your dental office.

Easy Reference Guide

DASI (Delta Dental Automated Service Inquiry)

DASI is quick and easy to use. You're able to access coverage and claims information 24 hours a day, 7 days a week.

What do you need to use DASI?

Members, clients and other non-dental office callers need to provide the subscriber's member number (usually social security number), relationship of the patient/member to the subscriber, and the date of birth of the patient/member.

What information is available?

With DASI, you can receive the following for any Delta Dental of Arkansas, Indiana, Kentucky, Michigan, New Mexico, North Carolina, Ohio or Tennessee member:

- Eligibility
- Current effective date of coverage
- Eligibility for specific benefits (exams, cleanings, fluoride, X-rays, and occlusal guard)
- ID cards by fax or mail
- Fax copies of benefits and eligibility, explanation of benefits, and pre-treatment estimates
- Lists of participating dentists via voice, fax or mail
- Mailing address information
- Claim and pre-treatment estimate status
- Check status for paid claims
- Maximums and deductibles, including amount met to date and services that apply
- Coordination of benefits allowance

To assist you in navigating the system efficiently, the main menu is listed here. Listening to the entire menu is not necessary. Once you become familiar with the system and know what information you want, you can speak or press the digits on your touch-tone keypad and go directly to the data.

At the greeting:

- SAY "SUBSCRIBER" or PRESS 2

DASI will then offer the following menu of choices:

- SAY "COVERAGE INFORMATION"¹ or PRESS 1 for general eligibility, availability of benefits for services with time limitations (cleanings, exams and more), FaxBack of benefits and eligibility, and maximums and deductibles.
- SAY "FIND A DENTIST" or PRESS 2 to find an in-network dentist.
- SAY "ID CARDS" or PRESS 3 to receive an ID card by fax or mail.
- SAY "SOMETHING ELSE" or PRESS 4 for additional content within the "something else" menu.
- SAY "CLAIMS"¹ or PRESS 1 for claim and pre-treatment estimate status, process dates, check date, check status, and fax copy of a processed claim or pre-treatment estimate.
- SAY "TOOLKIT SUPPORT" or PRESS 2 to be transferred to a Consumer Toolkit support representative.
- SAY "DELTA DENTAL'S MAILING ADDRESS" or PRESS 3 to hear the mailing address for claims and inquiries.
- SAY "REPRESENTATIVE" or PRESS 4 to speak with a customer service representative.

¹Member number and patient's date of birth required

Delta Dental of Kentucky | ky.deltadental.com | 800-955-2030

Delta Dental of Kentucky has provided more than \$20 million to Non-profits across Kentucky since 2003.

^{*}Registered Mark of Delta Dental Plans Association



VSP® Vision Savings Pass™

VSP Vision Savings Pass is a discount vision program that offers immediate savings on eye care and eyewear. This is not an insurance plan.



See the Savings

- Access to discounts through a trusted, private-practice VSP doctor
- One rate of \$50 for an eye exam¹
- Special pricing on complete pairs of glasses and sunglasses
- 15% savings on a contact lens exam²
- Unlimited use on materials throughout the year
- Exclusive Member Extras, like rebates and special offers



Unlimited Annual Material Use³

Your VSP Vision Savings Pass can be used as often as you like throughout the year. With the best choices in eyewear, we make it easy to find the perfect frame that's right for you, your family, and your budget. Choose from great brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more.⁴

How to Use Your VSP Vision Savings Pass

1. Find a VSP doctor at **vsp.com** or call **800.877.7915**.
2. Save immediately on eye exam¹ and eyewear at the time of service.
3. Take advantage of your VSP Vision Savings Pass over and over - use is unlimited on materials.³

Service	Reduced prices and savings
Wellvision Exam*	<ul style="list-style-type: none">• \$50 with purchase of a complete pair of prescription glasses.• 20% off without purchase.• Once every calendar year.
Retinal Screening	<ul style="list-style-type: none">• Guaranteed pricing with Wellvision Exam, not to exceed \$39.
Lenses	With purchase of a complete pair of prescription glasses: <ul style="list-style-type: none">• Single Vision \$40• Lined trifocals \$75• Lined bifocals \$60• Polycarbonate for children \$0
Lens Enhancements	<ul style="list-style-type: none">• Average savings of 20-25% on lens enhancements such as progressive, scratch-resistant and anti-reflective coating.
Frames	<ul style="list-style-type: none">• 25% savings when a complete pair of prescription glasses is purchased.
Sunglasses	<ul style="list-style-type: none">• 20% savings on unlimited non-prescription sunglasses from any VSP doctor within 12 months of your last Wellvision Exam.
Contact Lenses	<ul style="list-style-type: none">• 15% savings on contact lens exam (fitting and evaluation).
Laser Vision Correction	<ul style="list-style-type: none">• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

**SEE WHY WE'RE
CONSUMERS'
#1 CHOICE
IN VISION CARE⁵**

**Contact us.
vsp.com | 800.877.7195**

1. This cost is only available with the purchase of a complete pair of prescription glasses; otherwise, you'll receive 20% off an eye exam only.

