ARCHDIOCESE OF CHICAGO

Summary of Employee Benefits

Human Resources

July 1, 2022 to June 30, 2023

All images within these pages are from parishes and schools within the Archdiocese of Chicago. Human Resources thanks the parishes and schools for providing these beautiful images.

This guide is intended to give you an overview of the benefit plans offered by the Archdiocese of Chicago. All specific plan provisions are described in the legal documents governing the plans. If there are any discrepancies between this guide and the plans' legal documents, the legal documents will govern. Any of the benefit plans offered by the Archdiocese of Chicago may be amended, revoked, suspended or terminated at the Archdiocese's sole discretion at any time. In addition, neither this description nor your participation in the Archdiocese's benefit plans creates a contract or guarantee of employment.

Revised April, 2022

CONTENTS

Online Benefits Enrollment 2
Enrollment Guidelines 4
Medical Plan Benefits 6
Prescription Drug Benefits 10
Vision Care Benefits 12
Dental Plan Benefits 13
Flexible Spending Accounts 14
Employee Assistance Program 15
Life Insurance 16
Disability Insurance 17
Retirement Benefits 18
Paid Time Off 20
Leaves of Absence 21
Additional Benefits 25
Medicare Information 26
Archdiocese of Chicago Notice of Privacy Practices 29
Contact Information 34

How to Obtain your User Name & Password

MyEnroll 360

1.

Navigate to MyEnroll.com and Click **Forgot User Name and/or Password.**

MyEnroll360
Sign In
User Name
Password
SIGN IN
Forgot User Name or Password
FIRST TIME USERS

2.

Let's get your User Name
First time users retrieve your "User Name" first.
Password | User Name
Enter your Email Address
I don't know the email address linked to my account
Back to Login | Submit

To get your **User Name,** click on the User Name button. Enter the email address you verified with MyEnroll.

NOTE: If you have verified multiple email addresses on MyEnroll, you will have the option to choose where you would like your user name to be sent. For additional security, you will be required to enter the full email address that matches the address you'd like to have your user name sent to.

3.

If you do not know this email address click **I don't know the email address linked to my account** to identify yourself using your full social security number, your birth date, and your zip code. Verify that you are not a robot by clicking on the check mark box next to the reCAPTCHA.

Click **Submit** and your user name will be sent to your email address.

Let's get your User Name
First time users retrieve your "User Name" first.
Password | User Name
Social Security Number*
Show
Birth Date*
MM/DD/YYYY
Home Zip Code*
5 Digits Zip
I'm not a robot
Cancel | Submit

4.

Email Address Not Found
Uh oh! Looks like we couldn't find an email address for you. Please add one below.
If you currently do not have an email address, you must create one before you can access MyEnroll.
Email Address*
Confirm Email*
Close | Submit

If no email is found on file for your account, you will be prompted toadd one. Input your email addressin both dialogue boxes and thenclick **Submit.**

Once you have your user name,

you will be able to request your password by clicking **Close** on the confirmation window and then choosing the **Password** button. You'll then be required to enter your user name and full emailaddress.

5.

To get your password, click on the **Password** button. Enter your user name in the dialogue and click **Submit.**

If MyEnroll can locate a record for your user name, it will present the verified email address on file and will ask you then to re-enter your email address. Once you click **Submit**, your temporary password will be emailed to the associated verified email address.

Let's get your Password
First time users retrieve your "User Name" first.
Password | User Name
Enter User Name - Case Sensitive
I don't know my User Name - Please help me get it
Back to Login | Submit

The Archdiocese believes it is important to offer benefits that positively impact you and your family.

It is very important that you take time to learn about your benefit options, choose your benefits carefully, and use your benefits wisely.

The Archdiocese Employee Benefits Mission Statement

The Archdiocese of Chicago is a diverse community of men and women dedicated to caring for and serving others while following the teachings of the Catholic Church. The Archdiocese of Chicago is committed to offering you and your family with high-quality benefits at a competitive cost.

Enrollment Guidelines

Your Eligibility

You are eligible to participate in the Archdiocese of Chicago's benefits if you are an employee regularly scheduled to work at least 26 hours each week for eight or more months of the year. If you work multiple part-time positions at more than one parish or school, your total number of hours worked are added to determine your benefits eligibility.

Dependent Eligibility

If you are eligible and enrolling in benefits you may also enroll your eligible dependents, who are:

- Your husband or wife.
- Your children up to age 26, regardless of student status.
- Your children of any age who are mentally or physically handicapped and dependent on you for support provided they were covered as a dependent prior to reaching age 26.

How to Enroll

If you're a current employee, annual open enrollment offers you the opportunity to enroll in or make changes to your benefit selections. Read below for detailed enrollment instructions:

1. 2022 open enrollment is **May 3 through May 23, 2022.**
2. Review your current benefit elections via MyEnroll and determine your benefit choices for the upcoming plan year, July 1, 2022 through June 30, 2023.

   Regardless of whether you are making any benefit changes, you are strongly encouraged to log onto MyEnroll.com to review your benefit elections. Any changes made must be completed by **May 23, 2022.**

Enrollment in either/both Flexible Spending Accounts (FSA's) is also completed via MyEnroll.com. Employees must reenroll in FSA's each year to participate in the plan(s) for the benefit year. If you wish to enroll in either/both FSA Plan, you must do so online through MyEnroll.com.

New Employee Eligibility

New employees are eligible for benefits the first day of the month following date of hire in either a full- time or benefits-eligible part-time position. If an employee's hire date is the first of the month, benefits are effective the same day.

For example, an employee hired on August 15 will be eligible for benefits on September 1. An employee hired on July 1 will be eligible for benefits on July 1.

New employees must enroll in their benefit plan choices within 30 days of their benefits eligibility date.

Benefit Coverage Period

The choices you make during annual open enrollment remain in effect for plan year **July 1, 2022** through **June 30, 2023**.

Benefit coverage will stop on the last day of the month following the date you are no longer employed by the Archdiocese or you no longer meet the eligibility requirements (coverage for your dependents will also end on the date your coverage ends).

However, extended health coverage may be available for up to 18 months at your own expense.

For example, the last day worked is June 20. The last day of coverage would be June 30.

Please visit the MyEnroll.com website for detailed information about Health *(including Vision and Prescription Drugs)*, Dental, Life, and Disability insurance.

All Health and Dental premium deductions will be taken on a pre-tax basis unless you specify otherwise through the MyEnroll system.

Please contact the plan providers first with questions about specific benefits, the providers are the most knowledgeable about their plans offered to you. You can also contact your local benefits administrator, e.g. Operations Director or Business Manager, or Human Resources at 312.534.5360, or hr@archchicago.org.

Qualified Life Events

The Archdiocese of Chicago's benefit plans are qualified under and governed by tax codes. As a result, you can enroll, cancel or change your benefit elections only during the annual open enrollment period or if you experience a qualified life event.

Qualified events include but not limited to:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss of coverage for yourself (via another plan), your spouse or dependent(s)

Changing your enrollment from FAMILY to SINGLE or SINGLE TO FAMILY coverage, and dropping coverage requires a qualifying life event. You must show proof of a qualified change in family status to add or drop coverage at any time other than open enrollment.

All benefit enrollment changes due to qualified life events must be made within 30 days of the qualified life event occurrence. If you do not make your benefit election changes within 30 days of a qualifying event you must wait until the next open enrollment period to make any changes.

These changes must be made through MyEnroll.com. and require supporting documentation. All changes must be consistent with the qualified event.

Medical Insurance Benefits

The Archdiocese of Chicago's medical insurance provides comprehensive health care coverage. The Archdiocese pays most employees' medical insurance premiums.

The Archdiocese offers three medical insurance plans, all administered by Blue Cross Blue Shield of Illinois (BCBSIL), to help you meet your and your family's medical needs. The BCBSIL medical insurance plans offered via the Archdiocese are:

- PPO Plan
- HMO Illinois
- Blue Advantage HMO

All medical plans include the same prescription drug benefits via Express Scripts.

