

Employee Benefit Program



ROMAN CATHOLIC
DIOCESE
OF CHARLESTON

2026

If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Refer to your legal notices packet for more details, or see the Medicare Part D Notices on the CMS website here: <https://www.cms.gov/medicare/employers-plan-sponsors/creditable-coverage/model-notice-letters>.

This Benefit Summary document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state.

About Your Benefits

At The Roman Catholic Diocese of Charleston, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your The Roman Catholic Diocese of Charleston benefits. If you have any questions about your benefits, please contact your Location Coordinator.

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Eligibility and Enrollment

You are eligible to participate in The Roman Catholic Diocese of Charleston's benefits if you are a full-time employee working at least 30 hours per week, or if you are a part-time employee working at least 20 hours per week, but less than 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

You have 30 days from your hire date to enroll in benefits in the ADP System at <https://workforcenow.adp.com>. Your benefits begin on the first of the month following 60 days from your hire date.

What Will It Cost?

The Roman Catholic Diocese of Charleston is committed to offering you comprehensive benefits at a fair cost. Please contact your Location Coordinator for information about your premiums.

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to log on to ADP at <https://workforcenow.adp.com> and make the change. Keep in mind, the changes you make must be directly related to the event.

Medical Coverage—PPO Plan

You may enroll in the Blue Cross Blue Shield PPO or High Deductible Health Plan (HDHP) through Christian Brothers Services. See the Summary of Benefits or Summary Plan Document for specific details which overrides this booklet.

Blue Cross Blue Shield / Christian Brothers PPO Medical Plan		
Service	In-Network Participant Pays:	Out-of-Network Participant Pays:
Annual Deductible: Individual Family	\$500 \$1,500	\$500 \$1,500
Coinsurance:	20% after deductible See SBC for details, a copay may apply	20% after deductible See SBC for details, a copay may apply
Annual Out-of-pocket Maximum: (Individual/Family)	Combined Medical & Prescription Drugs \$4,500 Individual / \$9,000 Family	Medical Only \$6,000/\$12,000
Preventive Care:	No Charge; See your Plan Document for specific details.	40% Coinsurance
Office Visits: Primary Care Urgent Care Specialist	\$20 Copay; No Deductible \$50 Copay; No Deductible \$30 Copay; No deductible	40% coinsurance after deductible 40% coinsurance after deductible 40% coinsurance after deductible
Diagnostic Tests: Precert required Lab Work Radiology Imaging (CT/PET Scans/MRI's)	No Charge 20% after deductible 20% after deductible	40% coinsurance after deductible 40% coinsurance after deductible 40% coinsurance after deductible;
Urgent Care:	\$50 Copay, no deductible	40% coinsurance
Emergency Room: Facility Fee Physician/Surgeon Fees	\$150 Copay and 20% after deductible 20% coinsurance after deductible (Copayment waived if admitted)	\$150 copay and 20% after deductible 20% coinsurance after deductible (Copayment waived if admitted)
Outpatient Surgery: Precert required Facility and Physician fees	20% coinsurance after deductible	20% coinsurance after deductible
Inpatient Services: Precert required	20% coinsurance after deductible	\$200 copayment, then 40% coinsurance after deductible

Terms to Know:

- **Copay / Copayment:** A fixed amount you pay for a covered service. Copays do not count toward the deductible but are included in the Out-of-Pocket Maximum.
- **Coinsurance:** When the deductible has been met, you have a share of costs calculated as a percentage.
- **Deductible:** The amount you owe during a calendar year before the plan year begins to pay.
- **In-Network:** The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.
- **Out-of-Pocket Maximum:** The most you have to pay for services in a plan year. Deductible, copayment, and coinsurance count toward the maximum and once the amount has been met, the plan pays 100% of covered charges.
- **Precert / Precertification:** A decision by the health plan that determines if the services you are to receive is medically necessary. A 25% Penalty up to \$300 may apply. Penalty does not apply to out-of-pocket limit.

Finding In-Network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.mycbs.org/ppo-hcsc or call the number on the back of your ID card to find providers in the Blue Cross Blue Shield Preferred Provider Network.



Medical Coverage—HDHP Plan

Should you elect a High Deductible Health Plan (HDHP) offered through Christian Brothers, you will also be able to elect a Health Savings Account and a Limited Purpose Flexible Spending Account. See the Summary of Benefits or Plan Document for specific details which overrides this booklet.

Blue Cross Blue Shield / Christian Brothers High Deductible Health Plan (HDHP)		
Service	In-Network Participant Pays:	Out-of-Network Participant Pays:
Annual Deductible: Individual Family	\$4,000 \$8,000	\$8,000 \$16,000
Coinsurance:	20% after deductible See SBC for details, a copay may apply	20% after deductible See SBC for details, a copay may apply
Annual Out-of-pocket Maximum: (Individual/Family)	Combined Medical & Prescription Drugs \$8,000 Individual / \$16,000 Family	Medical Only \$16,000/\$32,000
Preventive Care:	No Charge; See your Plan Document for specific details.	40% Coinsurance
Office Visits: Primary Care Urgent Care Specialist	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible	40% coinsurance after deductible 40% coinsurance after deductible 40% coinsurance after deductible
Diagnostic Tests: Precert required Lab Work Radiology Imaging (CT/PET Scans/MRI's)	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible	40% coinsurance after deductible 40% coinsurance after deductible 40% coinsurance after deductible;
Urgent Care:	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room: Facility Fee Physician/Surgeon Fees	20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible
Outpatient Surgery: Precert required Facility and Physician fees	20% coinsurance after deductible	20% coinsurance after deductible
Inpatient Services: Precert required	20% coinsurance after deductible	40% coinsurance after deductible

By Electing a High Deductible Health Plan (HDHP), you are eligible to contribute to a Health Savings Account (HSA), which is a personal savings account that allows you to pay for medical expenses with tax-free dollars.

HSA's are designed to complement a HDHP offers a lower monthly premium than the traditional PPO Plan. You can take the money saved on premiums and invest it in an HSA. While you are responsible for your initial health care costs until the deductible is met, the advantage is that the money saved in the HAS is available to pay for qualified medical and prescription drug expenses. HDHP provide 100% coverage for Preventive Care Services, such as routine doctor's visits and annual physicals.

By electing a HDHP, you can enroll in a HSA and a LPFSA up to these limits:		
	2026 IRS Contribution Limits	
Health Savings Account (HSA)	Individual: \$4,400 Family: \$8,750	Use for any HSA-qualified health expense. Members over age 55 can contribute an additional \$1,000
Limited Purpose Flexible Spending Account (LPFSA)	\$3,400	Use for dental and vision expenses including exams and operations.

Medical Coverage—Health Savings Account (HSA)

Why electing an Health Savings Account with a High Deductible Plan is a good choice:

Why should you elect an Health Savings Account?

- You are interested in trading higher out-of-pocket costs for lower premiums.
- You want more control over your health care spending.
- You are interested in the tax benefits of an HSA.
- You are interested in using a personal savings account to pay for qualified medical expenses.
- You are interested in building money ahead for medical expenses in retirement.