2. Applies only to contact lens exam, not materials. You are responsible for 100% of the contact lens material cost.

3. Unlimited use is for materials only. An eye exam is limited to once a year per member.

4. Brands subject to change.

5. Blueocean Market Intelligence National Vision Plan Member Research, 2014.

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan is not a Qualified Health Plan under the Affordable Care Act. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN. There is no cost to join this discount program. The plan provides discounts at certain health care providers for services. The range of discounts will vary depending on the type of provider and service. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have agreed to provide discounts. The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This plan is not available in Washington. Void where prohibited.

Delta Dental of Kentucky | ky.deltadental.com | 800-955-2030

Delta Dental of Kentucky has provided more than \$20 million to Non-profits across Kentucky since 2003.

Hearing Health Care Program Brought to you by Delta Dental of Kentucky



Listen Up! 1 in 9 Americans are affected by hearing loss. If you think you may have hearing loss, rest easy. Delta Dental Of Kentucky has teamed up with Amplifon to offer you quality hearing health care.

AMPLIFON HEARING HEALTH CARE PROGRAM

Your Program	Benefit Description	Benefit Plan
Diagnostic Services	Hearing Exam	Up to \$125*
Hearing Devices	Includes all major brands and technology levels	Up to \$2,995* Per Device
Other Services**	1 year of free follow-up care 2 years of free batteries 3-year warranty for loss, repairs, or damage	Included

*The cost of a hearing exam may be as low as \$45. The cost per hearing aid through the Essential Plan may be as low as \$695.



Custom hearing solutions

We find the solution that best fits your lifestyle and your budget from one of our 10 manufacturers.



Risk-free 60-day Trial

100% money-back guarantee.



Continuous Care

One year free follow-up care, two years free batteries, and a three-year warranty.



Hearing aid low price guarantee

If you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%!

HEARING LOSS AFFECTS PEOPLE OF ALL AGES

Percentage of hearing loss by age

Age 75+	50%	Age 45-60	18%	School Age	3%
Age 65-74	33%	Age 18-44	6.5%	Newborn	.3%

WHAT CAUSES HEARING LOSS

- Excessive noise exposure is the leading cause of hearing loss in the United States in adults
- Ototoxic drugs can cause hearing loss, tinnitus or balance disorders. There are over 200 known medications including: NSAIDS, antibiotics, diuretics, some cardiac medicine, and more.
- Aging is also a cause of hearing loss. Over time, our ears change and the tiny hair cells that help us hear become damaged and cannot re-grow.
- Various illnesses and diseases can be associated with hearing loss. Some include Meningitis, Heart Disease, Diabetes, Ménière's disease and Alzheimer's, among others.
- Other factors can lead to a higher risk of hearing loss as well, such as obesity, birth defects, head injuries, family history, smoking, and more

HOW CAN I PREVENT HEARING LOSS

- Wear hearing protection and limit the time you're exposed to noise
- Turn down the volume – keep music and TV volume at 50% or less
- Maintain a healthy lifestyle to avoid conditions such as high blood pressure and diabetes which contribute to hearing loss
- Avoid ototoxic medications – talk to your healthcare professional when drugs are prescribed

WHEN SHOULD I GET MY HEARING CHECKED

Hearing loss can come on gradually. You may not even notice it's happening. As a rule of thumb, if your hearing test reports your hearing is OK, stick to once every three to five years. You should test your hearing annually if you are 55 or older or are experiencing any of the following:

- Consistent exposure to loud noises
- Difficulty understanding in noisy environments or in groups
- Hearing mumbling or feeling as though people are not speaking clearly
- Ringing in your ears

DO I REALLY NEED HEARING AIDS?

My hearing isn't THAT bad...

Even mild hearing loss can negatively affect

key areas of your life, including: mental health, physical health and income. Additionally, untreated hearing loss is usually more noticeable to other people than the actual hearing aids.

ARE HEARING AIDS AFFORDABLE?

Hearing aids are an investment, but don't let the price tag scare you away from getting the treatment you deserve. A few ways to find cost savings while purchasing hearing aids, including:

The Amplifon Program

With Amplifon, you have access to substantial savings on hearing devices and services.

Financing

Amplifon offers interest free financing to those who qualify.

HSA, HRA, FSA

You can use your pre-tax dollars from your health savings account to help pay for hearing aids.

www.amplifonusa.com/deltadentalky

**Batteries - Maximum of 80 cells/ear per year. Risk-free trial - 100% money-back guarantee if not completely satisfied. No restocking or return fees. Warranty - Some exclusions apply. Limited to one-time claim for loss and damage. Manufacturer deductible may apply.
 1 Source: <https://www.asha.org/articles/untreated-hearing-loss-in-adults/>
 Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental Of Kentucky and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

Delta Dental of Kentucky | ky.deltadental.com | 800-955-2030

Delta Dental of Kentucky has provided more than \$20 million to Non-profits across Kentucky since 2003.

