

**DIOCESE OF
COVINGTON**

**NEW HIRE
ONBOARDING
BENEFITS
PACKET**

**PLAN YEAR
2025 - 2026**

New Hire Onboarding Packet

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Diocese of Covington – Employee Payroll Information

Fiscal Year: 2025-2026

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: 2025-2026

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 Benefits@CovDio.org Plan administered by Christian Brothers Employee Benefit Trust (using the BC/BS Anthem network)</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 (under EyeMed)– 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 is 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 Liz Champ – 859-392-1554 Benefits@CovDio.org</p>	<p>Unreimbursed Medical – IRS regulated maximum (\$3,300) 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 Liz Champ – 859-392-1554 Benefits@CovDio.org</p>	<p>Insurances/coverages available: Dental; Term Life; Long-Term Disability; Universal Life; Legal Services and Identity Theft Protection Plan Year – July through June; Open enrollment in May</p>
<p>VI. 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>VII. College Tuition Steve Kopyay – 859-392-1534</p>	<p>Tuition reduction offered at Thomas More University for diocesan teachers, administrators, and employees</p>
<p>VIII. Employee Discount Program</p>	<p>Tire Discounters (Employee Code 138-2302-CV-DIO)</p>
<p>IX. Banking/Credit Union Options</p>	<p>Republic Bank “Ultimate Account” – 859-960-1020 (Code: RCD) 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>



CHRISTIAN
BROTHERS
SERVICES

Employee Benefit Trust
1205 Windham Parkway
Romeoville, IL 60446

Request for Group Coverage/Enrollment Form

Due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), certain provisions contained within this plan may or may not apply while you are covered. PLEASE READ THE FOLLOWING CAREFULLY.

SPECIAL ENROLLMENT RIGHTS

If you waive (or decline) enrollment for yourself or your dependents because of other health coverage, you may later enroll within 31 days of a loss of other health coverage. Loss of health coverage includes separation, divorce, death, termination of employment, reduction in work hours, exhaustion of COBRA continuation or state continuation, or if employer contributions toward your coverage have terminated.

In addition, any change in your family status may allow you to enroll within 31 days of the event. It includes marriage, birth, adoption, or placement for adoption of a child. (See Special Enrollment Form)

With the Onset of the **Children's Health Insurance Program Reauthorization Act of 2009** two additional enrollment opportunities apply for CBEET Trust members and their enrolled dependents if either of the following occurs:

- Termination of Medicaid or Children's Health Insurance Program (**CHIP**) due to loss of eligibility; or
- Become eligible for state premium assistance under Medicaid or **CHIP**.

Trust members and their dependents who are eligible but not enrolled for coverage under the Christian Brothers Employee Benefit Trust are allowed up to **60 days** to request coverage under the group health plan.

Please contact Liz Champ at the Diocesan Benefits Office (859-392-1554) if you have any questions regarding your enrollment in the CBEET.

Christian Brothers Employee Benefit Trust History

The **Christian Brothers Employee Benefit Trust (CBEET)** was established on January 1, 1977, by the Christian Brothers. It began in 1966 as a collective effort to provide a comprehensive package of Employee Benefits to the employees of the Christian Brothers schools. As the news spread of the benefits and savings received by participating in a large group, it was opened in 1977 to any Catholic institution registered in the Kenedy Catholic Directory nationwide.

The **CBEET** has evolved into a cooperative effort of Catholic organizations continuously working together to provide a package of benefits for their employees in a cost-effective manner.

The **CBEET** is governed by a board of Trustees who have been elected by the members of the Trust. The Trustees have contracted with **Christian Brothers Services** to act as the Plan Administrator for the Trust. **Health Benefit Services** is the division of **Christian Brothers Services** that administers all the benefits plans funded by the Trust.

Christian Brothers Services Mission Statement

The Mission of **Christian Brothers Services** is to serve the Catholic Community by helping to fulfill organizational and managerial needs through the development of quality, cost-effective, innovative programs and administrative services.

We accomplish this mission in collaboration with other Catholic organizations by combining leadership and insight with the practice of good business principles and belief in the tenets of the Catholic Church.



Please read and fill out **ALL** applicable sections carefully.

1. Employer Section

Please print or type.