These medical insurance plans are self-insured, which means the Archdiocese, not the insurance company pays the cost of claims, up to a maximum, or stop loss.

Spouses Both Working for the Archdiocese

When an employee and spouse both work in a benefits-eligible position for the Archdiocese, our policy allows for one spouse to enroll in Family medical coverage, while being charged the Single coverage rate. The other spouse would be enrolled as a dependent of the employee. The parish, school or agency that employs the spouse who is enrolled in Family coverage will be charged the full Archdiocese cost. The employee pays the appropriate Single coverage contribution, and the remaining cost should be shared between the two parishes, schools or agencies.

Contact Human Resources at 312.534.5386 to participate in this benefit.

How the PPO Plan Works

To help bring you the best coverage at the most affordable cost, BCBSIL negotiates with doctors, hospitals and other providers who agree to become "preferred providers" in the BCBSIL network and charge lower rates. This helps control costs for both you and the Archdiocese.

The PPO medical plan allows you and covered dependents to visit any licensed provider of your choice. When you choose a provider that is part of the BCBSIL network, you'll receive higher, in-network benefits for most services. However, if you use an out-of-network provider, your benefits will be paid at a lower level.

To determine if your current healthcare provider participates in the BCBSIL network, or to find a new network healthcare provider or hospital, visit **www.bcbsil.com**.

How the HMO Plans Work

The HMO medical plans require you and covered dependents to use only in-network healthcare providers and facilities. You must select a primary care physician (PCP) for yourself and covered dependents. Your PCP will coordinate all your medical care.

To determine if your current doctor participates in either HMO network, or to find a new network doctor or hospital, visit **www.bcbsil.com**.

COST FOR COVERAGE

	Blue Cross Blue Shield Monthly Employee Contribution Amounts July 1, 2022 – June 30, 2023	
	Individual	**Family**
PPO	$137.00	$747.00
HMO Illinois	$98.00	$487.00
Blue Advantage	$55.00	$427.00

HMO Illinois participants: Consider the Blue Advantage Plan for significant cost-saving opportunity!

While the Blue Advantage doctor network is not as extensive as the HMO Illinois network, many doctors in the HMO Illinois plan also participate in the Blue Advantage HMO plan. HMO Illinois participants whose primary care physicians are also in the Blue Advantage HMO plan can continue to see the same doctor with lower out-of-pocket expense by switching to the Blue Advantage plan during this year's open enrollment.

- Primary care physician office visits under Blue Advantage have a **$20 copay** compared to **$25** under HMO Illinois.
- Specialist office visits under Blue Advantage have a **$30 copay** compared to **$35** under HMO Illinois.
- Blue Advantage employee premiums are considerably lower than HMO Illinois' employee premiums.

Check with your physician's business office or log on to **www.bcbsil.com** to learn if your current doctor is in the Blue Advantage HMO plan.

MEDICAL PLAN COMPARISON *(July 1, 2022 – June 30, 2023)*

	PPO Plan		HMO Illinois Plan	Blue Advantage HMO Plan
	In-network	Out-of-network	In-network only	In-network only
Annual deductible—	$500 Single $1,000 Family		$0	$0
Annual out-of-pocket maximum — maximum amount you'll pay each plan year out of your own pocket**** **Single** **Family**	$2,500 $5,000	$4,000 $8,000	$1,500 $3,000	$1,500 $3,000
Coinsurance— what the plan pays	85% after deductible	75% after deductible	100% (no deductible)	100% (no deductible)
Adult and children immunizations and inoculations, well child and well adult care	100% not subject to deductible	75% not subject to deductible	$0 copay	$0 copay
Routine physical	100% not subject to deductible	75% not subject to deductible	$0	$0
Smoking cessation	Counseling services Covered at 100%	75% after deductible	Counseling services covered at 100%	Counseling services covered at 100%
Regular office visit*	85% after deductible	75% after deductible	$25 copay	$20 copay
Specialist office visit*	85% after deductible	75% after deductible	$35 copay	$30 copay
Accident expenses/ emergency room services**	100% (no deductible)		$100 copay (waived if admitted)	$100 copay (waived if admitted)
Hospital stay — inpatient and outpatient	85% after deductible †	75% after deductible	100% after $100 copay (no deductible)	100% after $100 copay (no deductible)
Outpatient surgery	85% after deductible †	75% after deductible	100% after $100 copay (no deductible)	100% after $100 copay (no deductible)
Second surgical opinion	100% (no deductible)	75% (no deductible)	100%	100%
Organ transplant***	85% after deductible	75% after deductible	100%	100%
Inpatient mental health and substance abuse services	85% after deductible	75% after deductible	100% (no deductible)	100% (no deductible)
Outpatient mental health and substance abuse services	85% after deductible	75% after deductible	$35 copay	$30 copay

* *Excludes prescription drug copays, mental health/substance abuse copays and deductibles.*

** *If you're enrolled in the PPO Plan and use emergency room services for non-emergencies, you'll be charged $100 per visit. You must report any emergency visits within 72 hours of the visit... Covers, kidney, bone marrow, heart valve, musculoskeletal or parathyroid human organ/tissue Heart, heart/lung, liver, pancreas and pancreas/kidney are covered when performed an approved facility with physician approval.*

† *Hospital inpatient admissions must be reported within 72 hours of admittance. Failure to do so results in reduction of coverage of 50% under the PPO Plan.*

**** *Deductible is now part of the out of pocket maximum.*

Extended Health Coverage

An employee terminating his or her coverage for any reason (except when Medicare eligible at age 65 or older), a surviving spouse under age 65, or children, or a divorced spouse who is enrolled in one of the health plans offered by the Archdiocese at the time of the employee's termination, death, or divorce may choose one of the following health benefits options.

a. Extend medical coverage, at your own expense, for 18 months or until you become eligible for other group health coverage (including Medicare), whichever occurs first, OR
b. If the employee reaches age 65 and is ineligible to continue extended coverage, the dependent spouse under age 65 may continue for the remaining duration of 18 months, OR
c. End participation in the insurance plan at the end of the month in which the termination, death, or divorce occurs.

An employee may extend his or her group coverage at his or her expense within 60 days of termination of coverage due to termination of employment, and within 30 days of termination of coverage due to death, dissolution of marriage, or dependent child's 26th birth date; eligible covered dependents may extend coverage at their own expense. Coverage is not automatically extended during this time, but rather becomes effective retroactively when the Extended Coverage Application Form and payment are received by Human Resources.

Surviving spouses and divorced spouses under age 55 at the time of enrollment in Extended Health Coverage are eligible to continue coverage for up to 24 months or until eligible for other insurance. Surviving spouses and divorced spouses over age 55 can continue coverage until age 65 or until eligible for other insurance. Full-time employees transferred to non-eligible part-time status will also be eligible for Extended Health Coverage.

NOTE:

- **Extended health coverage does NOT include dental insurance.**

While on extended coverage, an employee can change plans and/or type of coverage during the annual open enrollment period.

Prescription Drug Benefits

A prescription drug benefit is included with all the Archdiocese of Chicago medical insurance plans.

Express Scripts is the prescription drug administrator for all medical plans. Express Scripts offers both a retail and a mail order pharmacy program, via which plan participants pay a co-pay for each prescription.

- **Retail:** You can fill up to a 30-day supply of your prescription at a network pharmacy.
- **Mail order:** You can fill up to a 90-day supply of your prescription through the mail order pharmacy program.

Prescription Drug Plan Feature

You can purchase a 90-day supply of a prescription drug directly from a Walgreens Retail Pharmacy at the plan's same co-pay amount as mail order.

Information about prescription drug benefits is available at www.express-scripts.com.

Getting the Most out of Your Rx Benefits at the Lowest Possible Cost…

1. Always tell your doctor what your prescription drug coverage is and ask him or her to prescribe a generic equivalent whenever possible.
2. Always ask your pharmacist if there is a generic equivalent to any brand-name medication your doctor has prescribed, or if there is a brand-name formulary or generic equivalent to any non-formulary medication your doctor has prescribed. Your pharmacist will generally call your doctor to get his or her approval to fill your prescription with a lower cost drug.
3. Use only retail pharmacies to fill prescriptions you need to take on a temporary basis.
4. Use the mail order program to fill prescriptions for maintenance medications or other drugs you may need to take for an extended period.