*Registered Mark of Delta Dental Plans Association

Delta Dental of Kentucky ID Cards



Good news! Your ID card is not required to receive services. The provider can verify eligibility with your name/date of birth, social security number, or enrollee ID number. However, if you want a copy of your card, it's easy for you or your employer representative to obtain.

Print a temporary card:

Members can use the **Member Portal** to print a temporary ID card.

1. Visit ky.deltadental.com/memberportal
2. Sign into the Member Portal or Sign Up as a new user.
3. Click View & Print ID card on the upper right side of the portal home page.
4. Click Print to print a temporary card.

Employers can use the **Benefit Manager Toolkit** to print a temporary ID card.

1. Visit ky.deltadental.com/bmt
2. Sign into the Benefit Manager Toolkit.
3. Use "Inquiry" to search for member and then click Print ID card at bottom of screen.

Utilize the Mobile App:

Members can use the **Delta Dental Mobile App** to view their ID card.

1. Download the Delta Dental Mobile App in the Apple or Android store.
2. Register for an account.
3. View and share your ID card from your phone or easily save it to your device for quick access.

Request a new card:

Members can call or email for a new card to be mailed to their home.

1. Call Delta Dental of Kentucky at (800) 955-2030, or;
2. Email Delta Dental of Kentucky at customerservice@deltadentalky.com

Delta Dental of Kentucky | ky.deltadental.com | 800-955-2030

Delta Dental of Kentucky has provided more than \$20 million to Non-profits across Kentucky since 2003.

*Registered Mark of Delta Dental Plans Association

Rev. 02/2021

Term Life and Accidental Death & Dismemberment (AD&D) Insurance



How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$150,000 to meet your growing needs — with no medical underwriting.

What else is included?

A 'Living' Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to \$500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period of time.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 25 hours per week, you may apply for coverage for:

You:	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to \$150,000 with no medical underwriting. If you previously declined coverage, you may have to answer some health questions.
Your spouse:	Get up to \$250,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$30,000 with no medical underwriting, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your children:	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students. The maximum benefit for children live birth to 6 months is \$1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
-------------	---

No medical underwriting is required for AD&D coverage.

How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate.
Use the rate table (at right) to find the rate based on age.
(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date. To determine your spouse rate, choose the age the employee will be when coverage becomes effective. See your plan administrator for your plan effective date.)
4. Enter your cost.

	1	2	3	4
Employee	\$____,000	÷ \$10,000 = \$____	X \$____	= \$____
Spouse	\$____,000	÷ \$5,000 = \$____	X \$____	= \$____
Child	\$____,000	÷ \$2,000 = \$____	X \$____	= \$____
Total cost				

Employee semi-monthly rate		Spouse semi-monthly rate	Child semi-monthly rate
Age	Per \$10,000 of coverage	Per \$5,000 of coverage	\$0.180 per \$2,000 of coverage
	Cost	Cost	
15-24	\$0.185	\$0.130	
25-29	\$0.230	\$0.195	
30-34	\$0.320	\$0.255	
35-39	\$0.470	\$0.325	
40-44	\$0.785	\$0.520	
45-49	\$1.205	\$0.780	
50-54	\$1.765	\$1.240	
55-59	\$2.465	\$1.855	
60-64	\$3.090	\$2.600	
65-69	\$4.440	\$3.675	
70-74	\$8.400	\$6.955	
75+	\$14.350	\$11.200	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate.
Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D				
	1	2	3	4
Employee	\$____,000	÷ \$10,000 = \$____	X \$0.130	= \$____
Total cost				

AD&D semi-monthly rates		
Coverage amount		Rate
Employee	per \$10,000 of coverage	\$0.130

Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – 'Being intoxicated' means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age Reduction

Coverage amounts for Life and AD&D Insurance for you will reduce to 67% of the original amount when you reach age 70, and will reduce to 45% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

© 2022 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.



Diocese of Covington

Long Term Disability Insurance



How does it work?

This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Long Term Disability Insurance can replace part of your income if a disability keeps you out of work for a long period of time

What else is included?

Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.



Consider your expenses

Utilities	\$
Housing	\$
Groceries	\$
Transportation	\$
Child care/Elder care	\$
Medical/Personal care	\$
Education	\$
Insurance	\$

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 25 hours per week.
	Cover 60% of your monthly income, up to a maximum payment of \$6,000. The monthly benefit may be reduced or offset by other sources of income.
	*See the Legal Disclosures for more information.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

If you didn’t get coverage when you were first eligible, you’ll have to answer health questions now. If you’re newly eligible, you may not have to answer health questions. If you already have coverage, you can increase it up to the maximum available. You may have to answer health questions. New coverage may be subject to pre-existing condition limitations.

Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you’re disabled. You can receive benefits up to the Social Security (SS) normal retirement age.

