

**DIOCESE OF
COVINGTON**

**NEW HIRE
ONBOARDING
BENEFITS
PACKET**

**PLAN YEAR
2026 – 2027**

New Hire Onboarding Packet

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Diocese of Covington – Employee Payroll Information

Fiscal Year: 2026-2027

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)

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.

<i>Finance Office –</i>	<i>392-1500</i>	<i>FAX</i>	<i>392-1589</i>
<i>Payroll Office –</i>	<i>392-1500</i>	<i>FAX</i>	<i>392-1589</i>
<i>E-Mail –</i>	<u>Payroll@CovDio.org</u>		

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: 2026-2027

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 (\$3,400) (minimum \$700) Dependent Day Care – IRS regulated maximum (\$7,500) (minimum \$700) 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 for employees <u>working at least 15 hours per week</u>: 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 Kopllyay – 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 Kopllyay – 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 (See covdio.org/payroll-benefits/ for coupons)</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>



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 2026-2027

Email forms to Benefits@covdio.org

Email questions to Liz Champ: Benefits@covdio.org
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: 9/15/2026 - 5/31/2027 *New Hire Eligibility - If hire date is on or after September 1st, 2026, eligibility for FSA/DCAP is September 1, 2027		
Flexible Spending Account/ Limited FSA (Out of pocket medical, dental, vision expenses)	Contribute \$700 to \$3400 ** Rollover Provision Eliminated in 2026/2027	Annual Election: <input type="text"/>
Dependent Daycare (DCAP) (Child and Adult Daycare expenses)	Married filing jointly /single: Contribute \$700 to \$7500 Married filing separately: Contribute \$700 to \$3750	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="radio"/>	Family (\$10.48 / pay) <input type="radio"/>		
	Identity Theft Only	Individual (\$4.23 / pay) <input type="radio"/>	Family (\$7.98 / pay) <input type="radio"/>		
	Both Plans	Individual (\$14.70 / pay) <input type="radio"/>	Family (\$16.95 / pay) <input type="radio"/>		
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 - \$250,000) <input type="text"/>	Child Amount (\$2,000 - \$10,000) <input type="text"/>	Maximum Guaranteed Issue Amount is 5X 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 Rollover Provision for the FSA beginning plan year 2026/2027 will be eliminated. FSA funds must be spent by August 31, 2027.

 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 HealthCustomerService@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 services</u> , 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 out-of-pocket limit 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 out-of-pocket limit	<u>Premiums</u> , <u>balance-billed charges</u> , <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 services requiring pre-certification, and health care this plan does	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 .

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Important Questions	Answers	Why This Matters:
	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 provider's 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</u> /immunization	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 apply. Penalty does not apply to out-of-pocket limit.

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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)	
<p>If you need drugs to treat your illness or condition More information about prescription drug coverage 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, Formulary, 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% <u>coinsurance</u> (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% <u>coinsurance</u> (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% <u>coinsurance</u> (retail) Not covered (mail)	
	Specialty drugs	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>	
<p>If you need immediate medical attention</p>	<u>Emergency room care</u> - Facility fee	\$100 <u>copayment</u> /Admission; <u>Deductible</u> does not apply	\$100 <u>copayment</u> /Admission; <u>Deductible</u> does not apply	<p>Copayment is waived if admitted.</p> <p><u>Emergency room care</u> may include tests and services described elsewhere in the SBC (i.e.</p>
	<u>Emergency room care</u> -	No charge (Included in \$100)	No charge (Included in \$100)	

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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)	
	Physician/surgeon fees	facility <u>copayment</u>)	facility <u>copayment</u>)	Diagnostic tests or Imaging.) You may be billed amounts in excess of prevailing charges for Out-of-Network Providers .
	Emergency medical transportation	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.
	Urgent care	\$35 <u>copayment</u> /Visit; <u>Deductible</u> does not apply	\$35 <u>copayment</u> /Visit; <u>Deductible</u> does not apply	You may be billed amounts in excess of prevailing charges for Out-of-Network Providers .
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</u> /Visit; <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</u> /Visit; <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 copayment , coinsurance , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None.
If you need help recovering or have other special health needs	Home health care	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to 100 visits per plan year maximum.
	Rehabilitation services	\$25 <u>copayment</u> /Visit; <u>Deductible</u> does not apply	40% <u>coinsurance</u>	None.
	Habilitation services	Specialist - \$25 <u>copayment</u> /Visit; <u>Deductible</u>	40% <u>coinsurance</u>	Payment may differ based on place of service. Limited to a combined 20 visits per year for all

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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)	
		does not apply Outpatient Facility- 20% coinsurance		providers , including, but not limited to, physical, occupational and speech therapy. Visit limits apply to Habilitation services 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 plan .
	Children's dental check-up	Not covered	Not covered	Unless covered by your dental plan .

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

Chinese (中文): 如果需要中文的帮助 · 请拨打这个号码 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.

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

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

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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03/23/26

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)
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- | | | |
|--|--|--|
| <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% |
|--|--|--|

<p>This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)</p>	<p>This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)</p>	<p>This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)</p>
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Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
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In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
Cost Sharing		Cost Sharing		Cost Sharing	
Deductibles	\$400	Deductibles	\$400	Deductibles	\$400
Copayments	\$10	Copayments	\$700	Copayments	\$200
Coinsurance	\$2,100	Coinsurance	\$100	Coinsurance	\$200
What isn't covered		What isn't covered		What isn't covered	
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

CASE MANAGEMENT INFORMATION

We are a Catholic organization serving other Catholic organizations with affordable health and benefits coverage tailored to the unique needs of each member organization. We understand the Church because we are part of the Church.