Visit **www.express-scripts.com** to find the list of generic, formulary brand-name and non-formulary brand-name prescription drugs. You can also set up an Express Scripts account to review your prescription history, learn more about your medications, and request refills on your mail order prescriptions.

Using the Prescription Drug Program

There are three categories of drugs in the Archdiocese of Chicago's prescription drug plan. The amount. you pay depends on the drug type.

Generic — These drugs are labeled with the medication's basic chemical name and usually have brand-name equivalents. They have the same active ingredients as brand-name equivalents and must meet the same FDA standards for quality, strength, purity and stability as their brand-name counterparts.

Preferred Brand-Name — These drugs have been selected by Express Scripts for the formulary list based on safety and efficacy. They may or may not have a generic equivalent. They cost more than generics, but less than non-formulary brand-name drugs.

Non-Preferred Brand-Name — These drugs generally have either an equally effective generic equivalent and/or one (or more) formulary brand-name option. They are usually the most expensive option.

Express Scripts Specialty Pharmacy

Express Scripts also offers a Special Care Pharmacy for certain conditions like anemia, hepatitis C, multiple sclerosis, asthma, growth hormone deficiency and rheumatoid arthritis. Via the Specialty Pharmacy you can receive:

- Up to a 90-day supply from mail order
- Access to nurses who are trained in specialty prescription drugs
- 24/7 availability from a specialty pharmacist resource for any questions you might have
- Coordination of home care and other health care services

Contact Express Scripts at **800.899.2675** if you have any questions.

PRESCRIPTION DRUG COPAYS *(July 1, 2022 – June 30, 2023)*

Employee co-pays for all health plan options will be limited to a plan year out-of-pocket maximum of $1,000 for single coverage and $2,000 for family coverage. Once this maximum is satisfied, the plan pays 100% with no employee cost share.

	All Medical Plans	
	Retail *(up to a 30-day supply)*	**Mail Order** *(up to a 90-day supply)*
Generic	$6	$14
Brand-Name*	$32	$74
Non-Formulary Brand-Name *	$50	$115

* *If a formulary or non-formulary brand-name prescription drug is chosen when a generic alternative is available, you 'll pay the brand-name copay plus 50% of the cost difference between the brand-name and the generic prescription drug.*

Did You Know?

Your local retailers, such as Walmart, Target, Costco and other national chains now carry certain generic prescription drugs for as low as $4 per month and as low as $10 for a 90-day supply! These rates are separate and apart from the Express Scripts benefit plan.

Visit today to find the kinds of generic medications for conditions including:

- Allergies
- Asthma
- Cholesterol
- Diabetes
- Gastrointestinal health
- Heart health and blood pressure
- Mental health
- Thyroid conditions

Vision Care Benefits

Affordable vision benefits are automatically offered to you and your eligible dependents when you enroll in any of the medical insurance plans offered by the Archdiocese of Chicago.

- If you enroll in the medical PPO Plan, you'll receive vision care through the Vision Service Plan (VSP). To find a VSP healthcare provider, go to **www.vsp.com** or call **800.877.7195.**
- If you enroll in the medical HMO Illinois Plan or the Blue Advantage HMO Plan, you'll receive benefits through EyeMed. To find an EyeMed healthcare provider or for more information go to **www.EyeMed. com** or call **844.684.2254**. Be sure to tell your EyeMed provider that you have coverage with Blue Cross to get the best benefit prices.

VISION PLAN COMPARISON

	PPO Members – VSP		HMO Members – EyeMed
	In-network	**Out-of-network**	**In-network**
Annual exams — every 12 months	$10 copay	$45 maximum allowance	$0 copay
Lenses — every 12 months			No copay for standard lenses. Copay may apply for upgrade options.
Single	Included with prescription glasses	$30 maximum allowance	
Bifocal	Included with prescription glasses	$50 maximum allowance	
Trifocal	Included with prescription glasses	$65 maximum allowance	
Frames — every 24 months	$170 allowance	$70 allowance	$125 allowance
Contact lenses — in lieu of glasses	$170 allowance	$105 allowance	$75 allowance

Dental Plan Benefits

The Archdiocese of Chicago offers two dental plans administered by Guardian Insurance. Your choices include:

Dental PPO Plan

The Dental PPO Plan provides comprehensive coverage for a variety of dental care needs and gives you the freedom to choose any licensed dentist. If you select a dentist who is in the PPO network, your costs will likely be less because in-network dentists charge a lower fee for their services. If you visit a dentist who is out of network, you may pay more for services and you will be responsible for any charges that are over the maximum plan allowance.

The deductibles and coinsurance percentages vary based upon in-network or out-of-network provider use. For a listing of all network dentists in your area, please go to **www.GuardianAnytime.com** or call **866.302.4542**.

Dental HMO

Under the Dental HMO Plan (DHMO), you have in-network benefits only (orthodontia benefits are also provided per the schedule of benefits).To determine if your current dentist participates in the network, or to find a new, in-network dentist, visit **www.GuardianAnytime.com** or call **866.494.4542**.

DENTAL PLAN COMPARISON

	Dental PPO Plan		Dental HMO Plan
	In-network	**Out-of-network**	**In-network only**
Annual deductible	$50/person each plan year (3 person maximum)	$100/person each plan year (3 person maximum)	$0
Maximum benefit (excluding deductible)	$1,500/person*		Unlimited
Diagnostic and preventive care	100% (no deductible)	100% (no deductible)	$5 copay for each office visit
Basic services (fillings, root canals, extractions, etc.)	80% after deductible	80% after deductible	See Schedule of Benefits for coverage details
Major services (crowns, dentures, bridgework, etc.)	50% after deductible*	50% after deductible*	
Orthodontia	Not covered	Not covered	See Schedule of Benefits for coverage details

* *You pay 100% of any cost over maximum benefit of $1,500. If total claims paid for any year are less than $700, you may carry over a portion of your unused benefit into subsequent years ($350, or $500 if in-network providers are used exclusively). You can accumulate up to $1,250 in carry-over bank for each covered person.*

YOUR COST FOR COVERAGE *(July 1, 2022 – June 30, 2023)*

	Guardian Monthly Dental Employee Contribution Amounts	
	Individual	Family
PPO	$38.50	$110.00
HMO	$13.50	$32.00

College Tuition Benefit Rewards Program – will be discontinued December 31, 2022

A College Tuition Benefit Rewards Program is offered through Guardian Dental. All benefits eligible employees who are enrolled in the dental insurance plan (PPO or DHMO) are eligible for this benefit program. This program can be used for eligible children, grandchildren, nieces, and nephews of a benefits eligible employee enrolled in the Guardian Dental Plan. To learn more about the program and how to get started, go to: **www.Guardian.CollegeTuitionBenefit.com** to set up your account. If you have any questions, visit the website or contact College Tuition Benefit directly at **215.839.0119.**

Flexible Spending Accounts (Lay Employees)

You can enroll in Flexible Spending Accounts (FSAs) to save on your health care and dependent care expenses. The money you deposit into a FSA is deducted from your paycheck on a pre-tax basis, which lowers your taxable income.

The Health Care FSA reimburses you for eligible health care expenses. The Dependent Care FSA reimburses you for dependent care expenses (i.e. day care). You can set aside up to $ 2,850 a year for a Health Care FSA and up to $5,000 for a Dependent Care FSA.

You can enroll in either or both plan(s) during annual open enrollment, or during your initial enrollment period. You may not enroll in a FSA between January 1 and June 30.

Employees will not automatically be re-enrolled in a FSA for the next plan year, employees must elect a FSA plan each year.

July 2022 FSA Open Enrollment

FSA open enrollment is May 3 through May 23, 2022. You must enroll and elect the amount of pre-tax money you would like to save for your health care and/or dependent care expenses.