Calculate your cost

- Use \$120,000 if your annual earnings exceed this amount. This is the maximum coverage amount offered in this plan.
- Multiply by your rate.
Use the rate table to find the rate based on your age.
(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

Disability worksheet				
1 Enter your annual earnings and calculate your maximum monthly benefit available.				
$\$ \underline{\hspace{1cm}} \div 12 =$	$\$ \underline{\hspace{1cm}} \times$	60% =	$\$ \underline{\hspace{1cm}}$	
Your annual earnings	Your monthly earnings	(Max % of income covered)	Max monthly benefit available	
2 Calculate your cost per paycheck				
$\$ \underline{\hspace{1cm}} \div 100 =$	$\$ \underline{\hspace{1cm}} \times$	$\$ \underline{\hspace{1cm}} =$	$\$ \underline{\hspace{1cm}} \div 24 =$	$\$ \underline{\hspace{1cm}}$
Your annual earnings		Rate	Number of paychecks per year	Total cost per paycheck

Age	Rates
15-24	\$0.100
25-29	\$0.190
30-34	\$0.340
35-39	\$0.490
40-44	\$0.700
45-49	\$0.970
50-54	\$1.160
55-59	\$1.390
60-64	\$1.440
65-69	\$1.100
70+	\$0.880

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that you are under the regular care of a physician, and:

- You are limited from performing the duties required of your regular occupation due to sickness or injury and are not working; or
- You are working and you have a 20% or more loss in monthly earnings due to sickness or injury.

After benefits have been paid for 36 months, your plan's definition of disability changes. At that time you are considered disabled when Unum determines that, due to the same sickness or injury, you cannot perform the duties of any occupation that you are qualified to do based on your education, training or experience. You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Continuity of Coverage

If the employee was not insured under the plan continuity of coverage will not apply. If the employee was insured under the prior plan but is not in active employment on the Unum plan effective date (due to illness or injury), the person will be covered under the Unum plan, but payment will be limited to what would have been paid under the prior plan. Unum will reduce the payment by the prior carrier's liability. If the employee was insured under the prior plan and is in active employment on the Unum plan effective date, the person must satisfy the pre-ex provision under the Unum plan or the prior carrier's plan. If satisfied under the Unum plan, payment will be made according to the Unum plan. If satisfied under the prior plan (but not the Unum plan), payment will be administered under the Unum plan, but the payment will be the lesser of the Unum monthly benefit or the prior plan's monthly benefit.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation law
- State compulsory benefit laws
- Automobile liability insurance policy
- No fault motor vehicle plan
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or

- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan. Unum's LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program. With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

© 2022 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Additional benefits:

Conversion

When your employment ends you may apply for LTD coverage under a group trust contract without evidence of insurability.

DON'T FEAR THE UNEXPECTED. PREPARE FOR IT.

TRANSELITE® UNIVERSAL LIFE INSURANCE



UNDERWRITTEN BY TRANSAMERICA LIFE INSURANCE COMPANY

Andrea works hard to provide her family with the quality of life they enjoy. Throughout her busy day, she doesn't want to worry about what might happen to her young son if a chronic illness, injury, or worse strikes.

She signed up for *TransElite*® universal life insurance to make sure a plan is in place for her family.

We understand that your health can impact your wealth and vice versa. Our *TransElite* universal life insurance not only offers a death benefit, but may have riders that include an accelerated death benefit that can be used in the event of a chronic injury, illness, or need for care expenses. Plus, it's fully portable if you leave the company.

HIGHLIGHTS

- Guaranteed issue
- No physical exams or blood tests¹
- Locked-in issue age rates
- Accelerated Death Benefit for Chronic Condition Rider
- Guaranteed death benefit
- Portable if you should leave your employer or retire



\$7–10K

is the cost of the average funeral in the U.S.²

\$7,200

Out-of-pocket costs family caregivers spend a year.³



HELP PROTECT THOSE WHO DEPEND ON YOU

Transamerica's employee benefits have been helping to protect families for nearly 90 years. We offer the knowledge, stability, and commitment to providing financial protection from the unexpected.

Underwritten by Transamerica Life Insurance Company, *TransElite*® is designed to help families in today's current climate of high healthcare costs, provide coverage in the event of death, and include cash value that can be borrowed from.⁴ You can adjust the death benefit amount at any time to meet your changing personal financial situation.

CHRONIC CONDITION RIDER

- The Chronic Condition Rider offers an accelerated life insurance benefit if you need assistance with at least two out of the six Activities of Daily Living (ADLs)
- After a 90-day waiting period, the Chronic Condition Rider provides a 4%/month benefit (4% of your policy value) up to 25 months
- The Chronic Condition Rider benefit can be used to help cover anything from medical bills to special treatments, or professional facility care
- The insured has potential access to 100% of the life insurance face amount with the Chronic Condition Rider

See policy for explanation of additional riders.

Let us help protect your Wealth + HealthSM

 Visit: transamerica.com

 Customer Service: 888-763-7474

¹ Acceptance based on answers to questions on the application for insurance.

² "Funeral Costs: How Much Does an Average Funeral Cost?" Parting.com, September 2021

³ "Family Caregivers Spend More Than \$7200 a Year on Out-of-Pocket Costs." AARP, June 2021

⁴ Loans, withdrawals, and death benefit accelerations will reduce the policy value and the death benefit and may increase lapse risk. Policy loans are tax-free provided the policy remains in force. If the policy is surrendered or lapses, the amount of the policy loan will be considered a distribution from the policy and will be taxable to the extent that such loan plus other distributions at that time exceed the policy basis.