Health Solutions



The Christian Brothers Employee Benefit Trust (CBEBT) has had a long tradition of including a variety of utilization and disease management services as part of its benefits package. All plans offered through the CBEBT include services related to wellness initiatives, preventative care, including HRSA's Women's Preventive Services Guidelines, vaccination, various health screenings and counseling services, covering most of the cost before co-payments and/or deductibles when using an in-network provider.

Health and Wellness Continuum



Case Management Program

The Case Management Program is one of the leading URAC-accredited chronic disease and case management programs. The main objective of this program is to improve the overall health and quality of life for each enrolled member. Case Management can be reached at **866.458.4002**.

Oncology: Specialty Case Management

AHH engages with all key members as early as possible following a diagnosis, to assist with coping with the disease and serving the long-term needs of the patient. AHH maintains a dedicated group of professionals who understand and work closely with the medical team through the entire treatment process.

Maternity Management

Receive one-on-one support from a Registered Nurse to help achieve a healthy pregnancy.

Neonatal and Pediatric Specialty Case Management

Case management, advocacy and support from Registered Nurses when birth complications or disease unexpectedly present in newborns.

Utilization Management (Pre-Certification)

The Utilization Management program is designed to positively impact claims costs and provide savings to benefits plans. The highly specialized team of doctors and nurses view the best patient outcomes as their goal while ensuring opportunities for cost savings are maximized.

Pelago

Smoking Cessation Programs

Pelago uses a digital solution to quit smoking considered one of the most effective smoking cessation programs in the world by the World Health Organization. This program, which comes at no additional costs to members, replaces traditional, legacy telephone coaching programs with a confidential, technology-enabled digital clinic designed to help participants access evidence-based care wherever they are. The program provides access to mobile content, quit coaches, personalized tracking, nicotine replacement therapy and a connected device to monitor carbon monoxide levels and help members track progress. Call **877.349.7755**.



Preventing Diabetes Program

The Livongo Healthy Living and Diabetes Prevention Program can help members at risk for Type 2 diabetes. Members will have access to a CDC-recognized program that focuses on lifestyle behavior changes to achieve health goals through various lessons, strategies and personalized one-on-one coaching. Members will receive a cellular scale that provides seamless weigh-ins and food and activity tracking to understand lifestyle habits.

Diabetes Management Program

Livongo Health makes diabetes management easier and at no cost to CBEBT members and family members who are diagnosed with Type 1 or Type 2 diabetes. Members receive a connected meter, unlimited strips and personalized support from a Livongo coach by phone, email, text, or mobile app to give guidance in managing diabetes. For more information, call **800.945.4355**.

Hypertension Program

The Livongo for Hypertension Program combines advanced technology with personalized coaching to help members manage their blood pressure. An automatic monitor connected to a smartphone app sends data to Livongo. Members receive a Health Summary Report and convenient automatic reminders to check their blood pressure. Members also have round-the-clock access to knowledgeable, caring health professionals whenever and wherever they need them and receive personalized content and tips, as well as nudges, emails and texts.



Hearing Aid Discount Program*

Start Hearing offers significant savings on all styles of digital hearing aids through 3,000 provider locations. Additionally, the program offers free hearing screenings for members, their spouse, children, parents and grandparents. Please call **888.529.0194** or visit www.starthearing.com/partners/CBS.

* Eligible members and non-CBS members may be responsible for any testing performed during the hearing screenings. This program is available to any enrolled members and their dependents.



Consult a Doctor 24/7

The Christian Brothers Employee Benefit (EBT) and Religious Medical Trusts (RMT) offer 24/7 access to physicians, 365 days a year through Teladoc for all members who are enrolled with medical coverage. The telemedicine benefit offers accessible and convenient care, as well as providing patients and physicians a way to communicate, which bypasses the traditional office visit yet provides excellent care through the use of technology.

Members can talk with a doctor anytime, anywhere about non-emergent medical conditions from earaches to allergies via telephone, secure email, video or mobile app. In addition to **general medical visits**, Teladoc offers access to care for **mental health**, allowing members to speak with licensed psychiatrists, psychologists or therapists to assist in behavioral health needs such as depression, anxiety, stress, marital or family issues by phone or video. A member can also receive assistance for **dermatology** needs by uploading images of a skin issue online to receive a custom treatment plan within two days for conditions such as eczema, acne, rashes and more. Teladoc also offers a **nutrition** program with access to registered dietitians who assess clinical nutrition needs and develop personalized programs for each member.

Members also have access to **Primary360**, allowing for consultations with a board-certified online primary care provider of their choice for routine checkups, ongoing wellness needs and referrals.

The Doctor is ALWAYS in – connect today – visit mycbs.org/health and click on "My Teladoc" or call **800.TELADOC** (835.2362).



All Christian Brothers Employee Benefit Trust members have access to MyCatholicDoctor, a nationwide organization that brings a network of faithful medical professionals to patients through video visits/telehealth. Trust members will have access to providers who practice evidence-based scientific medicine from a Catholic perspective and integrate Catholic spirituality into its care as appropriate to the situation. To make an appointment, visit mycbs.org/health and click on "MyCatholicDoctor" or call **888.822.8436**.



Accordant Care

Accordant Health Services, a CVS Caremark company, provides valuable support to our members with chronic conditions such as ALS, Crohn's Disease, Cystic Fibrosis, Parkinson's Disease, Rheumatoid Arthritis and more. It is specially designed to help meet our members' unique health care needs. The Accordant Care Program can be reached at **866.655.7490**.