Eligible expenses under the Health Care FSA include:

- Deductibles and copays for health care, prescription drugs, dental and vision care expenses
- Medical equipment
- Hearing tests and aids
- Speech and physical therapy
- Lasik corrective eye surgery
- Orthodontia

Eligible expenses under the Dependent Care FSA include:

- Baby-sitting or day care expenses for a dependent child under the age of 13 so that you (and/or your spouse) can work or attend school full-time.
- Expenses for the care of a spouse, parent or other dependent who spends at least eight hours a day in your home, is incapable of self-care and qualifies as a dependent on your income taxes.

More information on Flexible Spending Accounts (including claims and FSA balances) is available online at www.MyEnroll.com.

To Enroll:

- Logon to **www.MyEnroll.com** and follow the links to enroll in the FSA Plan.
- • For information about logging on to MyEnroll.com see the first section of this booklet.

Important Dates to Keep in Mind	
May 3 - May 23, 2022	Open enrollment for 2022/2023 FSA
June 30, 2022	Last day to incur eligible expenses for 2021/2022 FSA Plan year
July 1, 2022	New FSA Plan year begins – Paycheck deductions begin
September 30, 2022	Last day to submit expenses incurred by 6/30/2022

After You Enroll

After you enroll in the Health Care FSA, you automatically receive the FSA Benefits Card loaded with the full dollar amount of your annual FSA election. The Benefits Card works like a bank debit card linked to your Health Care FSA. You can use the card to pay many health care providers directly at the time of service.

When you incur an eligible expense, simply swipe your card at the point of sale. The amount of your purchase is deducted directly from your Health Care FSA balance and paid to the provider.

You can use your Benefits Card at most medical providers that display the MasterCard11 logo. The Benefits Card will only be accepted at qualified merchants related directly to health care and will not be accepted at other locations like gas stations or convenience stores. You can use your Benefits Card at pharmacies that have an Information Inventory Approval System {IIAS) in place. This enables FSA-eligible products to be separated from non-FSA-eligible products so that only eligible products can be purchased with your card. Be sure to save all your FSA receipts. You may be required to document the eligibility of an expense later.

Employee Assistance Program (EAP)

The Archdiocese provides its employees with an Employee Assistance Program (EAP) to help manage a variety of situations, such as stress, financial challenges and relationship difficulties. Use of the EAP is completely confidential and free. Magellan is the Archdiocese's EAP provider. All employees, regardless of benefits-eligibility status, and their immediate family members are eligible to use the EAP.

Key features include:

- Services provided at no cost
- Virtual and in-person visits
- Confidential service provided by a third party
- Available 24/7/365
- Coaching
- Self-guided, interactive online programs

To Access EAP Benefits

CALL MAGELLAN AT 800.327.2640, OR VISIT THE ONLINE RESOURCES AT: MAGELLANASCEND.COM

WHEN ACCESSING BENEFITS AN EMPLOYEE SHOULD IDENTIFY HIM OR HERSELF AS AN ARCHDIOCESE OF CHICAGO EMPLOYEE, AND A FAMILY MEMBER SHOULD IDENTIFY HIM OR HERSELF AS A FAMILY MEMBER OF AN ARCHDIOCESE OF CHICAGO EMPLOYEE.

Life Insurance (Lay Employees)

Life insurance coverage is an important part of your comprehensive benefits package. It provides a financial benefit for your family in the event of your death. Blue Cross Blue Shield is the Archdiocese's life insurance provider.

The following table summarizes your life insurance benefits.

Benefit	Your Benefit
Basic life coverage	• Paid by the Archdiocese • Automatically provided on the first of the month following benefits eligible employment • 1x your annualized salary rounded to the next $1000 • You must name your beneficiary via MyEnroll.com
Supplemental life coverage	• Fully paid by employee on an after-tax basis, based on employee's age and coverage amount • 1x, 2x, 3x or 4x your salary • Evidence of Insurability (EOI) guidelines: - The overall maximum life insurance coverage (basic and supplemental combined) is $1,000,000. - An EOI is not required if you are electing 1x or increasing from 1 to 2 x your salary coverage, provided your total coverage (basic and supplemental combined) is not above $500,000. - An EOI is required if you are electing an amount over the Guaranteed Issue Limit. The EOI form is available in the Library on www.**MyEnroll.com.**

What Is Evidence of Insurability?

Evidence of insurability (EOI) is a statement that provides information about a person's health status. Blue Cross Blue Shield requires an EOI whenever you increase your Supplemental Life Insurance benefit by more than the Guaranteed Issue Limit. See the Life Insurance Summary Plan Description for more details.

If an EOI is required, you must complete and return the proper documentation directly to Blue Cross Blue Shield. The amounts that exceeded the Guaranteed Issue Limit will be effective once Blue Cross Blue Shield determines satisfactory evidence of insurability has been received.

Name Your Beneficiary

Please be certain that you have named a beneficiary via MyEnroll.com. You may name more than one beneficiary and you may also assign different percentages of your benefit; the total percentage cannot exceed 100%. If you do not know whether you have named a beneficiary or if you wish to revise your current beneficiary designations, you may do so via **MyEnroll.com.**

Disability Insurance (Lay Employees)

When an illness or non-work-related injury prevents you from working for a period of time, disability insurance provides an income replacement benefit.

The Archdiocese of Chicago provides Long-term disability coverage via Blue Cross Blue Shield at no cost to you.

Short-Term Disability is a voluntary benefit meaning that the employee decides whether to elect this benefit and if so, he or she pays the full premium for this benefit, offered via Blue Cross Blue Shield. Short-term disability premiums are based on the employee's age and the weekly benefit amount he or she selects. The insurance provider is Blue Cross Blue Shield.

The following table summarizes your disability benefits:

	Short-Term Disability (STD)	Long-Term Disability (LTD)
Elimination period	30-day elimination (waiting) period before you can receive payments	180-day elimination (waiting) period before you can receive payments
Who pays the premium cost	The employee pays the full premium	The Archdiocese pays the full premium
Benefit amount	• Weekly benefit for up to 22 weeks of disability • Employee selects a weekly benefit amount in increments of $25 (minimum $100/month; maximum $1,250/month), up to 60% of covered earnings	Monthly benefit equal to 66 ⅔% of employee monthly salary Maximum monthly benefit is $6,000
Additional eligibility requirement	Minimum salary of $15,000 annually	None

NOTE: The plan includes a pre-existing condition exclusion. A pre-existing condition any illness or injury for which an employee was diagnosed or treated by a legally qualified physician with consultation, advice or treatment occurring during the three (3) months immediately prior to the employee's effective date of insurance. Benefits will not be paid for a disability caused by or resulting from a pre-existing condition unless the employee has been actively at work for one (1) full day following the end of twelve (12) consecutive months from the date the employee became insured.

Retirement Benefits (Lay Employees)

FOR EMPLOYEES PLANNING TO RETIRE BEFORE THEY ARE ELIGIBLE FOR MEDICARE COVERAGE:

Terminating/retiring employees under the age of 65 are eligible to extend their HMO Illinois, Blue Advantage HMO or BCBS PPO health insurance for themselves and their covered dependents for up to 18 months following termination/retirement, or until they become eligible for some other group health plan, including Medicare, whichever comes first. Please refer to page 9 for more information on the Extended Health Coverage Benefit.

Defined Benefit Pension Plan

The defined benefit pension plan has been frozen at the level of benefits accrued through June 30, 2007 for employees hired on or before June 30, 2007. Employees who were participants in the defined benefit pension plan who were not vested as of June 30, 2007 will continue to accrue vesting service if they remain employed in a benefits-eligible position. Employees must have completed five (5) full years of continuous service in a benefits-eligible position to have a vested benefit. For more information regarding the defined benefit pension plan, please call 312.534.8276.

Employees hired into a benefits-eligible position on or after July 1, 2007 are not eligible for the defined benefit pension plan.