Location Name:		Location#:	
First Active Day of Work:		Enrollment Use Only: Effective Date of Coverage:	

2. Employee Section

Employee's Last Name:		Employee's First Name:	
Employee's Home Address:			
City:	State:	Zip Code:	
Employee's Soc. Sec. #:		Date of Birth:	
Email Address:		Home Phone:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Religious	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

I request to be covered for the applicable benefits of my Group Plan as:

Employee Only **or** Employee and Spouse
 Employee and Child(ren)
 Employee, Spouse and Child(ren)

Please Complete section below if selecting dependent coverage.			Must be completed entirely or can result in delay.		
List the name of each dependent and answer each question for each dependent.	Social Security Number	Birthdate MM/DD/YY	Sex F/M	Are you legal Guardian	Step-child
Spouse:				N/A	N/A
List Children Below					
1.					
2.					
3.					
4.					
5.					
6.					

Signature of Employee:	Date:
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3. Waiver Of Group Coverage

I hereby certify that I have been given an opportunity to apply for group coverage. I understand that if I waive coverage at this time, future coverage may be delayed. I decline to enroll:

Myself My Dependents for Coverage(s) because:

Enrolled on Spouse's Plan Individual Policy Medicare Medicaid
 Enrolled with another employer plan Other (please explain _____)

Effective Date:		Signature of Employee:		Date:	
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Diocese Enrollment 2025-2026

Email forms to Benefits@covdio.org

Questions:

Karenbottorff@gmail.com

It is the employee's responsibility to retain a digital copy of this form including original date and time stamp

NEW HIRE ENROLLMENT
(within 30 days of hire date)

OPEN ENROLLMENT
(May 1 - May 31st)

STATUS CHANGE
(within 30 days of event)

SECTION 1: 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		WORK PHONE
EMAIL ADDRESS			JOB TITLE / POSITION		PAID DURING THE SUMMER YES <input type="radio"/> NO <input type="radio"/>

SECTION 2: S125 PLAN ELECTIONS (Must be made each Plan Year) Deduction Schedule - 18 Pays: 9/15/2025 - 5/31/2026		
*New Hire Eligibility - If hire date is on or after September 1st, 2025, eligibility for FSA/DCAP is September 1, 2026		
Flexible Spending Account or Limited FSA (Out of pocket medical, dental, vision expenses)	Contribute \$500 to \$3300	Annual Election: <input type="text"/>
Dependent Daycare (DCAP) (Child and Adult Daycare expenses)	Married filing jointly /single: Contribute \$500 to \$5000 Married filing separately: Contribute \$500 to \$2500	Annual Election: <input type="text"/>

SECTION 3: DELTA DENTAL AND LEGAL SHIELD / INDENTITY THEFT Deduction Schedule - 24 pays				
Delta Dental of Kentucky (PPO)	Single (\$13.16 / pay) <input type="radio"/>	Employee and Spouse (26.32 / pay) <input type="radio"/>	Employee + Child(ren) (29.03 / pay) <input type="radio"/>	Family (54.72 / pay) <input type="radio"/>
Legal Shield & Identity Theft	Legal Shield Only	Individual (\$10.48 / pay) <input type="checkbox"/>	Family (\$10.48 / pay) <input type="checkbox"/>	
	Identity Theft Only	Individual (\$4.23 / pay) <input type="checkbox"/>	Family (\$7.98 / pay) <input type="checkbox"/>	
	Both Plans	Individual (\$14.70 / pay) <input type="checkbox"/>	Family (\$16.95 / pay) <input type="checkbox"/>	


NAME (LAST, FIRST, M.I.)	SOCIAL SECURITY #	PHONE #	D.O.B. (MM/DD/YY)	SEX (M/F)	STATUS CHANGE	
SPOUSE					Add <input type="checkbox"/>	Delete <input type="checkbox"/>
DEPENDENT					Add <input type="checkbox"/>	Delete <input type="checkbox"/>
DEPENDENT					Add <input type="checkbox"/>	Delete <input type="checkbox"/>
DEPENDENT					Add <input type="checkbox"/>	Delete <input type="checkbox"/>
FOR STATUS CHANGES ONLY:	QUALIFYING EVENT:			EFFECTIVE DATE: (MM/DD/YY)		