This is a brief summary of *TransElite*® universal life insurance underwritten by Transamerica Life Insurance Company (TLIC), Cedar Rapids, Iowa. TLIC is not an authorized insurer in New York. Policy form series CPGUL300 and CCGUL300. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

263222R1

© 2022 Transamerica. All Rights Reserved.



TRANSAMERICA®

Product Details

Included Riders		Plan 1
Accelerated Death Benefit for Terminal Condition Rider Accelerates up to the lesser of \$100,000 or 75%		Included
Waiver of Monthly Deductions for Layoff or Strike Rider		Included
Optional Additional Riders		
Accelerated Death Benefit for Living Benefit Rider Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump sum payment		Included
Employee Optional Riders		
Child Term Insurance Rider Benefit of \$10,000 or \$20,000 for each child All children in the family will be insured for the same insurance amount.		Included

TransElite HFA - Universal Life Insurance

Form: CPGUL300

With Riders: TI, WML, LBR

Non-Tobacco

Death Benefit Option: A



\$25,000 Face Amount				\$50,000 Face Amount			\$100,000 Face Amount				Issue Age
Issue Age	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issue Age	
16	N/A†			N/A†			28.33	0		16	
17	N/A†			N/A†			29.11	0		17	
18	N/A†			N/A†			29.92	0		18	
19	N/A†			N/A†			30.84	0		19	
20	N/A†			N/A†			31.77	0	18,210	20	
21	N/A†			N/A†			33.83	0		21	
22	N/A†			17.40	0		34.80	0		22	
23	N/A†			18.05	0		36.09	0		23	
24	N/A†			18.62	0		37.24	0		24	
25	N/A†			19.20	0	8,764	38.41	0	17,547	25	
26	N/A†			19.90	0		39.80	0		26	
27	N/A†			20.62	0		41.24	19		27	
28	N/A†			21.27	0		42.54	397		28	
29	N/A†			22.07	0		44.15	738		29	
30	N/A†			22.87	0	8,430	45.75	922	16,847	30	
31	N/A†			24.31	0		48.61	1,257		31	
32	N/A†			25.14	40		50.29	1,605		32	
33	N/A†			26.19	173		52.37	1,776		33	
34	N/A†			27.24	357		54.48	2,077		34	
35	N/A†			28.33	489	7,957	56.66	2,283	15,925	35	
36	N/A†			29.49	662		58.98	2,546		36	
37	N/A†			30.78	759		61.56	2,676		37	
38	N/A†			32.25	926		64.50	2,943		38	
39	N/A†			33.81	1,033		67.61	3,103		39	
40	17.64	62	3,640	35.28	1,106	7,280	70.56	3,189	14,547	40	
41	18.70	129		37.41	1,197		74.81	3,315		41	
42	19.50	220		39.01	1,319		78.01	3,509		42	
43	20.55	289		41.10	1,391		82.21	3,608		43	
44	21.48	335		42.96	1,433		85.93	3,633		44	
45	22.51	379	3,205	45.01	1,474	6,411	90.02	3,664	12,823	45	
46	23.66	415		47.32	1,498		94.64	3,665		46	
47	24.91	451		49.83	1,525		99.65	3,671		47	
48	26.42	479		52.84	1,534		105.69	3,646		48	
49	27.87	497		55.75	1,524		111.50	3,580		49	
50	29.66	493	2,598	59.32	1,470	5,190	118.65	3,435	10,387	50	
51	31.38	487		62.76	1,422		125.52	3,292		51	
52	33.18	487		66.36	1,381		132.73	3,173		52	
53	35.20	397		70.41	1,164		140.81	2,695		53	
54	37.26	451		74.52	1,234		149.04	2,800		54	
55	39.47	457	1,921	78.94	1,208	3,840	157.89	2,715	7,684	55	
56	42.02	289		84.04	839		168.08	1,940		56	
57	44.87	63		89.74	352		179.48	933		57	
58	48.15	0		96.30	0		192.61	163		58	
59	51.82	0		103.63	0		207.26	0		59	
60	56.01	0	373	112.01	0	745	224.02	0	1,491	60	
61	60.58	0		121.16	0		242.32	0		61	
62	66.10	0		132.19	0		264.38	0		62	
63	71.80	0		143.60	0		287.20	0		63	
64	78.27	0		156.53	0		313.06	0		64	
65	85.87			171.73			343.47			65	
66	93.48			186.96			373.93			66	
67	100.51			201.02			402.04			67	
68	108.48			216.96			433.92			68	
69	116.28			232.57			465.13			69	
70	125.38			250.77			501.54			70	
71	136.43			272.86			545.73			71	
72	149.71			299.42			598.84			72	
73	163.78			327.55			655.11			73	
74	178.60			357.21			714.41			74	
75	196.07			392.13			784.26			75	
76	176.60			353.20			706.40			76	
77	191.28			382.57			765.14			77	
78	206.92			413.84			827.68			78	
79	223.70			447.40			894.80			79	
80	241.43			482.87			965.74			80	

† Face Amount is insufficient to require the minimum planned premium.