Share Plan Contribution

Effective July 1, 2007, the Archdiocese of Chicago introduced the Share Plan for all full-time and benefits-eligible part-time employees. Under the Share Plan, the Archdiocese may make a discretionary quarterly contribution to eligible employees' 403(b) retirement plan accounts. This contribution is calculated either as a percentage of an employee's total gross earnings (employees hired July 1, 2007 or later), or as an age-weighted percentage of an employee's gross earnings, increasing as employees advance in age, based on their age as of January 1 each year (employees hired on or before June 30, 2007); the contribution percentage for this second group is detailed via the following table:

Age	Contribution %	Age	Contribution %	Age	Contribution %
21-36	1.25	46	2.68	56	5.78
37	1.338	47	2.89	57	6.24
38	1.445	48	3.12	58	6.74
39	1.56	49	3.37	59	7.27
40	1.69	50	3.64	60	7.86
41	1.82	51	3.93	61	8.48
42	1.97	52	4.25	62	9.16
43	2.12	53	4.59	63	9.90
44	2.29	54	4.95	64	10.69
45	2.48	55	5.35	65 and over	11.546

The Share Plan contribution formula for employees who became eligible and were hired on or after July 1,2007 is based on a flat percentage of gross earnings, regardless of age. The flat contribution may range from 1.25% to 5.0% as determined annually by the Archdiocese. The Share Plan has a five-year cliff vesting schedule; eligible employees become fully vested after five consecutive years of benefits-eligible service and will have no vesting for less than five consecutive years of benefits-eligible service.

403(b) Defined Contribution Retirement Plan

Empower Retirement formerly Prudential is the Archdiocese of Chicago's 403(b) Retirement Plan Administrator.

All lay employees may contribute to the 403(b) plan through payroll deferrals. The Archdiocese may provide a discretionary match to employee contributions at $0.50 per $1.00 for the first 4% of annual gross earnings contributed for full-time and benefits-eligible part-time employees, Employees may contribute any percentage of their gross earnings up to statutory limits, but only the first 4% of earnings are eligible for matching contributions. Employee contributions are pre-tax for state and federal taxes, but post tax for FICA and Medicare taxes. Non-benefits eligible employees may participate in the pre-tax retirement savings opportunity provided by the 403(b) plan but are not eligible for employer matching contributions.

403(b) Automatic Enrollment

The 403(b) plan includes an Auto Enrollment feature to help employees increase their savings and maximize the employer match. All newly hired benefits-eligible employees are automatically enrolled in the 403(b) plan within 45 days from date of hire at a contribution rate of at 3% of their gross earnings. Employees may choose to opt out of the 403(b) plan, or may choose to participate at a contribution level other than 3%, by contacting Empower Retirement at 877.778.2100 or online at www.aoc.retirepru.com. Employees who are auto enrolled in the plan and opt out can request a refund of their contributions (from Empower) within 90 days from date of enrollment. After 90 days, employees may elect to stop contributing to the plan, but contributions already made will stay in your account.

You are always fully vested in your employee contributions and any earnings on those contributions. However, vesting in the employer matching contributions will be at the rate of 25% per year of benefits-eligible service, so that you will be fully vested after 4 years.

403(b) Automatic Deferral Increase

The 403(b) Plan includes an Auto Deferral Increase feature. Under this feature. every January 1st benefits-eligible employees participating in the 403(b) plan at a level below 4% will have their deferral increased by 1%.

Employees who have set their deferral election at 0% or at any level above 4% will not be affected by the Auto Deferral Increase.

Employees who have not opted out and are not currently participating at or above 4% will have their deduction increased by 1%. For example:

- 1% will increase to 2%
- 2% will increase to 3%
- 3% will increase to 4%

Employees who DO NOT want to have their deferral percentage automatically increased AND have not previously opted out of auto enrollment MUST contact Empower Retirement at 877.778.2100 or online at www.aocretirepru.com.and elect otherwise.

Paid Time Off

Vacation Benefits

Vacation benefits for school employees are incorporated into the school calendar. This includes time off with pay during the Christmas season and time off with pay during either the Easter Season or Spring Break. School employees include teachers, teacher aides, librarians and other employees who work the academic year. All non-school, non-exempt employees of the Archdiocese are entitled to two weeks' paid vacation after one year of eligible service, three weeks after five years and four weeks after 15 years. Exempt non- school employees are entitled to three weeks paid vacation after one year of eligible service and four weeks after five years.

Paid Holidays

The number and selection of paid holidays to be celebrated is determined locally and must be consistent for all similarly-situated employees at the same location. For example, the holiday schedule may be different for school and non-school employees at the same location, but all school employees should have the same holidays and all non-school employees should have the same holidays.

Sick Days & Personal Days

School employees are entitled to 10 paid sick days per year to be used for their own illness, or the illness of an immediate family member. Two of these days may also be used for personal reasons. Non-school employees are entitled to 10 paid sick days and 2 personal days each year. Unused sick days are not compensable at the end of the year or at time of termination of employment, nor may they be used as additional vacation days. Unused sick days will carry over from year to year, up to a maximum accumulation of 120 days.

Leaves of Absence

Family and Medical Leave Act (“FMLA”)

The Archdiocese of Chicago allows a continuous family or medical leave of absence of up to six months within any calendar year for all employees who meet the following conditions. The employee must:

- have at least one full year of service
- have worked at least 1,250 hours in the previous year
- have been certified by a healthcare provider to be unable to work due to medical reasons relating to themselves or an immediate family member as described below
- require the leave of absence for the birth, adoption or foster care of a child
- require the leave due to a qualifying exigency arising out of the fact that a spouse, son or daughter, or parent is on covered active duty or call to covered active duty status with the Armed Forces
- intend to return to work by the end of the approved leave

Family medical leaves are granted for a maximum six months for any one qualifying event and may not be extended beyond six months by nature of occurring at the end of one calendar year and the beginning of another.

For purposes of administering this policy, “immediate family member” is defined as an employee’s spouse, son, daughter or parent, as defined by the Family Medical Leave Act. Intermittent leave for medical reasons (e.g. every Wednesday and Friday off for treatment) will be limited to the equivalent of 12 weeks of time off, on a cumulative basis, within any calendar year.

Employees are on family or medical leave continuously from the date of the qualifying event, to the earlier of their date of return or the date six months after the qualifying event. This applies whether employees would normally be scheduled to work during the entire leave period. (e.g., Family medical Leave may begin during the summer for a school employee, and the employee would be due back to work within six months of the qualifying event.)

Full-time and benefits eligible part-time employees on leave due to their own illness, or the illness of a family member as described above, will be paid to the extent they have accumulated sick days available, or via Short-Term Disability (STD) if the employee has purchased this fully employee-paid benefit. Employees on leave for reasons other than their own illness, or the illness of a family member, will not be eligible for sick time or STD compensation.

An employee will be able to receive a benefit payment via STD while on family medical leave if he or she enrolled in this benefit. There is a 30-day elimination period for the STD benefit, this means that an employee must be disabled for 30 consecutive days before STD benefits can begin; accrued and available sick time can be used for compensation during the elimination period. If the employee has elected STD benefits and has satisfied the 30-day elimination period, STD benefit payments can be made in addition to any payments for accrued sick days.

Employees on a family medical leave of absence may be required to use unused personal and/or vacation days at the Archdiocese’s option. Employees will not be compensated for holidays occurring while on family medical leave, unless personal days or vacation days are used.

Employees will not accrue additional sick days, personal days, or vacation days while on a family medical leave. However, if the employee returns to work on a full-time or benefits eligible part-time basis within the family medical leave period, he or she will have allocated, upon return, such paid time-off benefits as would normally have been allocated during the family medical leave period, except holidays. If an employee is enrolled in any Archdiocese medical, dental, short-term disability and/or voluntary life insurance benefits when his or her family medical leave of absence begins, he or she remains responsible for paying his or her applicable Archdiocese insurance premiums.

Employees returning from a family medical leave of absence due to their own illness are required to submit a written release from their healthcare provider before reporting to work. Employees who return to work within the prescribed time and on the full-time or part-time basis as employed prior to taking a family medical leave will be reinstated in the same or comparable position and at the same salary as before their leave began. Employees who fail to return to work by the specified date of their return from family medical leave shall be considered to have voluntarily resigned their position. In that event, the employee will have the same options as any other terminating employee regarding benefits continuation. Employees on leave due to their own illness, or the illness of a family member, are required to return to work when released by their healthcare provider to do so if earlier than the date specified on their leave of absence request.