SECTION 4: INSURANCE PLAN ELECTIONS: Deduction Schedule - 24 pays			
Transamerica Universal Life Insurance with Cash Values	Employee Only (\$8.66 / pay) YES <input type="checkbox"/> NO <input type="checkbox"/>	Spouse (\$8.66 / pay) YES <input type="checkbox"/> NO <input type="checkbox"/>	Enrollment form will be required and sent separately
UNUM Group Term Life Insurance and AD&D	Employee Amount (\$10,000 - \$500,000) <input type="text"/>	Spouse Amount (\$5,000 - \$150,000) <input type="text"/>	Child Amount (\$2,000 - \$10,000) <input type="text"/>
	Maximum Guaranteed Issue Amount is 5X Salary		Current Annual Salary <input type="text"/>
UNUM Long-Term Disability	Eligibility - Full-Time Employees Only YES <input type="radio"/> NO <input type="radio"/>	Current Annual Salary <input type="text"/>	

BENEFICIARIES (For Life Insurance Only)				
NAME (LAST, FIRST, M.I.)	SOCIAL SECURITY #	PHONE #	D.O.B. (MM/DD/YY)	RELATIONSHIP

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

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-807-0400 or visit us at www.myCBS.org/health or email at hbscustomerservice@cbservices.org. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-807-0400 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Medical Only In-Network \$400 Individual / \$800 Family Medical Only Out-of-Network \$800 Individual / \$1,600 Family In-Network & Out-of-Network <u>deductibles</u> do not reduce each other.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. For <u>preventive care</u> services, the In-Network <u>deductible</u> does not apply	This plan covers some items and services even if you haven't yet met the deductible amount, but a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services	No	You don't have to meet deductibles for specific services.
What is the <u>out-of-pocket limit</u> for this plan?	Combined Medical & Prescription Drug In-Network \$3,000 Individual / \$6,000 Family Medical Only Out-of-Network \$6,000 Individual / \$12,000 Family In-Network & Out-of-Network <u>out-of-pocket limits</u> do not reduce each other.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in <u>out-of-pocket limit</u>	<u>Premiums</u> , <u>balance-billed</u> charges, <u>deductible</u> , <u>copayment</u> , or <u>coinsurance</u> amounts paid on a covered persons behalf by a foundational or manufacturer sponsored patient assistance program, penalty for prescription retail refill allowances, penalty for mandatory generics, penalty for non-notification of hospital admission and other	Even though you pay these expenses, they don't count toward the out-of-pocket limit. Certain specialty pharmacy drugs are considered non-essential health benefits and fall outside the out-of-pocket limits .

This document is subject to change based on the Trust [Plan](#) effective January 1 through December 31. The actual amount of benefits, if any, is subject to all [plan](#) provisions at the time of service, including eligibility, [plan](#) limitations and exclusions. For more information about limitations and exceptions, see the [plan](#) or policy document at myCBS.org/health.

Important Questions	Answers	Why This Matters:
	services requiring pre-certification, and health care this plan does not cover.	
Will you pay less if you use a <u>network provider</u> ?	Yes. Your <u>network</u> is BlueCross BlueShield. See myCBS.org/ppo-hcsc (Select 'Participating Provider Organization' and 'Use Current Location' to return a listing of local providers) or call 1-800-810-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copayment</u> /Visit; <u>Deductible</u> does not apply	40% <u>coinsurance</u>	Includes Virtual Care (via video or voice).
	<u>Specialist</u> visit	\$25 <u>copayment</u> /Visit; <u>Deductible</u> does not apply	40% <u>coinsurance</u>	Includes Virtual Care (via video or voice). In-Network Allergy injections \$0 <u>copayment</u> / visit; <u>deductible</u> does not apply.
	<u>Preventive care/screening/immunization</u>	No charge	40% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Lab Work - No charge Radiology - No charge	40% <u>coinsurance</u>	Limited to services performed in a physician's office. Payment may differ based on place of service.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Applies to services performed in a physician's office or outpatient setting. Precertification is required. A 25% penalty up to \$300 may