You own an HSA., and the money you contribute accumulates from year to year. There are no “use-it-or-lose-it” rules. And your account travels with you whether you change jobs, become unemployed or switch insurance carriers.

You can use the money in your account to pay for Qualified Medical Expenses, such as:

- Deductibles
- Coinsurance
- Office Visits
- Hospital Expenses
- Dental Expenses
- Prescriptions
- Teladoc visits
- Eye wear
- Laser vision correction

Should you leave your job, the funds in the account are yours. If you find yourself without health benefits, the IRS allows you to pay for continuation of coverage using funds from your HSA. You can use your HSA. to pay for medical expenses for your spouse or your dependent children claimed on your tax return who aren't covered by your plan.

When you are ineligible to contribute to an HSA:

- If you have other health insurance that is not HSA eligible, such as a PPO Plan.
- If you or your spouse are covered by a standard Flexible Spending Account (FSA) or Health Reimbursement. (HRA), you are ineligible to contribute to an HSA.
- If you are Medicare-eligible.
- If you are claimed as a dependent on a taxpayers tax return.
- If you have received medical benefits from a VA or IHS facility in the preceding three months.
- If you or your spouse have a traditional non-High Deductible Health Plan that covers the family.
- If your spouse's plan provides secondary coverage and is not HSA compatible.

For more information, you can contact Health Equity at 877-924-3967.
You can also find information in the IRS Publication 969.

For more information go to:

<https://info.healthequity.com/Member/HSA>

Medical Coverage—Saving with In-Network Providers

In-Network Providers

Why should you choose an in-network participating provider?

- Provider fees are discounted
- The benefit level the carrier pays at will be higher.
- Providers are contractually obligated to bill insurance on behalf of the covered member..

Out of Network or non-participating providers are not obligated to extend the benefits listed above and may require you to pay all charges up front. You might receive a bill from an out-of-network provider for the difference between the provider's charge and what the plan pays (balance billing).

When setting appointment, always confirm the provider is contracted with the PPO Network. Use the Provider Finder® guide to look up participating

Provider Finder

Selecting a doctor that's right for you is important. The Provider Finder® Online Directory is a reliable and convenient tool to locate doctors in your network. Filter search results by provider type, specialty, network type, ZIP code, language and gender. You can even get directions from Google Maps®. The Provider Finder® Online Directory is available 24 hours a day, 7 days a week, and is fast and easy to use.

Please remember that directory information is for reference only. Always confirm with the provider that they are part of the BlueCross/Blue Shield network before scheduling your appointment or receiving services.

To find a doctor of hospital with a Provider Finder® Visit: mycbs.org/ppo-hcsc

Precertification / Precert Requirements:

Precertification is required for Services such as:

- Diagnostic Imaging Services like CT Scans, PET Scans, MRI's, and SPECT imaging tests.
- Outpatient Surgery Facility and Surgeon and Physician services
- Inpatient Hospital Stays
- Mental Health Inpatient Stays
- Some prescription medications require prior authorization

Precertification Penalties:

Penalties for not obtaining precertification are a reduction of benefits of 25% up to \$300. The Penalty does not apply to out-of-pocket limits.

Precertification

Your medical identification card gives you a Precertification telephone number to call your Cost Containment Administrator for Review. Check the back of the card for this number.

Notification of authorization will be sent to you, your Physician, and the Outpatient Diagnostic Office or Facility. If you or your Physician has any questions, please call the toll-free number of the Cost Containment Administrator.

Medical Identification Card

Once you enroll into the Medical Plan, you will receive an Identification Card in the mail to your home. Please make sure your address is current with Human Resources.

- The ID card will have your Identification Number and Group Information.
- Use this card at your Medical Providers office and also at the Pharmacy.
- Helpful phone numbers will be on the back of your ID card, including the number to call for Precertification.
- Use this card at the Provider's office and the Pharmacy.

Sample Identification Card



Member Name
John Doe

Identification Number
PSC999999999

Group No P36936

Employer Sample Group

Employer ID E9999999

Rx Group CBEBT01

BIN 610014

Blue PPO



Deductible INN*: IND \$1000/FAM \$2000
Out of Pocket INN*: IND \$5000/FAM \$10000

Deductible OON*: IND \$5000/FAM \$10000
Out of Pocket OON*: IND \$10000/FAM \$20000
*Combined Medical/Prescription



Prescription Drug Coverage—PPO Plan

Prescription drug coverage through Express Scripts is included with both of our medical plans. Be sure to see your Summary Plan Document for more specific information. Visit mycbs.org/health for more information.

Prescription Drug Coverage through Express Scripts for the PPO Plan		
Service	In Network Participant Pays:	Out of Network Participant Pays:
Retail (30-day Supply) Generic Preferred Non-preferred	Deductible does not apply \$15 Retail \$30 Retail \$50 Retail	Deductible does not apply Same as In-Network +20% coinsurance penalty
Mail-order (90-day Supply) Generic Preferred Non-preferred	Deductible does not apply \$30 Mail or Smart90® \$60 Mail or Smart90® \$100 Mail or Smart90®	Deductible does not apply Same as In-Network +20% coinsurance penalty
Specialty Drugs Generic Preferred Non-preferred SaveonSP	Deductible does not apply 10% up to a maximum of \$150 20% up to a maximum of \$150 20% up to a maximum of \$250 30% coinsurance If a patient enrolls in SaveonSP, they will pay \$0 after deductible is met	

Terms to Know:

Generic Drugs: Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If a generic biologically equivalent is available and a brand-name medication is dispensed for any reason, you will pay the difference in cost plus the brand copayment.

Preferred Drugs and Non-Preferred Drugs: Express Scripts regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. Preferred Drugs are available at a lower price than those not included on the list, which are called non-preferred drugs. Non-Preferred drugs may have higher costs under the Plan.

Specialty Drugs: Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. Certain specialty pharmacy drugs are considered non-essential health benefits and a copayment 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.

Maintenance Drugs: Maintenance Drugs are those taken on a regular or long-term basis to treat such conditions such as high blood pressure, ulcers, arthritis, heart or thyroid conditions, emphysema or diabetes.

Retail Maintenance Prescriptions are limited to an initial fill and two refills. If you continue to use retail, outside of the Smart90® program, you will pay the mail order copayment for a 30-day supply. You may fill a 90-day supply at Walgreens owned retail pharmacies through the Smart90® program.



Prescription Drug Coverage-HDHP Plan

Prescription drug coverage through Express Scripts is included with both of our medical plans. Be sure to see your Summary Plan Document for more specific information. Visit mycbs.org/health for more information.