Prescription Drug Program

Express Scripts manages prescription drug benefits for CBEBT members. Express Scripts is dedicated to providing members, clients and healthcare professionals with services that deliver safe and affordable pharmaceuticals, 24 hours a day/seven days a week. With Express Scripts sophisticated dispensation technology and mail-order pharmacies, Trust members are provided with high-quality prescription drugs at discounted prices. To learn more, call **800.718.6601**.



Personal Health and Wellness Programs

CBEBT has partnered with Empower Health Services to help members realize their wellness potential and to place them in control of health and fitness goals. The pursuit of good health starts with assessing your current health and lifestyle risks. The checkup provided by Empower Health Services can include a simple blood draw that includes a variety of preventative blood tests. The checkup is convenient, confidential, actionable, educational and easy to complete, and is free to all members covered under our medical plans. Members can contact a CBEBT benefit consultant to obtain more information on this program.



Vision Discount Program

A Vision Discount Program through Vision Service Plan (VSP) is available to all members enrolled in a medical, dental or vision plan. This program offers discounts on exams, lenses and more. Visit vsp.com or call **800.877.7195** for more information.



Christian Brothers Employee Benefit Trust (CBEBT) members have access to Supportlinc's Animo program offering a variety of remote and digital access points that allow members to address a wide range of mental health concerns from the privacy of their own home, including video, phone, text therapy, and live chat.

Supportlinc's dCBT platform is an innovative online and mobile program that offers evidence-based content, practical resources and daily inspiration to foster meaningful and lasting behavioral change.

Textcoach®, designed as a stand-alone digital option to fill the gaps in the traditional behavioral health medical system, is designed to help manage day-to-day issues. Users can connect with a mental health 'coach' via mobile or desktop on one's own time. All coaches, independently licensed and experienced clinicians, will be available to help with anxiety, burnout, depression, drug and alcohol concerns, mindfulness, relationship issues, resilience, stress, trauma and more.

Through Textcoach® users can boost emotional fitness and well-being through an exchange of text-based dialogue, voicenotes, resource links and video links.

For more information, visit: www.cbsservices.org/assets/images/forms_flyers/SupportLinc_AnimoTC_Program.pdf

For more information about these programs and services, please visit mycbs.org/health or contact customer service at the number on the back of your medical ID card.

CMI-1/2025



For over 60 years, Christian Brothers Services has been a trusted partner for Catholic institutions, offering cost-effective health coverage, retirement planning, property protection, and expert consulting. Let us handle the details so you can focus on your mission. Visit cbsservices.org to learn more.



SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES			
Exam	\$0 copay	\$0 copay	Up to \$40
Retinal Imaging	Up to \$39	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP			
Fit and Follow-up - Standard	Up to \$40	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
FRAME			
Frame	\$0 copay; 20% off balance over \$180 allowance	\$0 copay; 20% off balance over \$130 allowance	Up to \$98
LENSES			
Single Vision	\$20 copay	\$20 copay	Up to \$30
Bifocal	\$20 copay	\$20 copay	Up to \$50
Trifocal	\$20 copay	\$20 copay	Up to \$70
Lenticular	\$20 copay	\$20 copay	Up to \$70
Progressive - Standard	\$75 copay	\$75 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$105 - 235 copay	\$105 - 235 copay	Up to \$50
LENS OPTIONS			
Anti Reflective Coating - Standard	\$45 copay	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 100 copay	\$57 - 100 copay	Up to \$23
Photochromic - Non-Glass	\$75	\$75	Not covered
Photochromic - Non-Glass < 19 years of age	\$0 copay	\$0 copay	Up to \$38
Polycarbonate - Standard	\$40	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	\$0 copay	Up to \$20
Scratch Coating - Standard Plastic	\$0 copay	\$0 copay	Up to \$5
Tint - Solid and Gradient	\$15	\$15	Not covered
UV Treatment	\$15	\$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
CONTACT LENSES			
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	\$0 copay; 15% off balance over \$130 allowance	Up to \$98
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	\$0 copay; 100% of balance over \$130 allowance	Up to \$98
Contacts - Medically Necessary	\$0 copay	\$0 copay	Up to \$300
ADDITIONAL GLASSES ALLOWANCE			
Glasses Allowance [^]	40% off retail price less \$100 allowance	40% off retail price less \$50 allowance	Up to \$40
OTHER			
Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1-877-203-0675	Up to 66% off 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	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY			
	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS	
Exam	Once every plan year	Once every plan year	
Lenses	Once every plan year	Once every plan year	
Frame	Once every 2 plan years	Once every 2 plan years	
Contact Lenses	Once every plan year	Once every plan year	
Additional Glasses Allowance	Once every 2 plan years	Once every 2 plan years	

(Routine Benefit: Plan allows the member to receive either contacts or frame and lens services.)

(Additional Glasses Allowance: Plan allows the member to receive glasses (frame and/or lens, lens options).)

[^]Complete pair (frame & lens with or without lens options) purchase required to receive 40% discount. 20% discount applied if complete pair not purchased. 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. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. 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; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. 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 the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.

Savings plus convenience plus choice

PLUS Providers add another layer of
coverage

\$180

Frame allowance

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



This information is available broadly and is not plan or state specific.