Solve for Target Premium - A100

* Guaranteed values are based on the minimum interest rate of 3.00% and maximum fees and charges. Non-Guaranteed values are based on a current illustrated interest rate of 5.25% and current fees and charges and are not guaranteed. Values are affected by the actual interest rates credited and cost of insurance rates charged. Non-Guaranteed elements are subject to change by the company. Actual results may be more or less favorable than shown. WML not included in Issue Ages 56+. TI, LBR, EXT, RES not included in Issue Ages 76+. The Child Term Rider may be added for additional premium of \$2.50 Monthly per \$10,000.

A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract.

4/13/2022

Underwritten by Transamerica Life Insurance Company, Home Office: Cedar Rapids, IA

Issue State: KY Ver: 4.22.2021.151

TransElite HFA - Universal Life Insurance

Form: CPGUL300

With Riders: TI, WML, LBR

Tobacco

Death Benefit Option: A



\$25,000 Face Amount				\$50,000 Face Amount			\$100,000 Face Amount				Issue Age
Issue Age	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Monthly Premium	Guaranteed Cash Value at Age 65*	Current Cash Value at Age 65*	Issue Age	
16	N/A†			20.30	0		40.60	0		16	
17	N/A†			20.94	0		41.89	0		17	
18	N/A†			21.59	0		43.18	0		18	
19	N/A†			22.36	0		44.71	0		19	
20	N/A†			23.10	0	12,737	46.21	0	25,525	20	
21	N/A†			24.49	0		48.97	0		21	
22	N/A†			25.24	0		50.48	0		22	
23	N/A†			26.19	0		52.38	0		23	
24	N/A†			27.13	0		54.26	0		24	
25	N/A†			28.02	0	12,306	56.05	0	24,632	25	
26	N/A†			29.11	0		58.22	0		26	
27	N/A†			30.49	0		60.97	0		27	
28	N/A†			31.55	0		63.10	0		28	
29	N/A†			33.01	0		66.01	0		29	
30	N/A†			34.34	0	11,782	68.69	0	23,593	30	
31	18.13	0		36.26	0		72.52	0		31	
32	18.81	0		37.62	0		75.24	0		32	
33	19.72	0		39.44	0		78.89	0		33	
34	20.53	0		41.07	0		82.13	0		34	
35	21.41	0	5,526	42.82	0	11,053	85.64	211	22,105	35	
36	22.43	0		44.86	0		89.71	586		36	
37	23.61	0		47.21	0		94.43	951		37	
38	24.69	0		49.38	94		98.76	1,394		38	
39	26.06	0		52.11	291		104.22	1,727		39	
40	27.38	0	4,988	54.76	469	9,970	109.53	2,012	19,955	40	
41	28.76	0		57.53	605		115.05	2,219		41	
42	30.23	0		60.46	801		120.92	2,542		42	
43	31.93	11		63.86	911		127.72	2,705		43	
44	33.64	75		67.28	978		134.56	2,779		44	
45	35.52	139	4,262	71.03	1,050	8,519	142.06	2,872	17,043	45	
46	37.52	177		75.03	1,074		150.07	2,869		46	
47	39.63	229		79.25	1,122		158.50	2,906		47	
48	41.92	237		83.83	1,086		167.67	2,793		48	
49	44.22	265		88.43	1,091		176.87	2,754		49	
50	46.91	242	3,344	93.82	1,007	6,691	187.64	2,533	13,383	50	
51	49.71	209		99.42	894		198.83	2,262		51	
52	52.66	165		105.32	760		210.65	1,955		52	
53	55.96	77		111.92	542		223.83	1,474		53	
54	59.22	152		118.44	653		236.88	1,654		54	
55	62.80	182	2,351	125.59	673	4,701	251.18	1,655	9,401	55	
56	66.74	29		133.48	332		266.96	935		56	
57	71.22	0		142.44	0		284.88	3		57	
58	76.23	0		152.46	0		304.93	0		58	
59	81.84	0		163.68	0		327.35	0		59	
60	87.97	0	666	175.94	0	1,332	351.89	0	2,666	60	
61	93.98	0		187.96	0		375.93	0		61	
62	100.69	0		201.38	0		402.76	0		62	
63	107.99	0		215.98	0		431.97	0		63	
64	115.65	0		231.30	0		462.61	0		64	
65	124.22			248.44			496.88			65	
66	137.09			274.17			548.34			66	
67	146.82			293.64			587.28			67	
68	158.09			316.18			632.37			68	
69	168.92			337.85			675.70			69	
70	181.08			362.16			724.32			70	
71	195.66			391.33			782.65			71	
72	213.05			426.09			852.18			72	
73	231.17			462.34			924.68			73	
74	249.87			499.73			999.47			74	
75	271.70			543.40			1,086.81			75	
76	244.11			488.21			976.42			76	
77	261.65			523.30			1,046.59			77	
78	280.33			560.67			1,121.34			78	
79	299.98			599.95			1,199.90			79	
80	320.00			640.00			1,279.99			80	

† Face Amount is insufficient to require the minimum planned premium.

