



# 2021-2022 Standard Plan Benefits Guide

NOVEMBER 1, 2021—OCTOBER 31, 2022

# BENEFITS GUIDE

## Welcome

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

You are eligible for benefits if you work the minimum number of hours per week according to your employee class.<sup>1</sup> You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

### When Coverage Begins

**New Hires:** You must complete the enrollment process within 31 days of your date of hire. To enroll 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, 2021 - October 31, 2022.

### Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

### Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (60 days for adoption and newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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## Enrollment

To enroll online, log in to <https://www.employeenavigator.com/benefits/Account/Register> by October 31, 2021

# Medical Plan

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 / Family	\$1,000 / \$2,000	
<b>Out-of-Pocket Maximum</b> (per calendar year)		
Individual / Family	\$5,000 / \$10,000	\$7,500 / \$15,000
<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%*	40%*
Emergency Room	20%*	
Urgent Care Facility	20%*	40%*
Inpatient Hospital Stay	20%*	40%*
Outpatient Surgery	20%*	40%*
<b>Prescription Drugs</b> (Generic / Brand / Non-Formulary)		
Prescription Drugs Deductible (Individual / Family)	\$100 / \$300	
Prescription Drugs Out-of-Pocket Maximum (Individual / Family)	\$1,850 / \$3,700	
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)	
Individual / Family	\$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.

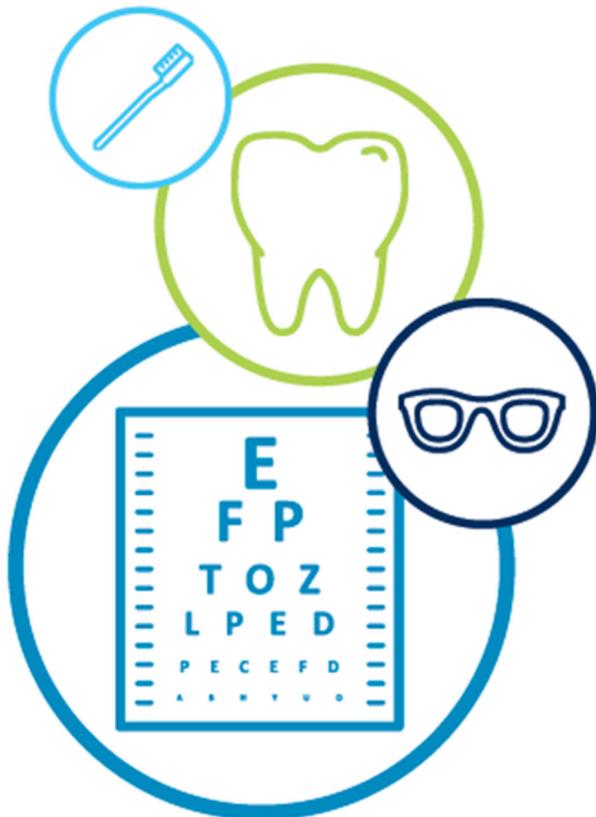
# Vision

We are proud to offer you a TPSC vision plan.

The vision plan gives you the freedom to seek care from the provider of your choice.

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

Key Vision Benefits	Any Provider
<b>Exam</b> (once per calendar year)	Covered in full
<b>Lenses/Frames/Contacts</b> (once per calendar year)	Covered in full up to \$200



# Flexible Spending Accounts

We provide you with an opportunity to participate in a flexible spending account and/or Dependent Care administered through TPSC. This allows you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2022, you may contribute up to \$2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. 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).

## Dependent Care

For 2022, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers.
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

# 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:

Health care FSA: Unused funds up to \$550 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.

Dependent care FSA: Unused funds will NOT be returned to you or carried over to the following year.

**You can incur expenses through December 31, 2022; claims must be filed by March 31, 2023.**

# 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)** 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** for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue*
<b>Employee</b>	1 to 5x your annual earnings, up to \$500,000	\$150,000
<b>Spouse</b>	100% of employee amount	\$25,000
<b>Child(ren)</b>	Up to \$10,000	\$10,000

\*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

# 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, and everyone on your health plan, 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:

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

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**

# Cost of Benefits

Your contributions toward the cost of benefits Medical, Dental, and Vision are automatically deducted from your paycheck before taxes; any voluntary line premiums will be deducted post-tax. The amount will depend upon the plan you select.

# Contact Information

## Questions?

If you have additional questions, you may also contact:

### HR

Sue Schoolcraft (509) 367-5289  
[sue.schoolcraft@yakimdiocese.net](mailto:sue.schoolcraft@yakimdiocese.net)

### HUB International Advocate

Theresa Chavers (509) 454-1465  
[theresa.chavers@hubinternational.com](mailto:theresa.chavers@hubinternational.com)

Coverage	Carrier	Group #	Phone #	Website/Email
<b>Medical, Dental, Vision, FSA</b>	TPSC	46270	(800) 426-9786	<a href="http://www.trustedplans.com">www.trustedplans.com</a>
<b>Group Life/AD&amp;D</b>	Mutual of Omaha	G000BRSR	(800) 775-8805	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>Voluntary Benefits</b>	Mutual of Omaha	G000BRSR	(800) 769-7159	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>Employee Discounts</b>	BenefitHub	Referral code: <b>CJU5MW</b>		<a href="http://www.yakimadiocese.benefithub.com">www.yakimadiocese.benefithub.com</a>
<b>Mobile App</b>	BenefitSpot	Company Code: DOY		<a href="#">Download from App Store</a>

**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.