Family medical leaves must be requested in writing, using all required documents and processes, including appropriate medical certification.

This also applies for medical leaves resulting from an on-the-job injury or illness for which a Workers' Compensation claim has been filed. Leaves taken without proper documentation and/or medical certification will be considered unauthorized leave, and will be subject to disciplinary action, including termination of employment.

Regardless of length of service, in accordance with the Illinois Human Rights Act, all employees are eligible for time off to recover from conditions related to childbirth, including a leave of absence as necessitated by pregnancy, childbirth, or any medical or common condition resulting from pregnancy or childbirth. Appropriate documentation supporting the need for time off must be provided. Such leave must be paid in accordance with the organization's regular medical leave practices.

Personal Leave

The Archdiocese of Chicago may allow an unpaid personal leave of absence of up to 90 calendar days for all full-time and benefits-eligible part-time employees who have at least one full year of service, and who request time off for other than family or medical reasons, subject to prior approval by the pastor, parochial administrator, principal or agency director. A leave of absence is only available to those employees who intend to return to work. Employees on a personal leave of absence will be required to use unused personal and vacation days but cannot use their sick time or any disability benefit. Any leave not paid via personal and vacation days will be unpaid.

Employees will not be compensated for holidays occurring while on personal leave. No additional sick days, personal days or vacation days will accrue while an employee is on a personal leave. However, upon their return from leave, a full-time benefits eligible part-time employee will receive such benefits as would normally have been provided to them during the personal leave period, except holidays.

If an employee is enrolled in any Archdiocese medical, dental, short-term disability and/or voluntary life insurance benefits when his or her personal leave of absence begins, he or she remains responsible for paying his or her applicable Archdiocese insurance premiums. Employees who return to work within the prescribed time and in the same full-time/part-time status will be reinstated in the same or comparable position at the same or comparable salary.

Employees who do not return from personal leave by the agreed-upon date will be considered to have voluntarily resigned their position. At that time, the employee will have the same options as any other terminating employee regarding continuation benefits.

Personal leaves must be requested and approved via a Leave of Absence Request Form. Leaves taken without such documentation and approval will be considered unauthorized leave, and will be subject to disciplinary action, including termination of employment.

Paid Parental Leave Policy for Birth or Adoption

Purpose

The birth or adoption of a child is an exciting time for both biological and adoptive parents and their families. The Archdiocese supports its employees in their decisions to become parents and in their work for the Archdiocese. The Archdiocese provides eligible employees with a paid leave of absence for up to twelve (12) weeks to bond with their newborn or newly adopted child and to achieve a healthy balance between their employment and their new family obligations.

Eligibility Requirements

To be eligible for the paid parental leave benefit, an employee must: (1) be employed by the Archdiocese in a full or part-time benefits eligible position for at least one (1) full month of service prior to the birth or adoption of their new child; (2) be an expecting biological or adoptive parent; and (3) intend to return to work following the leave (hereinafter “Eligible Employee”).

Paid Parental Leave Benefit

Eligible Employees will receive one (1) week of paid parental leave for each full month of benefits eligible service prior to the birth or adoption of the child. The maximum amount of paid parental leave available to any Eligible Employee is twelve (12) weeks. Paid parental leave must be used within six (6) months of the birth or adoption of the child. Paid parental leave expires at the end of the six (6) month period beginning on the date of the birth or placement with the employee of a child for adoption. Paid parental leave shall be administered in conjunction with leave provided under the Family and Medical Leave Act “(FMLA”) and will run concurrently with FMLA leave when an employee is eligible for FMLA leave.

If both parents are Eligible Employees employed by the Archdiocese such parents are entitled to a combined total of twelve weeks of paid parental leave. Paid parental leave will not reduce an eligible employee’s paid leave balance such as sick, vacation, or personal days. Eligible Employees shall be paid at their regular compensation based upon their regular work week in effect at the time the paid parental leave commences.

Employee Notice, Benefit Accrual, Job Restoration, Intent to Return and Other Procedures

Employee notice for paid parental leave, benefit accrual, job restoration, intent to return and other process will be administered in accordance with the Archdiocese’s FMLA policy whether an Eligible Employee is eligible for leave under the Archdiocese’s FMLA policy, except as modified herein.

In addition to the FMLA provisions, an Eligible Employee who has taken paid parental leave is expected to return to work for the Archdiocese and remain working for the Archdiocese for a period of not less than 60 work days following return from leave. If the employee does not return to work for at least 60 work days or resigns during that period, the employee may be required to repay a pro-rata share of the salary received during the period of paid leave.

Additional Benefits

Professional Growth Allowance

Lay and Religious principals, teachers, and parish ministers are eligible for the professional growth allowance as stipulated in the Compensation Guidelines published annually. The allowance, up to $1,200 for fiscal year 2021-2022, is intended for programs selected by the employee and approved by his or her supervisor. It is not intended to pay for programs or training required by the Archdiocese. With few exceptions, non-faculty school employees and those employees not engaged in professional parish ministry are not entitled to a professional growth allowance.

Retreat

All Religious employees, lay principals and professional lay parish ministers are entitled to up to five days off with pay each year to participate in a structured religious retreat. The cost of the retreat is to be paid by the employee. However, the professional growth allowance may be used to pay for the cost of the retreat.

Allowance on Graves and Crypts

Catholic Cemeteries provides Archdiocesan employees a discount on graves and crypts. The discount applies to selections for employees, spouses and dependent children. Discounts do not apply to siblings, grandparents, in-laws or other extended family members. Contact Catholic Cemeteries at 708.449.6100 with any questions regarding this benefit.

Statutory Benefits

The Archdiocese provides Workers' Compensation Insurance for its employees to cover medical expenses and/or lost wages resulting from on-the-job injuries or illnesses. Such expenses are not paid via the Archdiocese's employee medical insurance benefits. Please report any accidents as soon as possible and submit any related bills to your supervisor for submission to our Worker's Compensation administrators.

Though not required by law to do so, the Archdiocese of Chicago voluntarily participates in the Illinois Unemployment Compensation program on a reimbursing basis. This means that while benefits are paid by the state, the parish, school or agency must reimburse the state for the total amount of any benefits paid. Teachers who have been offered a contract for the next school year and other school employees who are expected to return for the next school year are not eligible for unemployment compensation benefits over the summer break.

Medicare Information for All Health Benefit Plans

1. If you are age 65 or older and you have earned the required number of quarters for Social Security benefits within the specified time frame, you are eligible for Medicare Part A at no cost. If you have not earned the required number of quarters for Social Security, you may purchase Medicare Part A by completing an application and paying the full cost. Participation in Medicare Part B is available to all individuals who complete an application and pay the full cost of the coverage.

2. Federal legislation requires that active employees age 65 and over be given the option to elect either the Employer's Plan as primary or Medicare as primary. If an employee elects the benefits of the Employer's Plan as primary, the Employer's Plan will provide benefits equivalent to the benefits available to individuals under age 65. If an employee elects Medicare as his or her primary coverage, he or she must not enroll in the employer's benefits. Check with the Social Security Administration office for further details.

3. Medicare Part D is optional coverage for prescription drugs. If an employee is an active participant and Medicare eligible, please know that the prescription plan offered through the Archdiocese is recognized as creditable coverage (at least as good as if not better than Medicare's program). As such, provided the employee remains on the Archdiocese plan, he or she will not be penalized should he or she ever leave the Archdiocese and decide to join a Medicare Part D plan, provided he or she provides Medicare with Notice of Creditable Coverage. The Archdiocese of Chicago will issue such notice to annually and/or upon your request.

4. Federal legislation also requires that the spouse, age 65 and over, of any active participant be given the option to elect either the Employer's Plan as primary or Medicare as primary. If an employee's spouse elects the benefits of the Employer's Plan as primary, the plan will provide benefits equivalent to the benefits available to individuals under age 65. If an employee's spouse elects Medicare as primary, no benefits will be available under this plan.