Solve for Target Premium - A100

* Guaranteed values are based on the minimum interest rate of 3.00% and maximum fees and charges. Non-Guaranteed values are based on a current illustrated interest rate of 5.25% and current fees and charges and are not guaranteed. Values are affected by the actual interest rates credited and cost of insurance rates charged. Non-Guaranteed elements are subject to change by the company. Actual results may be more or less favorable than shown. WML not included in Issue Ages 56+. TI, LBR, EXT, RES not included in Issue Ages 76+. The Child Term Rider may be added for additional premium of \$2.50 Monthly per \$10,000.

A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract.

4/13/2022

Underwritten by Transamerica Life Insurance Company. Home Office: Cedar Rapids, IA

Issue State: KY Ver: 4.22.2021.151

- HFA** **TransElite HFA – Universal Life Insurance:** HFA policies have flexible premiums and an accumulation value to provide the greatest death benefit amount per premium dollar and are ideal for those who want a higher death benefit, but are not interested in a high cash value accumulation. The premium is expected to provide coverage to the later of age 80 or 10 years, with no cash value expected at the coverage period's end. HFA policies have a minimum guaranteed interest rate and a maximum guaranteed cost of insurance. The premium is expected to sustain the policy to the later of age 80, or 10 years - however, skipped or reduced premium payments, changes in the non-guaranteed interest rate or charges, or acquiring a policy loan, a partial surrender, or a face amount increase could require additional payments. Coverage may be extended to age 100 and could require additional payments.
- TI** **Accelerated Death Benefit for Terminal Condition Rider (Form CRLTI100):** Lets the insured "tap into" life insurance in the event of a future terminal condition diagnosis and still provides a benefit for the beneficiary.
- WML** **Waiver of Monthly Deductions Due to Layoff or Strike Rider (Form CRLWL100):** Protects life insurance from lapsing for up to six months if the insured (employee only) is involuntarily laid off.
- LBR** **Accelerated Death Benefit for Chronic Condition Rider (Rider Form Series CRLLT300):** The Living Benefit Rider accelerates a portion of the coverage amount if a covered person is diagnosed with a covered chronic illness or condition. See Rider for details.

Summary of Benefits

Accelerated Death Benefit for Terminal Condition Rider (Rider Form Series CRLT1100) - Accelerates a portion of the life insurance death benefit if the insured person is first diagnosed with a terminal condition which, in the best medical judgment, will result in death within 12 months.

When exercised, an administrative fee of \$100 plus 12 months advanced interest will be deducted from the benefit payment. The death benefit and other contract values will be reduced accordingly and this rider will terminate.

Accelerated Death Benefit for Living Benefit Rider (Rider Form Series CRLLT300) - Accelerates a portion of the life insurance death benefit if the insured person is diagnosed with a covered chronic illness and in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance that is expected to be permanent; or has a severe cognitive impairment that is expected to be permanent and requires supervision to protect the insured's health or safety.

Waiver of Monthly Deductions for Layoff or Strike Rider (Rider Form Series CRLWL100) - Waives the monthly deductions for up to six months per year if the employee is involuntarily laid off. Benefits are limited to three layoffs per year and are based on the employee's layoff only. Layoff of an insured spouse or child does not qualify for this waiver. Premium payments must have begun prior to the insured employee's layoff. Rider is available through age 55 and terminates on the employee's 60th birthday or when the insurance is assigned to another party, whichever is earlier.

Child Term Insurance Rider (Rider Form Series CRLCH100) - Allows an insured employee or spouse (but not both) to insure all eligible children, age 15 days and no older than age 25, for the selected amount of term insurance. Insurance on each child terminates on that child's 26th birthday or when the parent's insurance ends, whichever is earlier. Upon the termination the child has 31 days in which to convert to an individual contract for up to 5 times the amount of insurance under this rider or \$50,000. All children in the family will be insured for the same insurance amount.

Limitations and Exclusions

If an insured employee withdraws the cash value, tax consequences and/or surrender charges may apply.

Fluctuations in interest rates or policy charges may require the payment of additional premiums.

Individuals currently on disability or on premium waiver are not eligible for insurance.

During the first two years, the death benefit for suicide is limited to the return of premiums paid, less any loans, partial surrender amounts, and accelerated benefits paid, if any.

We will not pay rider benefits for care that is received or loss incurred as a result of:

Accelerated Death Benefit for Terminal Condition Rider

We will not pay for any conditions diagnosed prior to the effective date of the rider.

Waiver of Monthly Deductions for Layoff or Strike Rider

We will waive deductions for:

- up to three layoffs or strikes in one 12-month period;
- for up to six months in any one 12-month period.

A 12-month period will be measured from the date the first month deduction is waived.

If the portability option provision of the contract is exercised, if any, the policy owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the layoff or strike.

This rider is not available for self-employed individuals.