PDF-2303-M-1084

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 866.804.0982 or visit eyemed.com.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS®

PEARLE
EST. 1961 VISION

OPTICAL

Diocese of Covington
 Medical Insurance Premiums
 For the 2026-2027 Plan Year

Full Time Employee * Coverage Level	Total Premium	Monthly		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 940	\$ 940	\$ -	\$ 470	\$ -
Employee and Child(ren)	\$ 1,615	\$ 940	\$ 675	\$ 470	\$ 338
Employee and Spouse	\$ 1,865	\$ 940	\$ 925	\$ 470	\$ 463
Family	\$ 2,770	\$ 940	\$ 1,830	\$ 470	\$ 915

* - 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)	\$ 940	\$ 470	\$ 470	\$ 235	\$ 235
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.

The below rates will apply to employees who **A.)** Do not receive pay during the summer and **B.)** Pay for a portion of their medical insurance premiums

MED 18 Coverage Level	Total Premium	Monthly (Sept-May)		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 1,253	\$ 1,253	\$ -	\$ 627	\$ -
Employee and Child(ren)	\$ 2,153	\$ 1,253	\$ 900	\$ 627	\$ 450
Employee and Spouse	\$ 2,487	\$ 1,253	\$ 1,233	\$ 627	\$ 617
Family	\$ 3,693	\$ 1,253	\$ 2,440	\$ 627	\$ 1,220

MED 18 Coverage Level	Total Premium	Monthly (Sept-May)		Per Pay Period	
		Parish	Employee	Parish	Employee
Single (Employee only)	\$ 1,253	\$ 627	\$ 627	\$ 313	\$ 313
Employee and Child(ren)	n/a				
Employee and Spouse	n/a				
Family	n/a				

Diocese of Covington Voluntary Benefit Descriptions

Note: Employees must work at least 15 hours per week to be eligible for enrollment in any of these benefit programs



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 \$3,400.

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 \$7,500.00.

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.

PPO		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 Only -	\$13.16/pay	
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.

LEGALSHIELD	IDENTITYSHIELD	Both Plans
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.**

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!!**



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.!

Contacts – Flexible Spending and Voluntary Insurance

LIZ CHAMP

Diocese of Covington

Phone: (859) 392-1554

Email: benefits@covdio.org

CHARD SNYDER

3510 Irwin Simpson Rd

Mason, OH 45040

Phone: (800) 982-7715

Fax: (888) 245-8542

Email: askpenny@chard-snyder.com

Website: chard-snyder.com



FLEXIBLE SPENDING ACCOUNT

Your tomorrow, today

The Flexible Spending Account

Healthcare Flexible Spending Account

Check out the Healthcare FSA! You'll find that by using tax-free money you can save up to 40% on eligible healthcare expenses like copays, coinsurance and deductibles for the entire family, telehealth, prescriptions, orthodontics, vision expenses, and more. How much you save will depend on your tax bracket and how much you put into the plan.

Dependent Daycare Flexible Spending Account

You can save taxes on expenses for dependent daycare provided during the hours you work. Use it for daycare centers, in-home care, nursery schools, and pre-schools for children in your household who are 12 years of age or less, your parents or grandparents (anyone you claim on your tax return who is not capable of self-care). Couples who file separately may each claim half the annual maximum. You are not required to have a Healthcare FSA to enroll in a Dependent Daycare FSA.



Great idea



1000's of eligible items/services



Less taxes

The Chard Snyder Mobile App

Features

- View account balances and transaction details
- Submit and review claims
- Upload paperwork
- Scan products for eligibility
(Plan restrictions may apply)

Download from the App Store or Google Play



Savings



With FSA	Without FSA
Monthly Pay	
\$2,000	\$2,000
Pre-tax FSA Contribution	
\$100	\$0
Taxable Income	
\$1,900	\$2,000
Minus Taxes	
-\$571	-\$601
After-tax Dollars Spent on Eligible Expenses	
-\$0	-\$100
Spendable Income	
\$1,329	\$1,299
Potential Monthly Tax Savings with FSA	
\$30	\$0
Potential Annual Tax Savings with FSA	
\$360	\$0

Savings will vary based on your tax bracket. Actual savings will vary based on your individual tax situation. Consult your tax professional for more information.

Easy • Convenient • Savings

Ways To Save

Healthcare FSA

What's eligible?

Copays
Coinsurance
Deductibles
Prescriptions
Diagnostic Testing

Where?

Medical Providers
Clinics
Telehealth
Labs
Pharmacies

Over-the-counter?

Gauze
Crutches
Joint supports
Contact lens solution

For Whom?

Yourself
Dependents claimed on
your tax return:
Spouse
Children age 26 and under
Elders

Dependent Daycare FSA

What's eligible?

Daycare centers
In-home care
After-school programs
Summer day camp
Latchkey program

For Whom?

Children age 12 and under
Any dependent incapable of self-care

When?

While you and your spouse are
at work, looking for work, or
at school

**For a full list of eligible
items and services,
check out our website**

www.chard-snyder.com

So Simple

Decide how much to set aside for the year and enroll

The amount you choose is deducted from your pay and added to your account(s)

Then use the Chard Snyder Benefit Card to pay for eligible expenses

Or submit claims using the mobile app, website, email, fax or mail

You may claim the entire balance of your healthcare account on the first day of the year, but only the current balance in the dependent daycare account. Submit copies of an Explanation of Benefits (EOB), or itemized receipts or statements, with your claim or as requested. Receive your payment through direct deposit or check.



Sign Up for Email and Text Alerts

Log in to your Chard Snyder account any time to set up your preferences and profile

What Else Do I Need To Know?