Prescription Drug Coverage through Express Scripts for the HDHP Plan		
Service	In Network Participant Pays:	Out of Network Participant Pays:
Generic / Preferred / Non-preferred	20% coinsurance after deductible (retail, mail or Smart90®)	20% coinsurance after deductible Plus an additional 20% coinsurance penalty (retail, mail or Smart90®)
Specialty Drugs* All Drug Tiers Specialty Drugs on SaveonSP	20% coinsurance after deductible 30% coinsurance after deductible	20% coinsurance after deductible 30% coinsurance after deductible If a patient enrolls in SaveonSP, they will pay \$0 after the deductible is met
<p><u>Limitations, Exceptions & Other Important Information:</u></p> <p>Covers up to a 30-day supply at retail; 90-day supply mail order or Smart90® prescription.</p> <p>Retail maintenance prescriptions are limited by an initial fill and two refills. If you continue to use retail, outside of the Smart90® Program, you will pay the entire cost 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 20% penalty copayment.</p> <p>*Specialty Drugs: 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.</p> <p>For a complete list of non-essential specialty medications see mycbs.org/health/SaveonSP.</p> <p>For more information, go to mycbs.org/health. Log in and click on My Prescription Drugs or call Express Scripts at 800-718-6601. More information about the Smart90®, Generics Member Pays the Difference, Formulary, Retail Refill Allowance and SaveonSP programs is available at mycbs.org/rx.</p>		

Walgreens



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PHARMACY

Prescription Drug Coverage Programs—Smart90®

A Program for 90-day Prescriptions: Smart 90®

Christian Brothers Employee Benefit Trust (CBEBT) and Christian Brothers Religious Medical Trust (CBRMT) members who use 90-day prescription programs will receive a cost-savings for their long-term medication needs.

Trust members now have two options to receive their 90-day supply of medications. Members can continue to have the medications delivered directly to their homes by mail from the Express Scripts home delivery pharmacy or pick them up at a Walgreens retail pharmacy through the new Express Scripts Smart90 program.

This program allows Trust participants to fill a 90-day prescription at any of more than 8,000 Walgreens pharmacies, or it's affiliates, nationwide. This program gives participants an option if they would rather pick up their medications from a Walgreens retail pharmacy than have them delivered through the mail.

The Smart90® Program is:

- **Fast**—Instead of waiting for mail-order prescriptions to arrive, Trust members can simply go to their nearest participating Walgreens (or affiliate) pharmacy and pick-up their medications.
- **Economical**—Trust members still pay the same low price if they opt to pick up their maintenance medications at a local Walgreens pharmacy instead of mail order.
- **Convenient**—Mail-order or local pickup, members choose what works best for them.

Members have the choice to receive 90-day supplies of maintenance medications through home delivery from Express Scripts or directly at a Walgreens retail pharmacy for the same copayment.

Both Smart90 retail pharmacies and the Express Scripts home delivery pharmacy can aid members in transferring prescriptions, contacting their physicians, or discussing clinical questions one-on-one.

To switch from ESI home delivery to the Walgreens Smart90® program:

- If you still have medicine on hand, you can bring your current prescription bottle to the Walgreens pharmacy to transfer your prescription;
- If you are out of medication, you can request a 90-day prescription from your doctor and bring to the Walgreens pharmacist of their choice; or
- If you require a new maintenance medication, you can submit a 90-day prescription from your doctor to the Walgreens pharmacy.

The Express Scripts Contact Center and online chat feature allow members to ask pharmacists questions online anytime, from anywhere. Whichever option members choose, they are assured of receiving affordable, high-quality care.

Contact Express Scripts Inc. at 800-718-6601.

See the flyer for the Smart90® program here: <https://www.cbsecurities.org/wp-content/uploads/2024/12/2025-Smart90-Program.pdf>



Prescription Drug Coverage Programs—SaveonSP

A Program for Specialty Medications: SaveonSP

This is a program for Christian Brothers Employee Benefit Trust (EBT) members. This program allows members to get over 200 specialty medications at no cost. SaveonSP is a program that work 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.

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 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 medication as shown on the Plan's Specialty Drug List and the copay will not count toward their deductible or Out-of-Pocket Maximum.

If a patient enrolls in SaveonSP, they will pay \$0 after deductible is met.

To enroll, call SaveonSP at 1-800-683-1074. Representatives are available Monday-Thursday, 8am to 8pm EST, and Friday from 8am to 6pm EST.

See the flyer for the SaveonSP Program here:

<https://www.cbsecurities.org/wp-content/uploads/2024/12/2025-SaveonSP-Program.pdf>

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.

For more information about Prescription Drug Information & Programs, visit:

<https://www.cbsecurities.org/solutions/health/employees/>



Dental Coverage Option1

The Roman Catholic Diocese of Charleston offers a dental plan through Delta Dental and the Delta Dental PPO™ and Delta Dental Premier® network. Eligible employees do not have to enroll in medical in order to obtain this dental coverage. **Please see your Summary of Benefits and your Dental Summary Plan Document for more information.**

Delta Dental Coverage		
Service	In Network Participant Pays:	Out of Network Participant Pays:
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Annual Maximum (Per Person)	\$1,500	\$1,500
Preventive Care (Routine Cleaning and X-rays)	No Charge 2 exams in any benefit period	No Charge* 2 exams in any benefit period
Prophylaxis (Cleaning and Fluoride Treatment)	No Charge Limited to 2 times in any benefit period. Fluoride treatment twice per year for dependents under the age of 16	
Dental Treatment Plan	Required when costs are expected to exceed \$300.	
Basic Services (Fillings, Basic Root Canals)	70% after deductible	70% after deductible*
Major Services (Extractions, Crowns)	40% after deductible	40% after deductible*
Orthodontia	Not Covered	Not Covered

*If you use an out-of-network provider, you may be balance billed for any charges above the prevailing charges or above the allowable co-insurance for that service.

Terms to Know:

- **Coinsurance:** When the deductible has been met, you have a share of costs calculated as a percentage.
- **Deductible:** The amount you owe during a calendar year before the plan year begins to pay. Your dental Deductible does not apply to Preventative Services.
- **In-Network:** The facilities and providers the dental plan has contracted with to provide dental services. In-network providers typically provide services at a lower negotiated rate.
- **Annual Maximum:** The most the plan will pay in covered services for a plan year. It does not apply to Preventative Services.
- **Dental Treatment Plan:** The Dentist's report of proposed treatment which lists the procedures required for the Period of Dental Treatment, which shows the charges for each procedure and is accompanied by any diagnostic materials that the Plan requires. A Dental Treatment plan is



Finding In-network Dentists

You pay less for services when you use a dentist in the Delta Dental Provider network. You can find an in-network dentist by visiting www.deltadentalsc.com.