The rider will terminate on the earliest of:

- the date the contract terminates;
- the date the contract lapses, subject to the grace period;
- the date the policy owner requests termination;
- the date the policy owner dies;
- the anniversary date on or after the insured reaches age 60;
- the date the policy owners assigns the contract to another individual; or
- the date a nonforfeiture option, if any, becomes effective.

Child Term Insurance Rider

This rider is only available during the initial enrollment. This rider will terminate on the earliest of:

- the date the contract terminates, subject to the Conversion Options of this rider;
- the date the contract lapses, subject to the grace period;
- the date the policy owner requests termination;
- the anniversary date on or after the insured child is no longer eligible as a dependent child;
- the anniversary date on or after the last insured child has reached age 26; or
- the date a nonforfeiture option, if any, becomes effective.

Termination of Insurance

Insurance, including all riders, ends on the earliest of the following dates:

- the monthly contract date following the receipt of written request to terminate.
- the maturity date.
- the date the insured dies.
- the date the contract lapses or becomes fully paid-up life insurance, subject to the grace period.
- the date a nonforfeiture option becomes effective.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and the insurance of all remaining insureds will end, subject to the Portability Option.

Have You Ever

- Needed your Will prepared or updated?
- Wanted to know your options for mortgages?
- Received a moving traffic violation?
- Needed help with insurance claims?
- Have teenage drivers or kids in college?
- Been pursued by a collection agency?
- Been overcharged for a repair or paid an unfair bill?
- Had trouble with a warranty or defective product?
- Signed a contract of any kind?
- Had concerns regarding child support?
- Been treated unfairly?
- Lost a security deposit?
- Wanted to know what your rights are?
- Been a victim of IDENTITY THEFT or worried about it
- Had someone commit a crime, get a job, open an account or use medical benefits in YOUR name?

What is LegalShield?

Know your rights in any situation. LegalShield gives you the ability to talk to an attorney on any matter without worrying about high hourly costs. Everyone deserves legal protection, and now with LegalShield, everyone can access it. No matter how trivial. No matter how traumatic. Welcome to LegalShield. **Worry Less. Live More.**

What your Legal Services membership includes:

- Personal Legal Advice – unlimited issues
- Letters/calls made on your behalf
- Contracts & documents reviewed up to 15 pages
- Attorneys prepare your Will, Living Will, Healthcare Power of Attorney and Financial Power of Attorney
- Traffic Related Issues (15 day waiting period)
- Uncontested Name Change, separation/divorce, adoption (90 day waiting period)
- Trial Defense hours (pre-trial & representation at trial)
- 25% Preferred Member Discount
- 24/7 Emergency Access for covered situations
- Online legal forms

What is Identity Theft Shield membership includes:

Everything you expect with great Identity Theft Services, PLUS expert identity restoration services.

- Up to date Credit Report
- Personal Credit Score with Analysis on your IDShield mobile app
- 24/7 Continuous Monitoring with Activity Alerts, IDShield VAULT Password Manager
- Identity Restoration Services – ALL areas including driver's license, medical, social security, financial and criminal fraud

Your LegalShield Plan Covers:

- The Member
- The Member's Spouse
- Never Married Dependent Children under 26 living at home
- Dependent Children under age 18 for whom the Member is legal guardian
- Full-Time College Students up to age 26 never married, dependent children
- Physically or mentally challenged child living at home

Your Identity Theft Shield Covers:

- The Member
- The Member's Spouse
- Up to 8 Dependents under 18

Rates: Semi-Monthly

Family:

Legal Plan / ID Theft	\$16.95
Legal Plan Only	\$10.48
ID Theft Only	\$7.98

Individual:

Legal Plan / ID Theft	\$14.70
Legal Plan Only	\$10.48
ID Theft Only	\$4.23

Karen Bottorff

Benefits Specialist

P: (513) 616-6417

karenbottorff@gmail.com



Diocese of Covington
Finance Office
1125 Madison Avenue
Covington, KY 41011-3115
Phone: (859) 392-1500
Fax: (859) 392-1589

To: All Diocesan Employees

From: Dale Henson
Chief Financial Officer

RE: 403(b) Retirement Plan

Date: April 20, 2023

Section 403(b) of the Internal Revenue Code allows employees of not-for-profit organizations that are exempt from federal tax under §503(c)(3) to set aside savings for retirement on a voluntary basis. The employee may voluntarily enter into an agreement whereby a specified amount is withheld from each paycheck and placed in a retirement program. The money is withheld on a pre-tax basis; i.e. before federal and state income taxes. Under current law, taxes are deferred on the amounts withheld, interest earned and investment earnings that may accumulate in the account until such time those funds are withdrawn or paid as benefits. The money withheld is, however, subject to social security and local taxation (where applicable) when paid to the employee.

The Diocese of Covington works with the following insurance and investment company to provide 403(b) deduction services for employees paid through the Diocesan payroll system. Contact information for employees wishing to participate in a 403(b) plan are as follows:

Waddell & Reed

Plan Number: 2395120-5
Contact Name: Aaron Seyfried, CFP®
Phone Number: 859-331-1915
Email: ASeyfried@WRAdvisors.com