NOTE: If the employee or his or her spouse elects the Archdiocese plan to be primary, the employee or spouse must file all claims with the Archdiocese medical plan first. Once payment and/or Explanation of Benefits from Blue Cross and Blue Shield is received the claim can be submitted to Medicare.

Medicare Part D Creditable Coverage Notice

As the plan sponsor of the Archdiocese of Chicago medical plan, the Archdiocese of Chicago is required to provide this notice to Medicare-eligible employees, retirees and dependents. This notice has information about your current prescription drug coverage with the Archdiocese of Chicago and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you are encouraged to compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is included in the following pages.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (such as a HMO or a PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- The Archdiocese of Chicago has determined that, on average, the prescription drug coverage offered by our medical plans is expected to provide a benefit as much as Standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with the Archdiocese of Chicago will not be affected. You may keep this coverage and elect Part D; the coverage provided under the Archdiocese will remain as primary, and Medicare Part D would be secondary.

If you do decide to join a Medicare drug plan and drop your current coverage with the Archdiocesan health insurance plan, be aware that you and your eligible dependents will be able to reenroll in the Archdiocese of Chicago's health insurance plan only during the annual enrollment period in late May and early June with an effective date of July 1.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

If you drop or lose your current coverage with the Archdiocese of Chicago and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (penalty) to join a Medicare drug plan later.

If you go 63 days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary monthly premium for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base premium. You may have to pay this higher premium (penalty) while you have Medicare prescription drug coverage. Additionally, you may have to wait until the following October to join.

For More Information about Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. You'll get a copy of the handbook in the mail each year from Medicare after you reach age 65. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the Medicare & You handbook for the telephone number) for personalized help.
- Call **800.MEDICARE (800.633.4227)**. TTY users should call **877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security at **www.socialsecurity.gov** or call 800.772.1213; TTY: 800.325.0778.

Remember:

Maintain this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (penalty).

ARCHDIOCESE OF CHICAGO
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN, ACCESS, THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Certain employer-sponsored health plans are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of your health information that the plan creates, requests, or is created on the Plan's behalf, called Protected Health Information ("PHI"), and to provide you, as a participant, covered dependent, or qualified beneficiary, with notice of the plan's legal duties and privacy practices concerning PHI.

The terms of this Notice of Privacy Practices ("Notice") apply to the following plans (collective and individually referenced in this Notice as the "Plan"):

Archdiocese of Chicago PPO Health Benefit Plan

Archdiocese of Chicago HMO Illinois Benefit Plan

Archdiocese of Chicago Blue Advantage HMO Benefit Plan

Archdiocese of Chicago Health Care Flexible Spending Account Plan

This Notice describes how the Plan may use and disclose your PHI to administer payment health care operations, and for other purposes that are permitted or required by law.

The Plan is required to abide by the terms of this Notice while the Plan is in effect. The Plan reserves the right to change the terms of this Notice as necessary and to make the new Notice effective for all PHI maintained by the Plan. Copies of revised Notices in which there has been a material change will be mailed to all participants then covered by the Plan. Copies of our current Notice may be obtained by calling the Privacy Office at the telephone number or address below.

DEFINITIONS

Plan Sponsor means The Archdiocese of Chicago and any other employer that maintains the Plan for the benefit of its associates.

Protected Health Information (PHI) means individually identifiable health information, which is defined under the law as information that is a subset of health information, including demographic information, that is created or received by the Plan and that relates to your past, present, or future physical or mental health or condition; the health care services you receive; or the past, present, or future payment for the health care services you receive; and that identifies you, or for which there is a reasonable basis to believe the information can be used to identify you.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe how the Plan may use and disclose your PHI. Explanations for each category of use and disclosure and as appropriate examples for illustrative purposes are provided. Not every use or disclosure in a category will be listed. However, all permissible use and disclosure of PHI are within one of these categories.

Your Authorization - Except as outlined below or otherwise permitted by law, the Plan will not use or disclose your PHI unless you have signed a form authorizing the Plan to use or disclose specific PHI for an explicit purpose to a specific person or group of persons. Most uses and disclosures of psychotherapy notes will be made only with your authorization. Uses and disclosures of your PHI for marketing purposes, and/or the sale of your PHI require your authorization. You have the right to revoke any authorization in writing except to the extent that the Plan has acted in reliance upon the authorization.

Uses and Disclosures for Payment - The Plan may use and disclose your PHI as necessary for benefit payment purposes without obtaining an authorization from you. The persons to whom the Plan may disclose your PHI for payment purposes include your health care providers that are billing for or requesting a prior authorization for their services and treatments of you, other health plans providing benefits to you, and your approved family member or guardian who is responsible for amounts, such as deductibles and co-insurance, not covered by the Plan.

For example, the Plan may use or disclose your PHI, including information about any medical procedures and treatments you have received, are receiving, or will receive, to your doctor, other health plan under which you are covered, and your spouse or other family members, unless you object, in order to process your benefits under the Plan. Examples of other payment activities include determinations of your eligibility or coverage under the Plan, annual premium calculations based on health status and demographic characteristics of persons covered under the Plan, billing, claims management, reinsurance claims, review of health care services with respect to medical necessity, utilization review activities, and disclosures to consumer reporting agencies.

Uses and Disclosures for Health Care Operations - The Plan may use and disclose your PHI as necessary for health care operations without obtaining an authorization from you. Health care operations are those functions of the Plan it needs to operate on a day-to-day basis and those activities that help it to evaluate its performance. Examples of health care operations include underwriting, premium rating or other activities relating to the creation, amendment or termination of the Plan, and obtaining reinsurance coverage. Other functions considered to be health care operations include business planning and development; conducting or arranging for quality assessment and improvement activities, medical review, and legal services and auditing functions; and performing business management and general administrative duties of the Plan, including the provision of customer services to you and your covered dependents.

Family and Friends Involved in Your Care - If you are available and do not object, the Plan may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and the Plan determines that a limited disclosure is in your best interest, the Plan may share limited PHI with such individuals. For example, the Plan may use its professional judgment to disclose PHI to your spouse concerning the processing of a claim. If you do not wish us to share PHI with your spouse or others, you may exercise your right to request a restriction on our disclosures of your PHI (see below), including having correspondence the Plan sends to you mailed to an alternative address. The Plan is also required to abide by certain state laws that are more stringent than the HIPAA Privacy Standards; for example, some states give a minor child the right to consent to his or her own treatment and, under HIPAA, to direct who may know about the care he or she receives. There may be an instance when your minor child would request for you not to be informed of his or her treatment and the Plan would be required to honor that request.

Business Associates - Certain aspects and components of the Plan's services are performed through contracts with outside persons or organizations. Examples of these outside persons and organizations include our third-party administrator, reinsurance carrier, agents, attorneys, accountants, banks, and consultants. At times it may be necessary for us to provide certain pieces of your PHI to one or more of these outside persons or organizations. However, if the Plan does provide your PHI to any or all of these outside persons or organizations, they will be required, through contract or by law, to follow the same policies and procedures with your PHI as detailed in this Notice.

Plan Sponsor - The Plan may disclose a subset of your PHI, called summary health information, to the Plan Sponsor in certain situations. Summary health information summarizes claims history, claims expenses, and types of claims experienced by individuals under the Plan, but all information that could effectively identify whose claims history has been summarized has been removed. Summary health information may be given to the Plan Sponsor when requested

for the purposes of obtaining premium bids, for providing coverage under the Plan, or for modifying, amending or terminating the Plan. The Plan may also disclose to the Plan Sponsor whether you are enrolled in or have disenrolled from the Plan.

Other Products and Services - The Plan may contact you to provide information about other health-related products and services that may be of interest to you without obtaining your authorization. For example, the Plan may use and disclose your PHI for the purpose of communicating to you about health benefit products or services that could enhance or substitute for existing coverage under the Plan, such as long-term health benefits or flexible spending accounts. The Plan may also contact you about health-related products and services, like disease management programs that may add value to you, as a covered person under the Plan. However, the Plan must obtain your authorization before the Plan sends you information regarding non-health related products or services, such as information concerning movie passes, life insurance products, or other discounts or services offered to the general public at large.