Dental Coverage Option 2

The Roman Catholic Diocese of Charleston offers a dental plan through Delta Dental and the Delta Dental PPO™ and Delta Dental Premier® network. Eligible employees do not have to enroll in medical in order to obtain this dental coverage. **Please see your Summary of Benefits and your Dental Summary Plan Document for more information.**

Delta Dental Coverage		
Service	In Network Participant Pays:	Out of Network Participant Pays:
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Annual Maximum (Per Person)	\$1,500	\$1,500
Preventive Care (Routine Cleaning and X-rays)	No Charge 2 exams in any benefit period	No Charge* 2 exams in any benefit period
Prophylaxis (Cleaning and Fluoride Treatment)	No Charge Limited to 2 times in any benefit period. Fluoride treatment twice per year for dependents under the age of 16	
Dental Treatment Plan	Required when costs are expected to exceed \$300.	
Basic Services (Fillings, Basic Root Canals)	80% after deductible	80% after deductible*
Major Services (Extractions, Crowns)	50% after deductible	50% after deductible*
Orthodontia	50% Coverage up to a lifetime maximum of \$1,500 for children up to age 19	50% Coverage up to a lifetime maximum of \$1,500 for children up to age 19

*If you use an out-of-network provider, you may be balance billed for any charges above the prevailing charges or above the allowable co-insurance for that service.

The **MAXAdvantageSM** Program available for both the Low and High Options:

The **MAXAdvantageSM** Program allows participants to receive most preventive and diagnostic services without reducing the plan year maximum benefit amount. This means you can maintain your preventive dental care routing while saving their annual maximum for other dental services you may need throughout the year.

What services are included and do not count toward the plan year maximum benefit amount?

- Routine and comprehensive dental exams, as well as periodontal exams.
- X-Rays, including complete series, periapical, intraoral, extraoral, bitewings and panoramic films.
- Cleanings, including perio-maintenance cleanings.
- Fluoride and fluoride varnishes.

See your Delta Dental Benefit Summary or Plan Document for details.

You may also contact Delta Dental at 800-335-8266 or online at www.deltadentalsc.com.

Vision Coverage: VSP Choice Plan® and Signature Plan®



The Roman Catholic Diocese of Charleston's offers two vision plans—the VSP Choice Plan® and the VSP Signature Plan® through the Vision Service Plan® (VSP), which covers routine eye exams and helps you pay for glasses or contact lenses.

VSP Choice Plan® and VSP Signature Plan®		
Service	Low Participant Pays:	High Participant Pays:
Eye Exam Choice & Signature Frequency	\$10 Copay Once every 12 months	\$10 Copay Once every 12 months
Materials Copay	\$25 Copay	\$25 Copay
Frames Choice Frequency Signature Frequency	Every 24 months Every 24 months \$170 Frame allowance 20% off remaining balance Feature Frame Brands: Up to \$190 allowance \$170 Walmart/Sam's Club allowance \$95 Costco Frame allowance	Every 12 months Every 12 months \$200 Frame allowance 20% off remaining balance Feature Frame Brands: Up to \$220 allowance \$200 Walmart/Sam's Club allowance \$110 Costco Frame allowance
Lenses:*		
Choice & Signature Frequency	Once every 12 months Included in Prescription Glasses 40% off other lens enhancements	Once every 12 months Included in Prescription Glasses 40% off other lens enhancements
Choice: Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	\$0 \$95-\$105 \$150-175	\$0 \$0 \$0
Signature: Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	\$0 \$80-\$90 \$120-\$160	\$0 \$0 \$0
<p>*Lenses included: Single, Lined Bifocal, Lined Trifocal, Lenticular. Impact-resistant lenses for children. Sam's Club/Walmart, Costco, and non-optometrist providers may have limited benefits. Please contact VSP prior to receiving services to verify the charges prior to services.</p>		
Contact Lenses Choice & Signature Frequency	Once every 12 months	Once every 12 months
Elective In lieu of Glasses	\$170 allowance Covered in full after copay	\$200 allowance Covered in full after copay
Medically Necessary	Covered in full after copay	Covered in full after copay
Contact Lens Exam	Copay will never exceed \$60 15% off contact exam services (not available at Costco® Optical, Walmart® Optical or Sam's® Optical)	Copay will never exceed \$60 15% off contact exam services (not available at Costco® Optical, Walmart® Optical or Sam's® Optical)
Routine Retinal Screening (Not available at Walmart® Optical or Sam's Club® Optical)	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
Essential Medical Eye Care	\$20 copay per visit	\$20 copay per visit
Additional Services	Essential Medical Eye Care VSP Exclusive Member Extras at vsp.com/offers TruHearing Aid Discount	

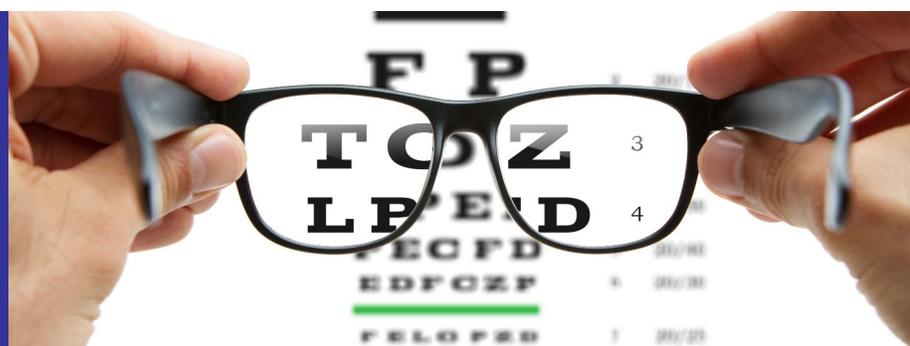
Vision Coverage Plan Differences

The services listed on this page show the differences in the VSP Choice Plan® and the VSP Signature Plan®. The Out-of-Network Benefits for Non Covered Lens Options and the Additional Pairs of Glasses discounts are the things which show the most savings between the Choice® and the Signature® Plan.

VSP Choice Plan® and Signature Plan® Differences Non-Covered Lens Options for Out of Network Providers				
Service	VSP Choice Plan®		VSP Signature Plan®	
	Out of Network Low	Out of Network High	Out of Network Low	Out of Network High
Out of Network Schedule:				
Eye Exam	\$45	\$45	\$50	\$50
Single Vision	\$30	\$30	\$50	\$50
Lined Bifocal	\$50	\$50	\$75	\$75
Lined Trifocal	\$65	\$65	\$100	\$100
Lenticular	\$100	\$100	\$125	\$125
Progressive	\$50	\$50	\$75	\$75
Frame	\$70	\$70	\$70	\$70
Elective Contact lenses	\$105	\$105	\$105	\$105
Necessary Contact Lenses	\$210	\$210	\$210	\$210

Service	VSP Choice Plan®	VSP Signature Plan®
Additional Pairs of Glasses	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP provider within 12 months of the member's last WellVision Exam	30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses purchased on the same day with the same provider who performed the exam. Or 20% off from any VSP provider within 12 months of the member's last WellVision Exam.

Finding In-network Eye Doctors
You can find an in-network eye doctor in the Vision Service Plan (VSP) network by visiting <https://www.vsp.com/> or calling 800-877-7195.



Employer Paid Basic Life



Employer Paid Basic Life Insurance

The Roman Catholic Diocese of Charleston provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance through The Hartford at no cost to eligible employees. If you want additional Life coverage for yourself, your spouse, or your children, you can purchase supplemental life coverage at our group rates.