- **Always keep your itemized receipts** in case you are asked to prove what you purchased. A cash register tape is not sufficient
- **Your proof must show what** the expense was for, **who** it was for, **when** it happened, the name of the **provider or store** and **how much** you owed
- **Money cannot be transferred** from a healthcare account to a dependent daycare account and you may not use dependent daycare funds for healthcare expenses for anyone in your family
- **You cannot change your mind** after you enroll unless you experience specific work/life events as defined by the IRS. (See FAQs on our website)
- **You must spend and claim your money** within your plan's deadlines
- **Once you claim an expense** you may not claim it again on your annual taxes



800.982.7715 www.chard-snyder.com



The Chard Snyder Benefit Card

Use your Chard Snyder Benefit Card for a simple way to pay... the money comes right out of your account.

Many stores can confirm eligible merchandise and services at the point of sale. When you use your card at those locations you won't be asked for further proof of what you purchased.



Keep Your Paperwork

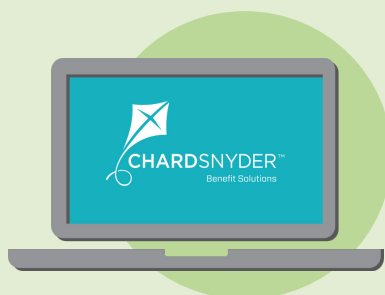
To confirm that you made an eligible purchase or received eligible services, you may be asked for copies of itemized receipts, statements, or Explanation of Benefits (EOB) from doctors' and dentists' offices, hospitals, and stores that do not electronically substantiate expenses*.

If so, take a picture of your paperwork with your mobile device and you can submit it through our app, upload online, attach it to an email...or just fax or mail a paper copy.

*If you do not provide documentation, your card may be suspended.

Do you still have the Benny prepaid benefit card? You may use it until the date shown on the front. You will receive the new Chard Snyder Benefit card just before your Benny expires.

Tools & Resources



Chard Snyder Website

Our website is loaded with information and tools to help you get the most out of your plan. Access your account by logging in at www.chard-snyder.com.

Chard Snyder Mobile App

Our mobile app is simple to use and easy to get from Google Play or the App Store.

- View account balances and transaction details
- Submit and review claims
- Upload paperwork
- Scan products for eligibility (plan restrictions may apply)



Customer Service

Contact us through Live Chat from the Chard Snyder website or send us an email for quick, convenient, personal service.

askpenny@chard-snyder.com



800.982.7715 www.chard-snyder.com



Diocese of Covington

714610 | 4001, 4099

Delta Dental PPO Plus Premier allows members to utilize any licensed provider. Members who choose a Delta Dental PPO network provider have the lowest out of pocket expenses and cannot be balance billed. Members who choose a Delta Dental Premier network provider cannot be balance billed.

Effective Date	January 1
Benefit Period	Calendar Year
Dependent Age Limit	up to age 26

	Provider Network		
	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist
Diagnostic & Preventive Services			
Exams	100%	100%	100%
Cleaning	100%	100%	100%
Fluoride	100%	100%	100%
X-rays	100%	100%	100%
Sealants	100%	100%	100%
Minor Services			
Fillings	50%	50%	50%
Endodontics	50%	50%	50%
Periodontal Non-Surgical Services	50%	50%	50%
Periodontal Surgical Services	50%	50%	50%
Simple Extractions	50%	50%	50%
Oral Surgery/Surgical Extractions	50%	50%	50%
Major Services			
Dentures	50%	50%	50%
Implants	50%	50%	50%
Bridges	50%	50%	50%
Crowns	50%	50%	50%
Orthodontic Services			
Orthodontic Services	50%	50%	50%
Orthodontic Lifetime Maximum (per person)	\$1,000	\$1,000	\$1,000
Orthodontic Services Age Limit	Through age 18.		
Deductible & Annual Maximum			
Deductible (individual/family)	\$50/\$150	\$50/\$150	\$50/\$150
D&P Subject to Deductible	No	No	No
Annual Maximum (per person)	\$2,000	\$2,000	\$2,000

Please note: Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services as these terms are defined in the Certificate of Coverage. Each Covered Person is responsible for the amount of Coinsurance, Deductible and non-covered charges. Dentists who have not signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.

Frequencies & Limitations

- » Oral exams (including evaluations by a specialist) are payable 2 times per benefit period. Limited oral evaluations for a specific problem or complaint are also payable 2 times in the same benefit period.
- » Prophylaxes (cleanings) are payable 2 times per benefit period. 2 additional periodontal maintenance procedures are payable per benefit period for individuals with a documented history of periodontal disease.
- » Full mouth debridement is payable 1 time per lifetime.
- » Fluoride treatments are payable 1 time per benefit period for people age 13 and under.
- » Space maintainers are payable 1 time per area per lifetime for people age 13 and under.
- » Bitewing X-rays are payable 1 time per benefit period and full mouth X-rays (which include bitewing X-rays) or panorex are payable 1 time in any 5-year period.
- » Sealants are payable 1 time per tooth per 2-year period for first and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- » Payment for crowns, inlays, and onlays are payable 1 time per tooth per 5-year period. Stainless steel crowns are payable 1 time per tooth per 2-year period on primary teeth only.
- » Composite resin (white) restorations are payable on posterior teeth.
- » Denture and/or bridge replacement is payable 5-years post initial placement. Replacement is not a Covered Service for lost or stolen dentures and/or bridges. Interim dentures are payable only for people under age 17 to replace extracted anterior permanent teeth.
- » Fixed bridges or removable cast partials are payable only for Eligible Dependents over age 16.
- » Implants are payable 1 time per tooth per 5-year period. Implant related services are Covered Services.
- » Crowns over implants are payable 1 time per tooth per 5-year period. Services related to crowns over implants are Covered Services.