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
				apply. Penalty does not apply to out-of-pocket limit.
<p>If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.myCBS.org/health Log in and click on My Prescription Drugs or call Express Scripts at 800-718-6601. More information about the Smart 90, Generics Member Pays The Difference, <u>Formulary</u>, Retail Refill Allowance and SaveonSP programs is available at: www.myCBS.org/Rx</p>	Generic drugs	\$10 /Prescription (retail); \$20 /Prescription (mail or Smart90)	Greater of \$60 or 50% coinsurance (retail) Not covered (mail)	<p><u>Deductible</u> does not apply.</p> <p>Covers up to 30-day supply at retail; 90-day supply mail order or Smart90 prescription.</p> <p>Retail maintenance prescriptions are limited to an initial fill and two refills. If you continue to use retail, outside of the Smart 90 program, you will pay the mail order <u>copayment</u> for a 30-day supply.</p> <p>You may fill a 90-day supply at Walgreens owned retail pharmacies through the Smart90 program.</p> <p>If a generic equivalent is available and a brand-name medication is dispensed for any reason, you will pay the difference in cost plus the brand <u>copayment</u>.</p> <p>*If a patient enrolls in SaveonSP, they will pay \$0.</p>
	Preferred brand drugs	\$30 /Prescription (retail); \$70 /Prescription (mail or Smart90)	Greater of \$60 or 50% coinsurance (retail) Not covered (mail)	
	Non-preferred brand drugs	Greater of \$50 or 50% <u>coinsurance</u> up to \$100 /Prescription (retail); \$125 /Prescription (mail or Smart90)	Greater of \$60 or 50% coinsurance (retail) Not covered (mail)	
	<u>Specialty drugs</u>	Generic As categorized above Preferred As categorized above Non-Preferred As categorized above Specialty Drugs on SaveonSP 30% <u>coinsurance</u>* Certain specialty pharmacy drugs are considered non-essential health benefits and copayments may be set to the maximum of above or any available manufacturer-funded copay assistance. For a complete list of non-essential specialty medications, see mycbs.org/health/SaveonSP		
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center, hospital)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<p>Limited to services performed outside physician's office. You may be billed amounts in excess of prevailing charges for <u>Out-of-Network Providers</u>. Precertification is required. A 25% penalty up to \$300 may apply. Penalty does not apply to <u>out-of-pocket limit</u>.</p>
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u> - Facility fee	\$100 <u>Copayment/Admission</u> ; <u>Deductible</u> does not apply	\$100 <u>Copayment/Admission</u> ; <u>Deductible</u> does not apply	Copayment is waived if admitted.
	<u>Emergency room care</u> - Physician/surgeon fees	No charge (Included in \$100 facility <u>copayment</u>)	No charge (Included in \$100 facility <u>copayment</u>)	<u>Emergency room care</u> may include tests and services described elsewhere in the SBC (i.e. <u>Diagnostic tests</u> or Imaging.) You may be billed amounts in excess of prevailing charges for <u>Out-of-Network Providers</u> .
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	For transportation service charges exceeding \$5,000 by ground and/or air, payment will not exceed 150% of Medicare allowance for such incurred expenses. Charges include transportation and medical supplies used during transport.
	<u>Urgent care</u>	\$35 <u>copayment/Visit</u> ; <u>Deductible</u> does not apply	\$35 <u>copayment/Visit</u> ; <u>Deductible</u> does not apply	You may be billed amounts in excess of prevailing charges for <u>Out-of-Network Providers</u> .
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Precertification is required.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visits - No charge Other outpatient services - 20% <u>coinsurance</u>	40% <u>coinsurance</u>	In-Network Telehealth Visit – \$25 <u>copayment/Visit</u> ; <u>Deductible</u> does not apply.
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Precertification is required.
If you are pregnant	Office visits	\$25 <u>copayment/Visit</u> ; <u>Deductible</u> does not apply	40% <u>coinsurance</u>	Copayment applies to initial prenatal visit only (per pregnancy). Cost sharing does not apply to preventive services.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None.
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to 100 visits per plan year maximum.
	<u>Rehabilitation services</u>	\$25 <u>copayment</u> /Visit; <u>Deductible</u> does not apply	40% <u>coinsurance</u>	None.
	<u>Habilitation services</u>	Specialist- \$25 <u>copayment</u> /Visit; <u>Deductible</u> does not apply Outpatient Facility- 20% <u>coinsurance</u>	40% <u>coinsurance</u>	Payment may differ based on place of service. Limited to a combined 20 visits per year for all <u>providers</u> , including, but not limited to, physical, occupational and speech therapy. Visit limits apply to <u>Habilitation services</u> only.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to 120 days for all confinements maximum resulting from the same or a related illness or injury.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Check your plan document for limitations. Orthotics – Limited to \$500 lifetime.
	<u>Hospice services</u>	No charge	No charge	Limited to 180 days per plan year maximum.
If your child needs dental or eye care	Children's eye exam	No charge	40% <u>coinsurance</u>	Covered up to age 5.
	Children's glasses	Not covered	Not covered	Unless covered by your vision <u>plan</u> .
	Children's dental check-up	Not covered	Not covered	Unless covered by your dental <u>plan</u> .