Class 1: All Regular Full-Time and Part-Time Excluding Priests or Deacons

Benefit	How it Works	Basic Life and AD&D (Company-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	1x times your annual salary (rounded to the next higher \$1,000) up to \$50,000 To enroll in more Life insurance, see the Supplemental Life section.
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	1x times your annual salary (rounded to the next higher \$1,000) up to \$50,000

Class 2: Deacons

Benefit	How it Works	Basic Life and AD&D (Company-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	\$20,000
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	Not Available

Keep Your Beneficiaries Up to Date

You must log on to <https://workforcenow.adp.com> to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

Employer Paid Basic Life

Employer Paid Basic Life Policy Overview

Please see the Life Policy Document for specific details. The Life Policy Document overrides any information in this Benefit Summary.

Policy Provisions	The Hartford Basic Life Policy Overview
Premium Contributions	100% Employer Paid / 0% Employee Contribution
Eligibility	All regular Full-Time and Part-Time Active Employees who are citizens or legal residents of the US, its territories and protectorates; excluding employees who are priests, non-employed deacons, or members of other religious orders.
Full Time Employment	Employee must work at least 30 hours weekly
Part Time Employment	Employee must work at least 20 hours weekly, but less than 30 hours
Waiting Period Class 1 Class 2	Your Coverage begins on the first of the month coinciding with or following 60 day of employment , or become eligible for benefits First of the month coinciding with or following 60 days of continuous None
Reduction Schedule	Age 70 = 33%; Age 75 = 55% Benefit reduces by this % off original face amount or reduced amount, and rounded to the next higher \$1,000.
Waiver of Premium	Disabled prior to Age 60; disabled for 6 months and a life expectancy of 12 months or less
Accelerated Benefit	Minimum of \$3,000 and a maximum of \$50,000 for Class 1, and \$20,000 for Class 2 (Deacons) if diagnosed as terminally ill. Not available for retired priests.
Electing Portability or Conversion of Coverage	See Policy Document for details. Applications for either Port or Conversion must be completed and signed by the employer. The Hartford must receive within 15 days from the date your employer signs the form, or within 31 days after your Life Insurance terminates. Requests will not be accepted if they are received more than 91 days after Life Insurance terminates.
Conversion	Included—see Policy Document for details
Portability	Included. Member cannot apply for Portability and Waiver of Premium for the same coverage amount for you and your Dependents, unless Waiver of Premium is denied or you Convert your coverage.
Exclusions Pre-existing Condition Limitations	For any accidental bodily injury, sickness, mental illness, pregnancy, or episode of Substance Abuse, or any manifestations, symptoms, findings, or aggravations for which you received medical care during the 3 consecutive months prior to your effective date or the effective date in Coverage, services are not covered for 12 consecutive months after your effective date.
Leave of Absence	You can continue coverage for up to 3 months for documented leave of absence Military Leave: up to 12 weeks; Family Military Leave: up to 26 weeks, FMLA: up to 12 weeks
Additional Services	Beneficiary Assist® Counseling Services EstateGuidance® Will Services Funeral Planning and Concierge Services Travel Assistance Services with ID Theft Protection and Assistance

Employer Paid AD&D

Accidental Death & Dismemberment (AD&D) Policy Overview

Please see the Life and AD&D Policy Document for specific details. The Life and AD&D Policy Document overrides any information in this Benefit Summary. Additional AD&D coverage is not available.

Policy Provisions	The Hartford Policy Accidental Death and Dismemberment Policy Overview
Premium Contributions	100% Employer Paid / 0% Employee Contribution
Eligibility	All regular Full-Time and Part-Time Active Employees who are citizens or legal residents of the US, its territories and protectorates; excluding employees who are priests, non-employed deacons, or members of other religious orders.
Full Time Employment	Employee must work at least 30 hours weekly
Part Time Employment	Employee must work at least 20 hours weekly, but less than 30 hours
Waiting Period	Your Coverage begins on the first of the month coinciding with or following 60 day of employment , or become eligible for benefits
Schedule of Benefits	<p style="text-align: center;"><u>Principal Sum:</u> Loss of Life Loss of both hands, both feet, or sight in both eyes Loss of one hand and one foot Loss of speech or hearing Loss of either hand or foot and sight in one eye Quadriplegia</p> <p style="text-align: center;"><u>3/4 Principal Sum:</u> Paraplegia Triplegia</p> <p style="text-align: center;"><u>1/2 Principal Sum:</u> Hemiplegia Loss of either hand or foot Loss of sight in one eye Loss of speech or hearing in both ears Uniplegia</p> <p style="text-align: center;"><u>1/4 Principal Sum:</u> Loss of thumb and index finger of either hand</p>
Reduction Schedule	Age 70 = 33%; Age 75 = 55% Benefit reduces by this % off original face amount or reduced amount, and rounded to the next higher \$1,000.
Seat Belt Benefit	If you sustain an Injury that results in a loss payable under the AD&D Benefit, there will be an additional payment if the injury occurred while You were a passenger riding in or were the licensed operator of a properly registered Motor Vehicle and were wearing a Seat Belt at the time of the Accident as verified on the police accident report. The Seat Benefit will be the lesser of 10% of Principal Sum, with a minimum of \$1,000 and maximum of \$10,000 <i>See the policy for details.</i>
Air Bag Benefit	If you sustain an Injury that results in a loss payable under the AD&D Benefit, there will be an additional payment if You were positioned in a seat equipped with a factory installed Air Bag and were properly strapped in the Seat Belt when the Air Bag inflated. The benefit will be 5% of AD&D Principal Sum with a maximum of \$5,000. <i>See the policy for details.</i>

Employer Paid AD&D

Policy Provisions	The Hartford Accidental Death and Dismemberment Policy Overview
Repatriation	<p>If You sustain an injury that results in loss of life payable under the AD&D benefit, there will be an additional repatriation benefit if the death occurs outside the territorial limits of the state or country of Your place of permanent residence. Your body must be transported across state lines or country borders. The benefit for repatriation is 5% of AD&D Principal Sum with a maximum of \$5,000</p> <p><i>See the policy for details.</i></p>
Leave of Absence	<p>If You are on a documented leave of absence, other than FMLA or Military Leave of Absence, Your coverage may be continued for 3 months after the month in which the leave of absence began.</p> <p>For a Military Leave of Absence coverage may be continued up to 12 weeks; For Family Military Leave, coverage may be continued up to 26 weeks, And for FMLA, up to 12 weeks of coverage may be continued.</p>
Electing Portability or Conversion of Coverage	<p>See Policy Document for details. Applications for either Port or Conversion must be completed and signed by the employer. The Hartford must receive within 15 days from the date your employer signs the form, or within 31 days after your Life Insurance terminates. Requests will not be accepted if they are received more than 91 days after Life Insurance terminates.</p>
Conversion	<p>Included—see Policy Document for details</p>
Portability	<p>Included. Member cannot apply for Portability and Waiver of Premium for the same coverage amount for you and your Dependents, unless Waiver of Premium is denied or you Convert your coverage.</p>
Exclusions	<p>War of Act of War, whether declared or not Injury sustained while committing or attempting to commit a felony Injury sustained while on full-time active duty as a member of the armed forces (land, water, air) or any country or international authority.</p>
Leave of Absence	<p>3 months for documented leave of absence Military Leave: up to 12 weeks; Family Military Leave: up to 26 weeks, FMLA: up to 12 weeks</p>