*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.**

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

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



Term Life and Accidental Death & Dismemberment (AD&D) Insurance can provide money for your family if you die or are diagnosed with a terminal illness.

Principals, Teachers, Business Managers, Admin Staff (FT) Cafeteria Staff, Custodial Staff, Preschool Teachers & Deacons

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 health questions or exams.

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, your guaranteed issue amount, with no health questions. 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, their guaranteed issue amount, with no health questions or exams, 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.

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. These benefit payments may adversely affect the recipient’s eligibility for Medicaid or other government benefits or entitlement, 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 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 questions or health exams required for AD&D coverage. 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.

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

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 on 07/01/2020. To determine your spouse rate, choose the age the employee will be when coverage becomes effective on 07/01/2020.)
4. Enter your cost.

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

Employee semi-monthly rate		Spouse semi-monthly rate	Child semi-monthly rate
Age	Per \$10,000 of coverage 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 will be asked health-related questions 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.

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

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. Spouses and dependents must live 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 and your dependents 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 can replace part of your income if a disability keeps you out of work for a long period of time.

Principals, Teachers, Business Managers & Admin Staff (FT) and Eligible FT Custodial and Maintenance Employees

How does it work?

This coverage can pay 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.

What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:¹

- Cancer
- Back disorders
- Injuries
- Cardiovascular
- Joint disorders

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

What else is included?

Work-life balance EAP

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.

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.

Consider your monthly expenses

	Food	\$ _____
	Transportation (gas, car payments, repairs)	_____
	Child care/elder care	_____
	Mortgage/rent	_____
	Utilities (electric, water, cable, phone)	_____
	Medical costs (co-pays, medications)	_____
	Insurance (health, life, car, home)	_____
	Total monthly expenses	\$ _____

¹ Unum internal data, 2018. Note: Causes are listed in ranked order.

Long Term Disability 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>Coverage amounts Cover 60% of your monthly income, up to a maximum payment of \$6,000. <small>*See the Legal Disclosures for more information.</small></p>
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- ! If you didn't get coverage when you were first eligible, you'll have to answer medical questions now. If you're newly eligible, you are guaranteed coverage now with no medical questions. If you already have coverage, you can increase it up to the maximum available with no medical 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 effective on 07/01/2020.)

Disability worksheet				
1 Enter your annual earnings and calculate your maximum monthly benefit available.				
\$ _____ ÷ 12 =	\$ _____ x	60% =	\$ _____	
Your annual earnings	Your monthly earnings	(Max % of income covered)	Max monthly benefit available	
2 Calculate your cost per paycheck				
\$ _____ ÷ 100 =	\$ _____ x	\$ _____ =	\$ _____ ÷ 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.

Long Term Disability Insurance

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 Diocese of Covington 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 material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same 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.

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.

The lifetime cumulative maximum benefit for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

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.

Social Security advocacy services are provided by GENEX Services, Inc. or The Advocator Group, LLC. 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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Everybody deserves a better tomorrow.

TransElite® Universal Life Insurance | Underwritten by Transamerica Life Insurance Company



TransElite® is universal life insurance that helps provide financial protection at a competitive cost.

Help protect the people who depend on you.

Andrea chose universal life insurance because she didn't want to worry what would happen to her five-year-old, Samuel, in the event of her death. It helped her feel better about his well-being to know her life insurance death benefit would help him if the worst happened.

Universal life insurance can help safeguard your family members' futures, with benefits that can assist with your final expenses and their dependent care, living expenses or college tuition.

Give yourself peace of mind.

Only 44 percent of American households have individual life insurance — that's the lowest number in half-a-century. The good news is that half of all households realize they need more.¹

Get the benefits that fit your needs.

Andrea is doing her best to save for retirement. Her universal life insurance policy builds cash value² so she can borrow against it in the future and protect her savings if an unexpected expense arises. In her later years, her built-up cash value will continue to pay her cost of insurance, maintaining her policy even after she retires.

Life insurance should fit you, and we don't limit you with a one-size-fits-all approach. Whether you're more interested in ensuring your ability to keep a death benefit from now until you're 100, just want to add to your term life policy or want to build cash value for your heirs, our universal life insurance policy works for just the right segment of the population: you.

Product Highlights

- No Physicals or Blood work
- Accumulates Cash Value
- Guaranteed 3% Interest Rate
- Withdrawal and Loan Options
- Convenient Payroll Deduction

Contact Information

VISIT
[transamericabenefits.com](https://www.transamericabenefits.com)



CUSTOMER SERVICE
1-888-763-7474

¹ Insure Your Love 2016, LIMRA

² Upon written request, employees may borrow up to the available loan value of their certificate. The interest rate on cash value securing loans is 8.0% (7.4% in advance) with a minimum loan amount of \$250. The loan value of the certificate is the cash value less the amounts of any existing loans, loan interest payable in advance to the next certificate anniversary and three monthly deductions.

³ Acceptance based on answers to questions on the application for insurance.

Enjoy our hassle-free application and claims process.

Apply by answering a few simple questions. No physicals or blood work required!³ Our easy-to-navigate website allows you to update your information, keep track of your policies, apply for loans, submit claims and more from your PC or mobile device.

Use your benefits when you need them most.

15 years after Andrea signs up for universal life insurance, her son Samuel's car (older than her policy) breaks down in his junior year of college. She borrows against her policy's cash value to get him a reliable car, and they pay it back together by the time he graduates.

Life is unpredictable. Universal life offers help that goes beyond traditional life insurance to meet challenging situations. If you need to borrow against the cash value, you can pay it back when times get better.