This document is subject to change based on the Trust Plan effective January 1 through December 31. The actual amount of benefits, if any, is subject to all plan provisions at the time of service, including eligibility, plan limitations and exclusions. For more information about limitations and exceptions, see the plan or policy document at myCBS.org/health.

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Contraceptives
- Cosmetic surgery
- Dental care (Adult)
- Eye exam over age 5
- Hearing aids and related charges (Adult)
- Infertility treatment (except initial diagnosis)
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Sterilization or Abortion
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric Surgery
- Habilitation services (payable per medical necessity)
- Services provided by State Licensed Practitioners within the scope of license not specifically covered under any other provisions of the medical plan, including Acupuncture, Massage Therapy, and Nutritional Counseling – Limited to 12 combined visits per year for all services
- Chiropractic care - \$25 copayment applies - Limited to 12 visits per plan year
- Hearing Aids, 1 device per impaired ear every 36 months for children 18 years of age or younger.
- TMJ (Temporomandibular Joint Disorder) covered the same as any other illness when services rendered by a Medical Provider. Subject to Medical Necessity.
- Non-emergency care when traveling outside the U.S. (only when on assignment by ER)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. Church plans are not covered by the Federal COBRA continuation coverage rules. For more information on your rights to continue coverage, contact the plan at 1-800-807-0400. You may also contact your state insurance department. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the plan at 1-800-807-0400. A list of states with Consumer Assistance Programs is available at <http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-807-0400.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-807-0400.

This document is subject to change based on the Trust [Plan](#) effective January 1 through December 31. The actual amount of benefits, if any, is subject to all [plan](#) provisions at the time of service, including eligibility, [plan](#) limitations and exclusions. For more information about limitations and exceptions, see the [plan](#) or policy document at myCBS.org/health.

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Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-807-0400.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-807-0400.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

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05/07/24

Calendar Year January 1

NEW HIRE ONBOARDING PACKET || PAGE 14

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	Mia's Simple Fracture (in-network emergency room visit and follow up care)
--	---	--

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> ■ The plan's overall deductible \$400 ■ Specialist copayment \$25 ■ Hospital (facility) coinsurance 20% ■ Other coinsurance 20% | <ul style="list-style-type: none"> ■ The plan's overall deductible \$400 ■ Specialist copayment \$25 ■ Hospital (facility) coinsurance 20% ■ Other coinsurance 20% | <ul style="list-style-type: none"> ■ The plan's overall deductible \$400 ■ Specialist copayment \$25 ■ Hospital (facility) coinsurance 20% ■ Other coinsurance 20% |
|--|--|--|

This EXAMPLE event includes services like: <u>Specialist</u> office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services <u>Diagnostic tests</u> (<i>ultrasounds and blood work</i>) <u>Specialist visit</u> (<i>anesthesia</i>)	This EXAMPLE event includes services like: <u>Primary care physician</u> office visits (<i>including disease education</i>) <u>Diagnostic tests</u> (<i>blood work</i>) <u>Prescription drugs</u> <u>Durable medical equipment</u> (<i>glucose meter</i>)	This EXAMPLE event includes services like: <u>Emergency room care</u> (<i>including medical supplies</i>) <u>Diagnostic test</u> (<i>x-ray</i>) <u>Durable medical equipment</u> (<i>crutches</i>) <u>Rehabilitation services</u> (<i>physical therapy</i>)
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Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
---------------------------	-----------------	---------------------------	----------------	---------------------------	----------------

In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$400	Deductibles	\$400	Deductibles	\$400
Copayments	\$10	Copayments	\$700	Copayments	\$200
Coinsurance	\$2,100	Coinsurance	\$100	Coinsurance	\$200
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$40
The total Peg would pay is	\$2,570	The total Joe would pay is	\$1,220	The total Mia would pay is	\$840

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

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Christian Brothers Services
Health & Benefits
Express Scripts



SaveonSP

SaveonSP for Specialty Medications

In today's health care market, increases in prescription expenses continue to significantly outpace other increases. Part of the reason for the higher costs is the use of specialty medications that provide unique treatments with remarkable results.