Employee Paid Supplemental Life

Supplemental Life Coverage

The Roman Catholic Diocese of Charleston offers additional life insurance for you and your dependents at group rates. This coverage is through The Hartford at the following costs to the employee

Policy Provisions	Supplemental Life and AD&D (Employee-paid benefit)
Eligibility	All regular Full-Time and Part-Time Active Employees who are citizens or legal residents of the US, its territories and protectorates; This offering excludes employees who are priests, non-employed deacons, or members of other religious orders.
Employee Benefit Coverage Election Options	Employees can elect 1x times your annual salary (rounded to the next higher \$1,000), and can elect additional \$10,000 increments up to \$500,000 if Evidence of Insurability has been completed and approved from The Hartford's Medical Underwriting.
Spouse Benefit Coverage Election Options	Employees can elect coverage for a spouse of a minimum of \$5,000 and up to a maximum of \$150,000 with Medical Underwriting approval.
Child Life Election Options	Coverage option for children from live birth to 6 months: \$1,000 Coverage option for age of 6 months to 26 years: \$10,000

Election Options	Guaranteed Issue for New Hires or Newly Eligible Employees
Employee Benefit Coverage Election Options	<p>For employees in their Initial Enrollment Period (such as new hires) there is a Guaranteed Issue of \$180,000. This is the amount you are Guaranteed to Enroll in without Evidence of Insurability if you are in your Initial Enrollment Period.</p> <p>When your Initial Enrollment Period is over, additional coverage in \$10,000 increments will require Evidence of Insurability and approval from The Hartford's Medical Underwriting.</p> <p>For New Hires or Newly Eligible Employees, coverage will begin on the first of the month coinciding with or following 60 days of employment or the date in which they became newly eligible.</p>
Spouse Benefit Coverage Election Options	<p>For employees in their Initial Enrollment Period (such as new hires) there is a Guaranteed Issue for Spouse Coverage of \$50,000. This is the amount you are Guaranteed to Enroll in without Evidence of Insurability if you are in your Initial Enrollment Period.</p> <p>Additional coverage in \$5,000 increments require Evidence of Insurability and approval from The Hartford's Medical Underwriting.</p> <p>For New Hires or Newly Eligible Employees, your coverage will begin on the first of the month coinciding with or following 60 days of employment or the date in which they became newly eligible.</p>

Medical Underwriting / Evidence of Insurability

How do I enroll in Supplemental Life?	<p>If you are a New Hire or a Newly Eligible employee and electing more than the Guaranteed Issue for you or your Spouse;</p> <p>or</p> <p>If you are an existing employee, with or without enrollment in Supplemental Life Coverage, you will need to complete an Evidence of Insurability form located here: https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:ab6c6ce0-d2d5-42f4-b2c8-82da3ffd4e07</p> <p>Once The Hartford makes a determination, both you and the Diocese of Charleston will be notified of the decision.</p>
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Employee Paid Supplemental Life

Policy Provisions	The Hartford Policy #GLT-681494 Policy Overview
Premium Contributions	0% Employer Paid / 100% Employee Contribution
Full Time Employment	Employee must work at least 30 hours weekly
Part Time Employment	Employee must work at least 20 hours weekly, but less than 30 hours
Waiting Period	Your Coverage begins on the first of the month coinciding with or following 60 day of employment , or become eligible for benefits
Reduction Schedule	Age 70 = 33%; Age 75 = 55% Benefit reduces by this % off original face amount or reduced amount, and rounded to the next higher \$1,000.
Waiver of Premium	You are eligible for Premium Waiver if you are Disabled prior to Age 60; or disabled for 6 months and a life expectancy of 12 months or less
Accelerated Benefit	Minimum of \$3,000 and a maximum of \$50,000 if diagnosed as terminally ill.
Electing Portability or Conversion of Coverage	See Policy Document for details. Applications for either Port or Conversion must be completed and signed by the employer. The Hartford must receive within 15 days from the date your employer signs the form, or within 31 days after your Life Insurance terminates. Requests will not be accepted if they are received more than 91 days after Life Insurance terminates.
Conversion	Included—see Policy Document for details
Portability	Included. Member cannot apply for Portability and Waiver of Premium for the same coverage amount for you and your Dependents, unless Waiver of Premium is denied or you Convert your coverage.
Exclusions Pre-existing Condition Limitations	For any accidental bodily injury, sickness, mental illness, pregnancy, or episode of Substance Abuse, or any manifestations, symptoms, findings, or aggravations for which you received medical care during the 3 consecutive months prior to your effective date or the effective date in Coverage, services are not covered for 12 consecutive months after your effective date.
Leave of Absence	You can continue coverage for up to 3 months for documented leave of absence Military Leave: up to 12 weeks; Family Military Leave: up to 26 weeks, FMLA: up to 12 weeks
Additional Services	Beneficiary Assist® Counseling Services EstateGuidance® Will Services Funeral Planning and Concierge Services Travel Assistance Services with ID Theft Protection and Assistance

How do I enroll in additional Supplemental Life Insurance?

If you are a New Hire or in your Initial Enrollment Period, you may enroll up to the Guaranteed Issue without Evidence of Insurability. For amounts over the Guaranteed Issue, you will need to complete Evidence of Insurability.

If you are an existing employee and outside of your Initial Enrollment Period, you are considered a Late Entrant, which means you will need to go through Medical Underwriting for Supplemental Life Insurance. To do this, you must complete Evidence of Insurability.

Employee Paid Voluntary Short Term Disability (VSTD)

Voluntary Short Term Disability (VSTD)

The Roman Catholic Diocese of Charleston provides the option to purchase Voluntary Short-Term Disability (STD) through The Hartford. This benefit replaces a portion of your income if you become disabled and are unable to work.

Benefit	How it Works	Who Pays for the Benefit
Short-term Disability	You receive 60% of your income up to \$1,000 per week. Benefits begin after 8 calendar days of total disability due to injury or sickness and continue for up to 12 weeks.	Employee

Voluntary Short-Term Disability Policy Overview

Please see the Life Policy Document for specific details. The Short-Term Disability Policy Document overrides any information in this Benefit Summary.