If you're diagnosed with a terminal illness, you can use a portion of the policy's death benefit to make a difficult time easier. If you're laid off, monthly deductions are waived for up to six months so you maintain your policy.

Take our portable, flexible policy with you.

When Andrea is offered a job with more travel and better salary at another company, she switches from payroll deduction to self-pay to keep her Transamerica policy. When Samuel gets a great job after college, she adjusts her premiums because she only needs to cover her own final expenses now that he can take care of himself. She lets him transfer the child term rider that had provided his life insurance while in college to his own universal life policy in his own name.

We let you keep your insurance when changing jobs and adjust premiums, death benefit and cash value amounts to meet changing personal financial situations like getting married, having a child, buying a house, seeing your child through graduation or retiring.

Eligibility

You can insure your eligible spouse, children (as Andrea did) and grandchildren with their own policies or purchase protection for your children through a child level term life insurance rider. The chart below gives the ages at which you and family members may apply, but all universal life policies can be maintained up to age 100.

Self	ages 16 – 80	\$10,000 – \$500,000 benefit not to exceed 5x base salary
Spouse or equivalent by law	ages 16 through 65	\$10,000 – \$100,000 benefit
Children/Grandchildren	ages 0 through 25 years	\$25,000 benefit
Children under Optional Child Term Rider	ages 15 days through 25 years	\$10,000 or \$20,000 benefit

Trust only the best with your family's financial protection.

Not all insurance companies are the same, and not all policies offer the same benefits. Choose a company with a reliable history of helping families like yours for over 100 years.

This material was prepared for general distribution. It is being provided for informational purposes only and should not be viewed as an investment recommendation. If you need advice regarding your particular investment needs, contact a financial professional.

This is a brief summary of TransElite Universal Life Insurance **underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.** Policy form series CPGUL300 and CCGUL300. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusion apply. Refer to the policy, certificate and riders for complete details.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

TransElite HFA - Universal Life Insurance

With Riders: TI, WML, LBR

Non-Tobacco

Death Benefit Option: A



Issue Age	\$25,000 Face Amount			\$50,000 Face Amount			\$75,000 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†			21.25	0		16
17	N/A†			N/A†			21.83	0		17
18	N/A†			N/A†			22.44	0		18
19	N/A†			N/A†			23.13	0		19
20	N/A†			N/A†			23.82	0	13,644	20
21	N/A†			N/A†			25.37	0		21
22	N/A†			17.40	0		26.10	0		22
23	N/A†			18.05	0		27.07	0		23
24	N/A†			18.62	0		27.93	0		24
25	N/A†			19.20	0	8,764	28.81	0	13,156	25
26	N/A†			19.90	0		29.85	0		26
27	N/A†			20.62	0		30.93	0		27
28	N/A†			21.27	0		31.91	0		28
29	N/A†			22.07	0		33.11	121		29
30	N/A†			22.87	0	8,430	34.31	270	12,638	30
31	N/A†			24.31	0		36.46	554		31
32	N/A†			25.14	40		37.72	826		32
33	N/A†			26.19	173		39.28	978		33
34	N/A†			27.24	357		40.86	1,214		34
35	N/A†			28.33	489	7,957	42.50	1,383	11,940	35
36	N/A†			29.49	662		44.24	1,607		36
37	N/A†			30.78	759		46.17	1,717		37
38	N/A†			32.25	926		48.37	1,931		38
39	N/A†			33.81	1,033		50.71	2,068		39
40	17.64	62	3,640	35.28	1,106	7,280	52.92	2,145	10,913	40
41	18.70	129		37.41	1,197		56.11	2,251		41
42	19.50	220		39.01	1,319		58.51	2,410		42
43	20.55	289		41.10	1,391		61.65	2,501		43
44	21.48	335		42.96	1,433		64.45	2,538		44
45	22.51	379	3,205	45.01	1,474	6,411	67.52	2,569	9,617	45
46	23.66	415		47.32	1,498		70.98	2,581		46
47	24.91	451		49.83	1,525		74.74	2,597		47
48	26.42	479		52.84	1,534		79.27	2,591		48
49	27.87	497		55.75	1,524		83.62	2,552		49
50	29.66	493	2,598	59.32	1,470	5,190	88.98	2,452	7,788	50
51	31.38	487		62.76	1,422		94.14	2,357		51
52	33.18	487		66.36	1,381		99.55	2,278		52
53	35.20	397		70.41	1,164		105.61	1,930		53
54	37.26	451		74.52	1,234		111.78	2,016		54
55	39.47	457	1,921	78.94	1,208	3,840	118.42	1,963	5,763	55
56	42.02	289		84.04	839		126.06	1,390		56
57	44.87	63		89.74	352		134.61	642		57
58	48.15	0		96.30	0		144.46	74		58
59	51.82	0		103.63	0		155.44	0		59
60	56.01	0	373	112.01	0	745	168.02	0	1,118	60
61	60.58	0		121.16	0		181.74	0		61
62	66.10	0		132.19	0		198.29	0		62
63	71.80	0		143.60	0		215.40	0		63
64	78.27	0		156.53	0		234.80	0		64
65	85.87			171.73			257.60			65
66	93.48			186.96			280.45			66
67	100.51			201.02			301.53			67
68	108.48			216.96			325.44			68
69	116.28			232.57			348.85			69
70	125.38			250.77			376.15			70
71	136.43			272.86			409.30			71
72	149.71			299.42			449.13			72
73	163.78			327.55			491.33			73
74	178.60			357.21			535.81			74
75	196.07			392.13			588.20			75
76	176.60			353.20			529.80			76
77	191.28			382.57			573.85			77
78	206.92			413.84			620.76			78
79	223.70			447.40			671.10			79
80	241.43			482.87			724.30			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. WML and WMD 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.