However, the cost of these drugs can be excessive, with monthly copays ranging from \$750 to more than \$7,500 depending on the medication. Also, specialty medications are not one of the 10 Essential Health Benefits under the Affordable Care Act (ACA) and are therefore considered non-essential health benefits and don't count toward a member's Out-of-Pocket limits.

A new program for Christian Brothers Employee Benefit Trust (EBT) members allows them to get over 200 specialty medications at no cost. SaveonSP is a program that works with CBEBT's current pharmacy program through Express Scripts. Members will continue to receive their specialty medications through Accredo, Express Scripts' specialty mail-order provider.

Who is Eligible for Enrollment?

A member is eligible to enroll in the SaveonSP program if they currently take certain specialty pharmacy medications that are considered non-essential health benefit specialty medications under the Plan, or if they begin taking one of these medications at a later date.

The SaveonSP Program includes 80+ non-essential health benefit medications covering conditions such as hepatitis C (Hep C), multiple sclerosis (MS), psoriasis, inflammatory bowel disease (IBD), rheumatoid arthritis (RA), cancer, and others.

Enrollment in the program is voluntary; however, if a member chooses not to enroll in SaveonSP, they will pay the prescription drug copay for medications as shown on the Plan's Specialty Drug List and the copay will not count toward their deductible or Out-of-Pocket maximum.

How to Enroll

To enroll, a member can call SaveonSP at **1.800.683.1074** and a customer service representative will answer their questions and enroll them in the program. Representatives are available Monday through Thursday from 8 a.m. to 8 p.m. ET and Friday from 8 a.m. to 6 p.m. ET. The call will take approximately 10 minutes.

If an EBT member is already enrolled in a drug copay assistance program from a drug manufacturer in connection with a medication on the non-essential health benefit specialty drug list, the member must let the customer service representative know this when calling to enroll. The representative will ask for a manufacture assistance program-issued ID. Certain manufacturers require annual enrollment. The member will only be contacted once a year to ensure they are properly enrolled in this program.

The SaveonSP program provides considerable savings to EBT members who take specialty medications, all at no additional cost.

Contact Express Scripts at (800) 718.6601



Visit mycbs.org/health
for more information



Diocese of Covington

Insight network



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Frequency

Exam

once every plan year

Frame

once every other plan year

Lens

once every plan year

Contact Lens

once every plan year

Additional Glasses

Allowance

once every other plan year

Plan allows member to receive frame and lens services or contacts

SCHEDULE OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam at PLUS Providers	\$0 copay	Up to \$40
Exam	\$0 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame at PLUS Provider	\$0 copay; 20% off balance over \$180 allowance	Up to \$98
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$98
STANDARD PLASTIC LENSES		
Single Vision	\$20 copay	Up to \$30
Bifocal	\$20 copay	Up to \$50
Trifocal/Lenticular	\$20 copay	Up to \$70
Progressive - Standard	\$75 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$105 - 235	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 100	Up to \$23
Photochromic - Non-Glass	\$75	Not covered
Photochromic - Non-Glass < 19 years of age	\$0 copay	Up to \$38
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$20
Scratch Coating	\$0 copay	Up to \$5
Tint	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$98
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$98
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
ADDITIONAL GLASSES ALLOWANCE		
Glasses Allowance at PLUS Providers	40% off retail*; 100% of balance over \$100	Up to \$40
Glasses Allowance	40% off retail*; 100% of balance over \$50	Up to \$40
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

*Complete pair (frame & lens with or without lens options) purchase required to receive 40% discount. 20% discount applied if complete pair not purchased. Log into eyemed.com/member to see all plans included with your benefits. EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company@ of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Savings plus convenience plus choice

*PLUS Providers add another
layer of coverage*

Staying in-network helps you save money on eye exams, frames and lenses. Visiting a PLUS Provider is designed to help you save even more. And since PLUS Providers are already in our network, the additional perks are built right into your vision benefits.

No promo codes, no coupons, no paperwork. The same vision benefits, plus a little more savings.

eye
Med



The choice is yours

Find plenty of in-network eye doctors – including PLUS Providers – on our Provider Locator. Just look for the PLUS.

Need extra assistance? Contact us at 1.866.939.3633 or visit eyemed.com.