Policy Provisions	The Hartford Short-Term Disability Policy Overview
Premium Contributions	Employer Contribution 0% / Employee Contribution 100%
Eligibility <i>Excludes Active Priests</i>	All Regular Full-Time and Part-Time Active Employees located at the specified locations who are citizens or legal residents of the United States, its territories and protectorates; excluding employees who are priests, non-employed deacons, or members of other religious orders.
Full Time Employment	Employee must at least work at least 30 hours weekly.
Part Time Employment	Employee must work at least 20 hours weekly, but less than 30 hours.
Waiting Period	Your coverage begins on the first of the month coinciding with or following 60 days of employment, or 60 following the date after you become eligible for benefits.
Weekly Benefit Amount	60% of your Pre-disability Earnings
Minimum/Maximum Weekly Benefit	\$10 Minimum / \$1,000 Maximum
Elimination Period	Benefit commence on the 8th day of Total Disability due to illness or Injury
Duration of Benefits	Benefits last up to a maximum of 12 weeks for either injury or sickness. Benefits will cease if you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.
Definition of Earnings	Your regular weekly rate of pay not counting bonuses, commissions, and tips and tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the last day You were Actively at Work before You become Disabled. If you were an hourly paid Active Employee before You became Disabled, Pre-Disability Earnings means the product of the average number of hours You worked per week, not including overtime, over the most recent 12 month period immediately prior to the last day You were Actively at Work before You became Disabled, multiplied by your hourly wage in effect immediately prior to the last day You were Actively at Work before You became Disabled.

Employee Paid Voluntary Short Term Disability (VSTD)

The Hartford Short-Term Disability Policy Overview	
Policy Provisions	
Partial Disability	If a Weekly Benefit is payable for less than a week, we will pay 1/5 of the Weekly Benefit for each day You were Disabled.
Recurrent Disability Provision	If you return to work as an Active Employee for 30 consecutive calendar days or more, any recurrence of a Disability will be treated as a new Disability. A Recurrent Disability must be due to the same cause, or due to a related cause, and be within 30 consecutive calendar days or less from the return to work.
Limitations: Pre-existing Condition Limitations (Class 1)	Your policy limits the benefits you can receive for pre-existing conditions. You will be covered only if you have not received treatment for your condition for 12 months before the effective date or 12 months after the effective date and you have been insured under this coverage for 12 months. If you are unable to satisfy one of the requirements, your coverage will be limited to a maximum of 4 weeks of benefits for that disability.
Limitations: Offsets	Your benefit payments will be reduced by other income you receive or are eligible to receive, such as Social Security Disability Insurance, other employer-based insurance coverage you may have, unemployment benefits, settlements or judgements for income loss, or retirement benefits that are your employer fully or partially pays for, such as a pension plan.
General Exclusions:	<p>War or act of war (declared or not)</p> <p>Injuries sustained in the commission or attempt to commit a felony</p> <p>Intentionally self-inflicted injury</p> <p>Sickness or injury while being engaged in an illegal occupation</p> <p>Sickness or injury that workers compensation are paid or would be paid if claimed</p> <p>Sickness or injury sustained as a result of doing any work for pay or profit for another employer, or self-employed.</p>
Other Benefit Features	<p>Disabled and Working Benefit</p> <p>Rehabilitative Employment Benefit</p>
Additional Services	<p>Ability Assist Counseling Services</p> <p>Travel Assistance Services with ID Theft Protection and Assistance</p>

Medical Underwriting / Evidence of Insurability	
How do I enroll in Employee Paid Voluntary Short Term Disability?	<p>If you are a New Hire or a Newly Eligible employee in your Initial Enrollment Period days,</p> <p>or</p> <p>If you are an existing employee, and would like to enroll in Voluntary Short Term Disability, you will need to complete an Evidence of Insurability form located here: https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:ab6c6ce0-d2d5-42f4-b2c8-82da3ffd4e07</p> <p>Once The Hartford makes a determination, both you and the Diocese of Charleston will be notified of the decision.</p>

Employer Paid Long Term Disability (LTD)

Long-Term Disability (LTD)

The Roman Catholic Diocese of Charleston provides Long-Term Disability through The Hartford at no cost to eligible employees. This benefit can replace part of your income if you are unable to work after an injury or illness after 90 days. If you have Voluntary Short-Term Disability, it will provide a portion of your income from the 8th day after your disability date to 12 weeks (90 days). After 90 days of disability, you would have met the Elimination Period on your Employer Paid LTD policy, and benefits would begin from

Benefit	How it Works	Who Pays for the Benefit
Long-term Disability	You receive 60% of your income up to \$5,000 per month. If Short-Term Disability (STD) Benefits are elected by you and paid by you, and the disability is payable according to the policy, your benefits will begin when Short-Term Disability benefits end and continue to be paid on the Long-Term Disability policy until you reach Social Security retirement age.	Your Employer

Long-Term Disability (LTD) Policy Overview

Please see the Life Policy Document for specific details. The Life Policy Document overrides any information in this Benefit Summary.

The Hartford Long-Term Disability (LTD) Policy Overview	
Premium Contribution	100% Employer Paid / 0% Employee Paid
Eligibility (Includes Active Priests)	All regular Full-Time and Part-Time Active Employees who are citizens or legal residents of the US, its territories and protectorates; excluding employees who are priests, non-employed deacons, or members of other religious orders.
Full Time Employment	Employee must work at least 30 hours weekly
Part Time Employment	Employee must work at least 20 hours weekly, but less than 30 hours
Waiting Period	Your coverage begins on the first of the month coinciding with or following 60 days or employment, or become eligible for benefits
Definition of Pre-Disability Earnings	Your monthly rate of pay not counting bonuses, commissions and tips and tokens, overtime pay, or any other fringe benefits or extra compensation, in effect on the last day You were Actively at Work before You became Disabled. If you were an hourly paid Active Employee before you became Disabled, Pre-disability Earnings means the product of: 1) the average number of hours You worked per month, not including overtime, over the most recent 12 month period immediately prior to the last day You were Actively at Work before You became Disabled, multiplied by your hourly wage that was in effect immediately prior to the last day You were Actively at Work before You became Disabled.

Employer Paid Long Term Disability (LTD)

The Hartford Long-Term Disability (LTD) Policy Overview	
Partial Disability	If a Weekly Benefit is payable for less than a week, we will pay 1/5 of the Weekly Benefit for each day You were Disabled.
Recurrent Disability Provision	If you return to work as an Active Employee for 30 consecutive calendar days or more, any recurrence of a Disability will be treated as a new Disability. A Recurrent Disability must be due to the same cause, or due to a related cause, and be within 30 consecutive calendar days or less from the return to work.
Limitations: Pre-Existing Condition Limitation (Class 1)	Your policy limits the benefits you can receive for pre-existing conditions. You will be covered only if you have not received treatment for your condition for 12 months before the effective date or 12 months after the effective date and you have been insured under this coverage for 12 months. If you are unable to satisfy one of the requirements, your coverage will be limited to a maximum of 4 weeks of benefits for that disability.
Limitations: Offsets	Your benefit payments will be reduced by other income you receive or are eligible to receive, such as Social Security Disability Insurance, other employer-based insurance coverage you may have, unemployment benefits, settlements or judgements for income loss, or retirement benefits that are your employer fully or partially pays for, such as a pension plan.
General Exclusions	<p>War or act of war (declared or not)</p> <p>Injuries sustained in the commission or attempt to commit a felony</p> <p>Intentionally self-inflicted injury</p> <p>Sickness or injury while being engaged in an illegal occupation</p> <p>Sickness or injury that workers compensation are paid or would be paid if claimed</p> <p>Sickness or injury sustained as a result of doing any work for pay or profit for another employer, or self-employed</p>
Other Benefit Features	<p>Disabled and Working Benefit</p> <p>Rehabilitative Employment Benefit</p>
Additional Services	<p>Ability Assist® Counseling Services</p> <p>Health ChampionSM</p> <p>Travel Assistance Services with ID Theft Protection and Assistance</p>

Flexible Spending Accounts

Medical Flexible Spending Accounts (FSA)

A healthcare FSA lets you use tax-free money to pay for eligible medical, dental and vision expenses. So you spend less on the healthcare you need. FSA paycheck deductions are tax-free too, which helps reduce your taxable income. The more you contribute the more you save. There are thousands of eligible expenses, such as Medical, Dental, Vision, Pharmacy, Over the Counter medications, mental health services and lab fees.