Other Uses and Disclosures - Unless otherwise prohibited by law, the Plan may make certain other uses and disclosures of your PHI without your authorization, including the following:

- The Plan may use or disclose your PHI to the extent that the use or disclosure is required by law.
- The Plan may disclose your PHI to the proper authorities if the Plan suspects child abuse or neglect; the Plan may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- The Plan may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- The Plan may disclose your PHI in response to a court order specifically authorizing the disclosure, or in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request), provided written and documented efforts by the requesting party have been made to (1) notify you of the disclosure and the purpose of the litigation, or (2) obtain a qualified protective order prohibiting the use or disclosure of your PHI for any other purpose than the litigation or proceeding for which it was requested.
- The Plan may disclose your PHI to the proper authorities for law enforcement purposes, including the disclosure of certain identifying information requested by police officers for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; the disclosure of your PHI if you are suspected to be a victim of a crime and you are incapacitated; or, if you are suspected of committing a crime on the Plan (e.g., fraud).
- The Plan may use or disclose PHI to avert a serious threat to health or safety.
- The Plan may use or disclose your PHI if you are a member of the military, as required by armed forces services, and the Plan may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- The Plan may disclose your PHI to state or federal workers' compensation agencies for your workers' compensation benefit determination.
- The Plan may, as required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of the HIPAA Privacy Rules.

Verification Requirements - Before the Plan discloses your PHI to anyone requesting it, the Plan is required to verify the identity of the requester and the requester's authority to access your PHI. The Plan may rely on reasonable evidence of authority such as a badge, official credentials, written statements on appropriate government letterhead, written or oral statements of legal authority, warrants, subpoenas, or court orders.

RIGHTS THAT YOU HAVE

To request, inspect, copy, amend, or get an accounting of PHI pertaining to your PHI in the Plan, you may contact the Privacy Officer at the Archdiocese of Chicago, 835 N. Rush Street, Chicago, Illinois 60611, 312.534.5386.

Right to Inspect and Copy Your PHI - You have the right to request a copy of and/or inspect your PHI that the Plan maintains, unless the PHI was compiled in reasonable anticipation of litigation or contains psychotherapy notes. In certain limited circumstances, the Plan may deny your request to copy and/ or inspect your PHI. In most of those limited circumstances, a licensed health care provider must determine that the release of the PHI to you or a person authorized by you, as your "personal representative," may cause you or someone else identified in the PHI harm. If your request is denied, you may have the right to have the denial reviewed by a designated licensed health care professional that did not participate in the original decision. Requests for access to your PHI must be in writing and signed by you or your personal representative. You may ask for a Participant PHI Inspection Form from the Plan through the Privacy Office at the address below. If you request that the Plan copy or mail your PHI to you, the Plan may charge you a fee for the cost of copying your PHI and the postage for mailing your PHI to you. If you ask the Plan to prepare a summary of the PHI, and the Plan agrees to provide that explanation, the Plan may also charge you for the cost associated with the preparation of the summary.

Right to Request Amendments to Your PHI - You have the right to request that PHI the Plan maintains about you be amended or corrected. The Plan is not obligated to make requested amendments to PHI that is not created by the Plan, not maintained by the Plan, not available for inspection, or that is accurate and complete. The Plan will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your personal representative, must state the reasons for the amendment request, and must be sent to the Privacy Office at the address below. If the Plan denies your amendment request, the Plan will provide you with its basis for the denial, advise you of your right to prepare a statement of disagreement which it will place with your PHI, and describe how you may file a complaint with the Plan or the Secretary of the US Department of Health and Human Services. The Plan may limit the length of your statement of disagreement and submit its own rebuttal to accompany your statement of disagreement. If the Plan accepts your amendment request, it must make a reasonable effort to provide the amendment to persons you identify as needing the amendment or persons it believes would rely on your unamended PHI to your detriment.

Right to Request an Accounting for Disclosures of Your PHI - You have the right to request an accounting of disclosures of your PHI that the Plan makes. Your request for an accounting of disclosures must state a time that may not be longer than six years and may not include dates before April 14, 2004. Not all disclosures of your PHI must be included in the accounting of the disclosures. Examples of disclosures that the Plan is required to account for include those pursuant to valid legal process, or for law enforcement purposes. Examples of disclosures that are not subject to an accounting include those made to carry out the Plan's payment or health care operations, or those made with your authorization. To be considered, your accounting requests must be in writing and signed by you or your personal representative, and sent to the Privacy Office at the address below. The first accounting in any 12-month period is free; however, the Plan may charge you a fee for each subsequent accounting you request within the same 12-month period.

Right to Place Restrictions on the Use and Disclosure of Your PHI - You have the right to request restrictions on certain of the Plan's uses and disclosures of your PHI for payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that the Plan not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. The Plan is not required to agree to your request, but will attempt to accommodate reasonable requests when appropriate. The Plan retains the right to terminate an agreed-to restriction if it believes such termination is appropriate. In the event of a restriction termination by the Plan, it will notify you of the termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. Requests for a restriction (or termination of an existing restriction) may be made by contacting the Plan through the Privacy Office at the telephone number or address below.

Request for Confidential Communications - You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a address. The Plan is required to accommodate reasonable requests
if you inform the Plan that disclosure of all or part of your information could place you in danger. The Plan may grant other requests for confidential communications in its sole discretion. Requests for confidential communications must be in writing, signed by you or your personal representative, and sent to the Privacy Office at the address below.

Right to a Copy of the Notice - You have the right to a paper copy of this Notice upon request by contacting the Privacy Office at the telephone number or address below.

Right to Notice of Breach - You have the right to receive notice if your PHI is improperly used or disclosed because of a breach of unsecured PHI.

Complaints - If you believe your privacy rights have been violated, you can file a complaint with the Plan through the Privacy Office in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact our Privacy Office by writing to:

Archdiocese of Chicago
Human Resources
P.O. Box 1979
Chicago, Illinois 60690

This Notice is effective November 1, 2013.

CONTACT INFORMATION

Always contact the benefit provider first with questions and for assistance as they are the best resource to address your needs.

	BENEFIT PLAN CONTACT	TELEPHONE NUMBER	WEBSITE
Medical Insurance	Blue Cross Blue Shield	PPO – 888.979.4516 HMO – 800.892.2803	bcbsil.com
Prescription Drug Benefit	Express Scripts	800.899.2675 Available 24/7	express-scripts.com
Dental Insurance	Guardian Dental	PPO – 866.302.4542 HMO – 866.494.4542	GuardianAnytime.com
Guardian College Tuition Benefit Rewards Program	Guardian Life Insurance Company	215.839.0119	Guardian. CollegeTuitionBen efit.com
PPO Vision	VSP	800.877.7195	vsp.com
HMO Vision	EyeMed	844.684.2254	EyeMed.com
Life and Disability Insurance (Laity)	Human Resources	312.534.5360	hr.archchicago.org
Flexible Spending Accounts (Laity)	BAS MyEnroll	800.945.5513	MyEnroll.com
Defined Benefit Pension Plan (Laity)	Human Resources	312.534.8276	hr.archchicago.org
403(b) Retirement Plan (Laity)	Empower Retirement	877.778.2100	aoc.retirepru.com
Paid Time Off	Business Manager, Operations Director, or Human Resources	312.534.5360	hr.archchicago.org
Leaves of Absence	Business Manager, Operations Director, or Human Resources	312.534.5360	hr.archchicago.org
Catholic Cemeteries Discounts	Catholic Cemeteries	708.449.6100	Catholiccemeteriesch icago.org
Employee Assistance Program - EAP	Magellan	800.327.2640 Available 24/7	Magellanascend.com

ARCHDIOCESE OF CHICAGO

Human Resources
P.O. Box 1979 Chicago,
IL 60690 312.534.5360
hr@archchicago.org