INDEPENDENT
PROVIDER
NETWORK

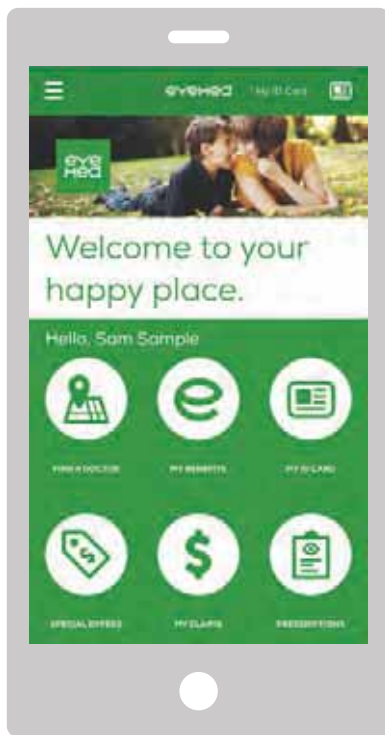


OPTICAL

On the go? Now your benefits are, too.

NEW LOOK. FRESH FEATURES. SAME GREAT BENEFITS, WHENEVER YOU NEED THEM.

Our revamped EyeMed Mobile App brings you fresh new features to help you get the most from your EyeMed experience – anytime, anywhere.



The features you love plus new features to explore

- See benefits and eligibility at-a-glance
- Track your claims
- Grab special offers to help you save more
- Find an in-network eye doctor with the Provider Locator
- View your ID card at-a-shake
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides to help you see and live your best
- Use Facial recognition, Touch ID and Apple Wallet for Apple users

USING THE OLD APP?

Make sure you download the newest version of the app to keep up with our latest features, as older versions will no longer be supported. Download the new app, enter your existing login info (no need to re-register) and you're all set.

[Check out the App Store or Google Play](#) to download the new app

This information is available broadly and is not plan or state specific. Offers are not valid in the state of Texas.



LENSCRAFTERS®



Diocese of Covington
 Medical Insurance Premiums
 For the 2025-2026 Plan Year

Full Time Employee * Coverage Level	Total Premium	Monthly		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 830	\$ 830	\$ -	\$ 415	\$ -
Employee and Child(ren)	\$ 1,430	\$ 830	\$ 600	\$ 415	\$ 300
Employee and Spouse	\$ 1,650	\$ 830	\$ 820	\$ 415	\$ 410
Family	\$ 2,450	\$ 830	\$ 1,620	\$ 415	\$ 810

* - 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)	\$ 830	\$ 415	\$ 415	\$ 208	\$ 208
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.

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 \$3,300.00.

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	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.
Employee + Spouse	\$26.32/pay	
Employee + Child(ren)	\$29.03/pay	
Family	\$54.72/pay	

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>	<u>IDENTITYSHIELD</u>	<u>Both Plans</u>
Individual - \$10.48/pay	Individual - \$4.23/pay	Individual - \$14.70/pay
Family - \$10.49/pay	Family - \$7.98/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.!

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

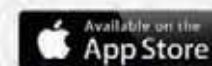


**Manage your
FSA on the
go, anywhere,
anytime**

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 Benefits 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 Benefits 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 health or limited-purpose FSA. Plan restrictions may apply to your dependent care amount, and some providers may not accept the benefits card.

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



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.

The Chard Snyder Benefits 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
- 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.



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.

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.)*



800.982.7715 www.chard-snyder.com

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CS_FSA - HC_LMT_DCA Benefits Card v8.23

Flexible Spending Account Carryover



What is a Flexible Spending Account Carryover?

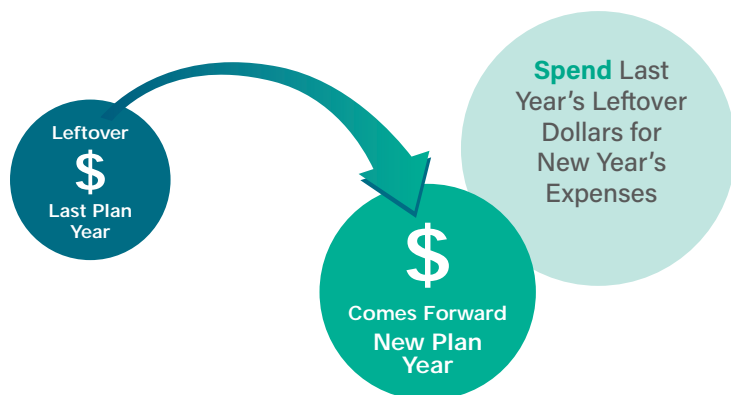
The carryover feature that comes with your Flexible Spending Account (FSA) allows you to **carry over up to \$660** of unused funds into the following plan year. The FSA is generally a “use-it-or-lose-it” account, but the carryover helps you save up to \$660 in unspent funds.