Limited Purpose Flexible Spending Accounts (LPFSA)—only available for those on a HDHP

A Limited Purpose Flexible Spending Account (LPFSA) allows you to use tax-free money to pay for vision and dental expenses, so you can continue to build your Health Savings Account to use for medical expenses.

Dependent Day Care Spending Accounts (DCFSA)

A DCFSA (Dependent Day Care Spending Account) lets you use tax-free money to pay for eligible dependent care expenses. A qualifying dependent may be a child under age 13, a disabled spouse, or an older parent in eldercare. DCFSA paycheck deductions are tax-free too, which helps reduce your taxable income. The more you contribute, the more you save. There are many eligible expenses, such as Daycare, Nursery school, Babysitter, Preschool, Summer Day Camp, Before/After School Programs, Elder Daycare.

For more information go to:

<https://www.healthequity.com/learn/dcfsa>

<https://www.healthequity.com/learn/flexible-spending-account>

<https://www.healthequity.com/oetoolkit>

Retirement Savings Plan

Retirement Savings Plan by Empower Retirement

The Roman Catholic Diocese offers a 403(b) Retirement Savings Plan with a generous employer match and a wide variety of Catholic-friendly investment options.

Employer contributions are immediately 100% vested. A variety of core investment options and a Self-Directed Brokerage account are available.

Regular Part-Time and Regular Full-Time employees are automatically enrolled in a 2% contribution, which then automatically increases to 3% upon their 1st year anniversary.

Employees are eligible to receive the 5% employer match upon their 1st year anniversary if they contribute at least 3%.

Employees can call Empower Retirement and/or log into their online account at any time to change their contribution and/or investment options. The phone number is 1-866-467-7756 and website is retiresmart.com.



Vendor Contact Information

Benefit	Vendor	Phone	Website or Email
Medical and Prescription Plan Program Information for Medical Participants:			
Medical Benefits and Claims Contact Information and MyCBS.com	Christian Brothers Services	800-807-0400	hbscustomerservice@cbsservices.org mycbs.org/health
Precertification for Services	Christian Brothers Services	800-807-0400	hbscustomerservice@cbsservices.org mycbs.org/health
Prescription Drug Program	Express Scripts	800-718-6601	hbscustomerservice@cbsservices.org mycbs.org/health
SaveonSP Program	Express Scripts	800-718-6601	To Enroll Call: 1-800-683-1074
Smart90® Program	Express Scripts	800-718-6601	hbscustomerservice@cbsservices.org mycbs.org/health
24 Hour Telemedicine	Teladoc	800-835-2362 800-TELADOC	teladoc.com
Dental Plan Program Information for Dental Participants:			
Dental Benefit Plan	Delta Dental	800-335-8266	DeltaDentalSC.com
Additional Services Offered through Christian Brothers Services for Medical Participants:			
Case Management	American Health	866-458-4002	hbscustomerservice@cbsservices.org mycbs.org/health
Smoking Cessation Program	Pelago	877-349-7755	hbscustomerservice@cbsservices.org mycbs.org/health
Diabetes and Hypertension Program	Livongo	800-945-4355	get.livongo.com/EBT/begin
Hearing Aid Discount Program	Start Hearing	888-529-0194	starhearing.com/partners/cbs
Accordant for Chronic Conditions	Accordant Health Services	866-655-7490	hbscustomerservice@cbsservices.org mycbs.org/health
My Catholic Doctor Network	My Catholic Doctor	888-822-8436	hbscustomerservice@cbsservices.org mycbs.org/health
Personal Health and Wellness Programs	Empower Health Services	800-807-0400	hbscustomerservice@cbsservices.org mycbs.org/health
Vision Discount Program	VSP	800-877-7195	Vsp.com
SupportLinc Employee Assistance Program (EAP)	Cura Linc Healthcare	800-807-0400	Goanimo.com Group Code: CBEET

Christian Brothers Services Customer Service Center

For Questions about your Medical Plan, contact a representative about your eligibility, enrollment or your current benefits.

- Phone: 800-807-0400
- The Service Center is open from 7am to 7pm, Monday through Friday
- Email: hbscustomerservice@cbsservices.org
- Employee Portal: mycbs.org/health



Vendor Contact Information

Vision Service Plan Program Information for Vision Participants			
Vision Benefit Plan	Vision Service Plan (VSP)	800-877-7195	Vsp.com
Essential Eye Care	Vision Service Plan (VSP)	800-877-7195	Vsp.com
TruHearing Aid Discount	TruHearing (VSP)	877-396-7194	Truhearing.com/vsp
Flexible Spending Account Program			
Flexible Spending Accounts (FSA) Limited Purpose Flexible Spending Accounts (LPFSA) Dependent Day Care Flexible Spending Accounts (DCFSA) Health Savings Accounts (HSA)	Health Equity	877-924-3967	Healthequity.com
The Hartford Program Information for Life, AD&D and Disability Participants			
Life, AD&D and Supplemental Life	The Hartford	888-563-1124	TheHartford.com/employeebenefits
Disability (Voluntary Short-Term and Employer Paid Long-Term Disability)	The Hartford	888-277-4767	TheHartford.com/employeebenefits
Ability Assist® Counseling Services	The Hartford	800-964-3577 800-96-HELPS	Guidanceresources.com Use Company code: HLF902 Use Company Name: ABILI
Beneficiary Assist® Counseling Services	The Hartford	800-411-7239	TheHartford.com/employeebenefits
EstateGuidance® Will Services	The Hartford / Estate Guidance	n/a	Estateguidance.com Use code: WILLHLF
Funeral Planning and Concierge Services (Empathy)	The Hartford / Empathy	229-544-2332	Join.empathy.com/hartfordcare Via Online or App Use code: EMP-HART
Travel Assistance Services with ID Theft Protection and Assistance	The Hartford / IMG Global	US: 800-243-6108 Outside US: 202-828-5885	Assist@imglobal.com
Retirement Savings Plan Contact Information			
Retirement Savings Plan	Empower	866-467-7756	Empower.com



The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from the Diocese of Charleston Human Resources Office.