

2020 - 2021

# CLERGY PLAN BENEFITS GUIDE

November 1, 2020 - October 31, 2021



**DIOCESE OF YAKIMA**  
THE ROMAN CATHOLIC CHURCH IN CENTRAL WASHINGTON

# Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

**Clergy** - active incardinated priests of the Diocese of Yakima.

**Retired Clergy** - members of the clergy who retire at age 65 or older with at least 25 years of service to the Diocese of Yakima or clergy members whose early retirement is approved by the Bishop.

## When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. To enrol online, log in to <https://www.employeenavigator.com/benefits/Account/Register> . If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective November 1, 2020 - October 31, 2021.

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**Required Information**—When you enroll, you will be required to enter a Social Security Number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

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To enrol online, log in to <https://www.employeenavigator.com/benefits/Account/Register> by **October 31, 2020**

# Medical

We are proud to offer you a medical plan that provides comprehensive medical and prescription drug coverage.

The plan also offers many resources and tools to help you maintain a healthy lifestyle.

## Trusted Plans Service Corporation (TPSC) PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **First Choice** network. The calendar-year deductible must be met before certain services are covered.

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).



Key Medical Benefits	TPSC PPO	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual	\$500 per individual	
<b>Out-of-Pocket Maximum</b> (per calendar year)		
Individual	\$500 per individual	
<b>Covered Services</b>		
Office Visits (physician/specialist)	\$25 / \$50 copay	40%*
Routine Preventive Care	No charge	40%*
Outpatient Diagnostic (lab/x-ray)	No charge (X-ray)   20%* (Radiology)	40%*
Complex Imaging	20%*	40%*
Chiropractic	20%* <sup>2</sup>	40%* <sup>2</sup>
Ambulance	20%*	
Emergency Room	20%*	
Urgent Care Facility	\$25 copay	40%*
Inpatient Hospital Stay	20%*	40%*
Outpatient Surgery	20%*	40%*
<b>Prescription Drugs</b> (Generic / Brand / Non-Formulary)		
Retail Pharmacy (30-day supply)	\$10 / \$25 / \$50 copay	\$10 / \$25 / \$50 copay + 20%
Mail Order (90-day supply)	\$25 / \$60 / \$125 copay	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk (\*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Limited to \$1,000 PCY (includes Acupuncture, Massage, and Osteopathic treatments).

# Dental

We are proud to offer you a TPSC dental plan.

This plan offers you the freedom and flexibility to use the dentist of your choice.

Following is a high-level overview of the coverage available.

Key Dental Benefits	TPSC Dental
<b>Deductible</b> (per calendar year)	
Per Individual	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; Basic and Major Services combined)	
Per Individual	\$1,500
<b>Covered Services</b>	
<b>Preventive Services</b>	No charge (does not accrue towards Benefit Maximum)
<b>Basic Services</b>	20%*
<b>Major Services</b>	50%*

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.



# Vision

We are proud to offer you a Vision Service Provider (VSP) vision plan.

The VSP vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **VSP** network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network
<b>Exam</b> (once every 12 months)	\$10 copay	
<b>Materials Copay</b>	\$25 copay	
<b>Lenses</b> (once every 12 months)	No charge after materials copay	Up to \$50 - \$125
Single Vision		
Bifocal		
Trifocal		
<b>Frames</b> (once every 24 months)	Covered up to \$130	Up to \$70
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$105

# Flexible Spending Accounts

We provide you with an opportunity to participate in a flexible spending account (FSA) administered through TPSC. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified healthcare expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Healthcare FSA

For 2021, you may contribute up to \$2,750 to cover qualified healthcare expenses incurred. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

# Life and AD&D Insurance

## Life/AD&D Insurance

**Life Insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

### Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you through **Mutual of Omaha**.

<b>Benefit Amount</b>	\$10,000
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### Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through **Mutual of Omaha**.

	<b>Benefit Option</b>	<b>Guaranteed Issue*</b>
<b>Employee</b>	1 to 5x annual earnings, up to \$500,000	\$150,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Voluntary Long-Term Disability

Available at an affordable group rate through **Mutual of Omaha**

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$6,000
<b>When Benefits Begin</b>	After 90 days
<b>Maximum Benefit Duration</b>	Age reduction beginning at Social Security Normal Retirement Age

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Healthcare FSA:** Unused funds up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will **NOT** be returned to you or carried over to the following year.

**You can incur expenses through December, 31 2021; claims must be filed by March 31, 2022.**

# Critical Illness & Accident

## Voluntary Critical Illness & Accident

Available at an affordable group rate through **Mutual of Omaha**

Coverage Guidelines	Guarantee Issue
<b>For you:</b>	\$20,000
<b>Spouse:</b>	\$20,000
<b>Children:</b>	\$5,000
<b>Accident Coverage Type:</b>	Non-occupational (Off-job only)

## Employee Discounts

You have access to money-saving opportunities on products and services you use every day at Yakima Diocese's BenefitHub discount website. Here are a few of the discounts available:

- ▶ Travel
- ▶ Apparel
- ▶ Tickets
- ▶ Auto
- ▶ Electronics
- ▶ Local Deals

Additionally, you have the ability to review documents and links to Carrier information related to your health/life benefits.

1. Visit: [www.yakimadiocese.benefitHub.com](http://www.yakimadiocese.benefitHub.com) (or download the BenefitHub app from your app store, then visit the website)
2. Create a unique user ID
3. Enter referral code: **CJU5MW**

## Contact Information

Coverage	Carrier	Group #	Phone #	Website/Email
Medical, Dental, FSA	TPSC	46270	(800) 426-9786	<a href="http://www.trustedplans.com">www.trustedplans.com</a>
Vision	VSP	12274947	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Group Life/AD&D	Mutual of Omaha	G000BRSR	(800) 775-8805	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Voluntary Benefits	Mutual of Omaha	G000BRSR	(800) 769-7159	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Employee Discounts	BenefitHub	Referral code: <b>CJU5MW</b>		<a href="http://www.yakimadiocese.benefitHub.com">www.yakimadiocese.benefitHub.com</a>

## Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select.

### Questions?

If you have additional questions, you may also contact:

#### HR

Sue Schoolcraft

(509) 367-5289

[sue.schoolcraft@yakimadiocese.net](mailto:sue.schoolcraft@yakimadiocese.net)

#### HUB International Advocate

Theresa Chavers

(509) 454-1465

[theresa.chavers@hubinternational.com](mailto:theresa.chavers@hubinternational.com)

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