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 \$660 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 \$660 but you would lose the additional \$60.

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 information contained in this publication is not, nor is it intended to be, legal or tax advice. Federal regulations may change plan features without notice at any time. ©2023, Chard Snyder & Associates, LLC. All rights reserved.



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



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, 2025 – June 30, 2026

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			
Prosthetic 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.

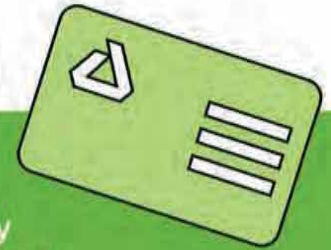
Benefits will cease on the last day of the month in which the employee is terminated.

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.*

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2013-004-DD Rev 3/14

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

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

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Rev. 02/2021

Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Delta Dental Mobile App features

Sign in to access the full range of tools and resources



Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.



Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.



Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.



Save your preferred dentist for quick access

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.

Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

ky.deltadental.com

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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" 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" 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.

*Member number and patient's date of birth required

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

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Rev. 4/2021

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.

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Special offer for employees and families

As Delta Dental of Kentucky members,
You receive 50% off CustMbite Smile Whitening Kits!

Visit custmbite.com and use code SMILEKIT50 at checkout.

Retail Value \$39.77 / With Code \$19.89

Smile Kits include:



three moldable
whitening trays



two applicators of
whitening gel

CustMbite Smile Kits provide radiant smiles for everyone. Our whitening trays, made from our patented Vistamaxx™ material, provides a comfortable and secure fit while our gel and foam give you a brighter cleaner, more radiant smile.

CustMBite is a wholly-owned subsidiary of Delta Dental of Kentucky, Inc.

Like us? Leave us a review!



CustMbite



@custmbite



CustMbite.com

855-253-4680 | customerservice@custmbite.com

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.
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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				

Age	Employee semi-monthly rate	Spouse semi-monthly rate	Child semi-monthly rate
	Per \$10,000 of coverage Cost	Per \$5,000 of coverage Cost	\$0.180 per \$2,000 of coverage
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

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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*	<p>You are eligible for coverage if you are an active employee in the United States working a minimum of 25 hours per week.</p> <p>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.</p> <p><small>*See the Legal Disclosures for more information.</small></p>
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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.				
$\$ _____ \div 12 = \$ _____$	\times	$60\% =$	$=$	$\$ _____$
Your annual earnings	Your monthly earnings	(Max % of income covered)		Max monthly benefit available
2 Calculate your cost per paycheck				
$\$ _____ \div 100 = \$ _____$	\times	$\$ _____ =$	$\$ _____ \div 24 =$	$\$ _____$
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.

Additional benefits:

Conversion

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

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

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**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
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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



Issue Age	\$25,000 Face Amount			\$50,000 Face Amount			\$100,000 Face Amount			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*	
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

Tobacco
 Death Benefit Option: A



With Riders: TI, WML, LBR

Issue Age	\$25,000 Face Amount			\$50,000 Face Amount			\$100,000 Face Amount			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*	
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

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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:

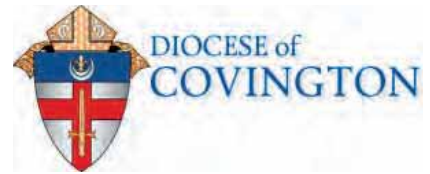
- the monthly contract date following the receipt of written request to terminate.
- the maturity date.
- the date the insured dies.
- the date the contract lapses or becomes fully paid-up life insurance, subject to the grace period.
- the date a nonforfeiture option becomes effective.

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 IDSShield mobile app
- 24/7 Continuous Monitoring with Activity Alerts, IDSShield 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

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Diocese of Covington

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Finance Office
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Covington, KY 41011-3115
Phone: (859) 392-1500
Fax: (859) 392-1589

To: All Diocesan Employees

From: Bob Hagedorn

Chief Financial Officer

RE: 403(b) Retirement Plan

Date: January 15, 2026

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 is as follows:

Aurora Financial Consultants

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