



Benefits Plan Overview 2017

WELCOME

The Diocese of Greensburg takes pride in offering a comprehensive and competitive benefits package to its employees. The Diocese of Greensburg, through all of its benefit partners, offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best for you and your family.



Please take the time to review all of the plan options available to you prior to making your selections. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family's needs throughout the year.

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year at open enrollment. Medical, Dental, and Vision benefit choices are binding through June 30th of each year. The following circumstances are the ONLY reasons you may change your benefits during the year:

| | |
|--|---------------------------------|
| <i>Marriage</i> | <i>Death of a Spouse</i> |
| <i>Divorce</i> | <i>Death of a Dependent</i> |
| <i>Birth & Adoption</i> | <i>Loss of Dependent Status</i> |
| <i>Loss of Spouse's job where coverage is maintained through a spouse's plan</i> | |

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the Human Resources Department within 31 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.



Important Change:
You are required to complete a new Election Form this year, even if you are not changing benefits or coverage. Please fax the completed form no later than June 30, 2017 to 724-837-2857.

| INSIDE THIS ISSUE: | |
|-------------------------------|-----|
| Medical Benefits | 1-2 |
| Dental Benefits | 3 |
| Vision Benefits | 3 |
| Basic Life and AD&D Insurance | 3 |

Medical Benefits

The Diocese of Greensburg's medical options are designed to provide you and your family with access to high quality healthcare. We offer three plans which are available through Highmark. The first option is a Premium Plan, the second is the Basic Plan and the third is the Bronze Plan.

The medical options cover a broad range of healthcare services and supplies, including office visits and hospitalizations. The plans differ when it comes to how they share costs with you. Please refer to the summary on Page 2 for information on each medical plan option.

Eligibility: First of the month following date of hire, for full-time employees.



Prescription Benefits

Your prescription drug coverage is administered by CVS Caremark. In the near future, you should receive a Prescription Savings Guide in the mail. This Guide is mailed to anyone who filled a prescription in the past 12 months through the CVS Caremark program. It contains useful information such as how much you spend on prescription drugs and how to save money on those medications.

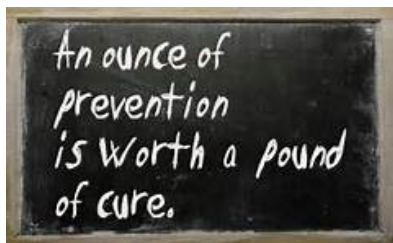
Did you know?

- If you are currently taking Crestor or Livalo, you are eligible to receive these in generic form (atorvastatin, lovastatin, simvastatin) at ZERO copay?
- Generic, oral anti-diabetic medications such as metformin and glipizide are available at ZERO copay?

| | Premium Plan | | Basic Plan | | Bronze Plan | |
|---|--------------|----------------|------------|----------------|---------------|----------------|
| | In-network | Out-of-network | In-network | Out-of-network | In-Network | Out-of-network |
| Current Deductible | | | | | | |
| <i>Individual</i> | \$300 | \$600 | \$500 | \$1,000 | \$3,000 | \$3,000 |
| <i>Family</i> | \$600 | \$1,200 | \$1,000 | \$2,000 | \$6,000 | \$6,000 |
| Coinsurance Level (after deductible) | 90% | 70% | 70% | 60% | 60% | 60% |
| Out-of-Pocket Maximum | | | | | | |
| <i>Individual</i> | \$200 | \$1,500 | \$1,750 | \$3,500 | \$6,350 | \$6,350 |
| <i>Family</i> | \$400 | \$3,000 | \$3,500 | \$7,000 | \$12,700 | \$12,700 |
| Max. Out-of-Pocket (Ded & Coins) | | | | | | |
| <i>Individual</i> | \$500 | \$2,100 | \$2,250 | \$4,500 | \$6,350 | \$6,350 |
| <i>Family</i> | \$1000 | \$4,200 | \$4,500 | \$9,000 | \$12,700 | \$12,700 |
| Total Max. Out-of-Pocket (Ded, Coins & Copays) | | | | | | |
| <i>Individual</i> | \$6,350 | N/A | \$6,350 | N/A | \$6,350 | \$6,350 |
| <i>Family</i> | \$12,700 | N/A | \$12,700 | N/A | \$12,700 | \$12,700 |
| Office Visit Copay | \$25 | 70% | \$20 | 60% | 60% after ded | 60% after ded |
| Specialist Office Visit Copay | \$35 | 70% | \$30 | 60% | 60% after ded | 60% after ded |
| Telemedicine Copay | \$5 | | \$5 | | \$5 after ded | |
| Emergency Room Copay | \$60 | 70% | \$60 | 60% | 60% after ded | 60% after ded |
| Prescription Drug Copay | | | | | | |
| Retail | | | | | | |
| <i>Generic</i> | \$5 | n/a | \$5 | n/a | \$5 | n/a |
| <i>Brand-Formulary</i> | \$25 | n/a | \$25 | n/a | \$25 | n/a |
| <i>Brand-Non-Formulary</i> | \$50 | n/a | \$50 | n/a | \$50 | n/a |
| Mail Order | | | | | | |
| <i>Generic</i> | \$10 | n/a | \$10 | n/a | \$10 | n/a |
| <i>Brand-Formulary</i> | \$50 | n/a | \$50 | n/a | \$50 | n/a |
| <i>Brand-Non-Formulary</i> | \$100 | n/a | \$100 | n/a | \$100 | n/a |