10/10/2016

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

Issue State: KY Ver: 3.0.0.3111

TransElite HFA - Universal Life Insurance

With Riders: TI, WML, LBR

Tobacco

Death Benefit Option: A



Issue Age	\$25,000 Face Amount			\$50,000 Face Amount			\$75,000 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		30.45	0		16
17	N/A†			20.94	0		31.42	0		17
18	N/A†			21.59	0		32.39	0		18
19	N/A†			22.36	0		33.54	0		19
20	N/A†			23.10	0	12,737	34.66	0	19,145	20
21	N/A†			24.49	0		36.73	0		21
22	N/A†			25.24	0		37.86	0		22
23	N/A†			26.19	0		39.29	0		23
24	N/A†			27.13	0		40.70	0		24
25	N/A†			28.02	0	12,306	42.04	0	18,479	25
26	N/A†			29.11	0		43.67	0		26
27	N/A†			30.49	0		45.73	0		27
28	N/A†			31.55	0		47.32	0		28
29	N/A†			33.01	0		49.51	0		29
30	N/A†			34.34	0	11,782	51.52	0	17,688	30
31	18.13	0		36.26	0		54.39	0		31
32	18.81	0		37.62	0		56.43	0		32
33	19.72	0		39.44	0		59.17	0		33
34	20.53	0		41.07	0		61.60	0		34
35	21.41	0	5,526	42.82	0	11,053	64.23	0	16,579	35
36	22.43	0		44.86	0		67.29	113		36
37	23.61	0		47.21	0		70.82	395		37
38	24.69	0		49.38	94		74.07	749		38
39	26.06	0		52.11	291		78.17	1,012		39
40	27.38	0	4,988	54.76	469	9,970	82.15	1,243	14,966	40
41	28.76	0		57.53	605		86.29	1,417		41
42	30.23	0		60.46	801		90.69	1,674		42
43	31.93	11		63.86	911		95.79	1,810		43
44	33.64	75		67.28	978		100.92	1,875		44
45	35.52	139	4,262	71.03	1,050	8,519	106.55	1,960	12,781	45
46	37.52	177		75.03	1,074		112.55	1,968		46
47	39.63	229		79.25	1,122		118.88	2,016		47
48	41.92	237		83.83	1,086		125.75	1,938		48
49	44.22	265		88.43	1,091		132.65	1,922		49
50	46.91	242	3,344	93.82	1,007	6,691	140.73	1,769	10,036	50
51	49.71	209		99.42	894		149.13	1,577		51
52	52.66	165		105.32	760		157.99	1,359		52
53	55.96	77		111.92	542		167.87	1,008		53
54	59.22	152		118.44	653		177.66	1,153		54
55	62.80	182	2,351	125.59	673	4,701	188.39	1,164	7,052	55
56	66.74	29		133.48	332		200.22	633		56
57	71.22	0		142.44	0		213.66	0		57
58	76.23	0		152.46	0		228.70	0		58
59	81.84	0		163.68	0		245.52	0		59
60	87.97	0	666	175.94	0	1,332	263.92	0	1,999	60
61	93.98	0		187.96	0		281.95	0		61
62	100.69	0		201.38	0		302.07	0		62
63	107.99	0		215.98	0		323.98	0		63
64	115.65	0		231.30	0		346.96	0		64
65	124.22			248.44			372.66			65
66	137.09			274.17			411.26			66
67	146.82			293.64			440.46			67
68	158.09			316.18			474.28			68
69	168.92			337.85			506.77			69
70	181.08			362.16			543.24			70
71	195.66			391.33			586.99			71
72	213.05			426.09			639.14			72
73	231.17			462.34			693.51			73
74	249.87			499.73			749.60			74
75	271.70			543.40			815.11			75
76	244.11			488.21			732.31			76
77	261.65			523.30			784.94			77
78	280.33			560.67			841.00			78
79	299.98			599.95			899.93			79
80	320.00			640.00			959.99			80

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

Solve for Target Premium - A100

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10/10/2016

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

Issue State: KY Ver: 3.0.0.3111

- 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 Illness Rider (Form CRLTI100):** Lets the insured "tap into" life insurance in the event of a future terminal illness 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 (Form CRLLT1KY):** The Living Benefit Rider accelerates a portion of the coverage amount if a covered person is diagnosed with a covered chronic illness in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured's health or safety.



Have You Ever

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

What is LegalShield?

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

What your Legal Services membership includes:

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

What is Identity Theft Shield membership includes:

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

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

Your LegalShield Plan Covers:

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

Your Identity Theft Shield Covers:

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

Rates: Semi-Monthly

Family:

Legal Plan / ID Theft	\$19.45
Legal Plan Only	\$11.98
ID Theft Only	\$9.48

Individual:

Legal Plan / ID Theft	\$16.45
Legal Plan Only	\$11.98
ID Theft Only	\$4.48

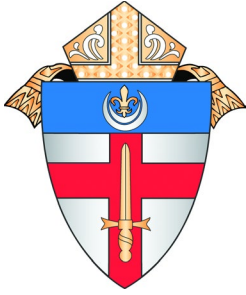
April Gillespie Hurst

LegalShield Independent Benefits Specialist

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Diocese of Covington

Cathedral Square
Finance Office
1125 Madison Avenue
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: April 8, 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