Preventive Care

Working to prevent serious illness is important and we encourage you to take advantage of the preventive care services offered through the Diocese’s medical plans. Many services are paid entirely by the plan. Visit the Highmark website at www.highmarkbcbs.com to create a log-in or log-in to see a list of scheduled preventive testing or you may call the 800# on the back of your identification card.



Telemedicine

Telemedicine provides you and your covered family members with the ability to “visit” with a physician for common ailments virtually, rather than scheduling an appointment with your family physician.

Some of the common ailments that Telemedicine is used for include:

- Colds and Flu
- Sore Throats
- Sinus Infections
- Sunburn
- Coughs
- Pink Eye

If you are enrolled in the Premium or Basic plan the copay for a telemedicine visit is \$5. If you are enrolled in the Bronze plan, the copay is \$5 (after you have met your deductible).

There are two ways you can access Telemedicine:

- Doctorsondemand.com
- Amwell.com

Dental Benefit



Good Dental health is important to your overall well being. At the same time, we all need different levels of dental treatment. The United Concordia dental plan provides affordable coverage based on the type of services obtained – **Preventive, Basic or Major** – whether or not you obtain services from a network or non-network provider.

| Dental Benefits Description | United Concordia | |
|--|-------------------|-----------------------|
| | <i>In-Network</i> | <i>Out-of-Network</i> |
| Deductible Per Person (<i>excludes orthodontia</i>) | \$25 | \$25 |
| Dental Annual Maximum | \$1,250 | |
| Coinsurance | | |
| Preventive | 100% | 100% |
| Basic | 100% | 100% |
| Major | 100% | 100% |
| Orthodontia (children to age 19) Lifetime Maximum | 50% \$1,250 | |



* Non-network dentists may bill the member the difference between the United Concordia allowance and their charge.

Vision Benefits



All full-time, regular employees are eligible to sign up for Vision Coverage, which allows participants to get an examination, lenses (glass or contact) annually and frames every 24 months.

Participants have the option of receiving care from a network or out-of-network provider; however, if you use a non-network provider you will incur higher out-of-pocket expenses.

| Benefits Description | VBA Vision Care | |
|-----------------------------------|--------------------------------|-----------------------|
| | <i>In-Network</i> | <i>Out-of-Network</i> |
| Eye Exam (every 12 months) | 100% | \$40 |
| Frames (every 24 months) | \$0 copay, \$125-150 allowance | Up to \$50 |
| Lenses | | |
| Single | 100% | \$30 |
| Bifocal | 100% | \$40 |
| Trifocal | 100% | \$60 |
| Progressive | Controlled Cost | \$60 |
| Contact Lenses | | |
| Elective | \$150 | \$150 |



Life and Accidental Death & Dismemberment Plan

The Diocese provides you with Basic Life and Accidental Death & Dismemberment insurance at NO COST. The Diocese also offers each employee an opportunity to purchase additional life insurance coverage. Please contact Human Resources at 724-837-0901 for more details.

CONIFER HEALTH SOLUTIONS®

If you receive a call from a Conifer registered nurse (RN), we encourage you to engage with them. The InforMed nurse will work with you and members of your healthcare team to ensure you receive care that is appropriate to help you improve your health and stay healthy. Your personal Conifer nurse is available to help you navigate through the health care system during times of acute illness with the goal to ensure your treatment team has the information they need to work as a team for your benefit. In addition, they are there to serve as your health care coach. Their goal is to help you live a healthier life. We encourage you to reach out to a Conifer nurse at 1-855-570-6631 if you feel you can benefit from their services