



The Catholic Diocese of Raleigh

July 1, 2016 – June 30, 2017 Benefits Summary (Regular Full-time)

<u>Eligibility Requirements</u>	This is an outline of benefits for Regular Full-time employees working 30 hours or more per week on a regularly scheduled basis.
<u>Medical Plan</u> <i>Christian Brothers Employee Benefit Trust</i> <i>Customer Service/Claims:</i> <i>1-800-807-0400</i> <i>Or visit:</i> <i>www.cbsservices.org</i>	<u>IN-NETWORK BENEFITS:</u> Preferred Provider Organization (PPO): Cigna Preventative care: 100% Office Visit Co-pay: Primary Care: \$25 / Specialist: \$50 Radiology/Surgery/Hospitalization: 80% after deductible Annual Deductible: \$750 individual/ \$2,250 family <u>OUT-OF-NETWORK BENEFITS:</u> Office Visit: 60% after deductible Diagnostic/Surgery/Hospitalization: 60% after deductible Deductible: \$1,000 individual/ \$3,000 family <u>Bi-Weekly Pre-tax Cost to Employee</u> (includes Rx and vision plans) Employee only: \$ 20.00 Employee +Spouse: \$286.87 Employee +Child(ren): \$177.20 Employee +Family: \$444.08
<u>Prescription Drug Plan</u> <i>Express Scripts</i> <i>Group # CBEBT01</i> <i>Customer Service/Claims:</i> <i>1-800-718-6601</i> <i>Or visit:</i> <i>www.express-scripts.com</i>	<u>Retail</u> (covers up to 30-day supply retail Rx) Co-pay: \$10 Generic \$35 Preferred \$60 Non-Preferred <u>Mail-order</u> (covers 90-day supply maintenance Rx) Co-pay: \$ 25 Generic \$ 90 Preferred \$150 Non-Preferred
<u>Vision Plan</u> <i>Vision Service Plan (VSP)</i> <i>Customer Service/Claims:</i> <i>1-800-877-7195</i> <i>Or visit:</i> <i>www.vsp.com</i>	<u>IN-NETWORK BENEFITS:</u> Vision Care: \$10 co-pay for one routine eye exam per 12 months Hardware: \$20 co-pay per benefit period for lenses; \$170 frame or contacts allowance every 12 months <u>OUT-OF-NETWORK BENEFITS</u> Allowance given for reimbursement
<u>Dental Plan</u> <i>Christian Brothers Employee Benefit Trust</i> <i>Customer Service/Claims:</i> <i>1-800-807-0400</i> <i>Or visit:</i> <i>www.cbsservices.org</i>	<u>Dental Benefit:</u> Preventative and Basic Dental: 80% of usual & customary Major Dental: 50% of usual and customary Deductible: None; \$1,000 annual maximum benefit <u>Bi-Weekly Pre-tax Cost to Employee</u> Employee Only: \$ 3.00 Employee +Spouse: \$21.20 Employee +Child(ren):\$18.93 Employee + Family: \$37.13



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<p><u>Life Insurance</u> Standard Insurance Company Policy # 161846</p> <p>All Claims Must Go Through the Diocese Benefits Office: 919-821-9775</p>	<p><u>Life Insurance Benefit:</u></p> <p>2 times annual salary rounded to the next thousand (NOTE: Benefit reduced to 65% age 65-69 reduced to 50% age 70-74)</p>
<p><u>Long-Term Disability Insurance</u> Standard Insurance Company Policy # 161846</p> <p>All Claims Must Go Through the Diocese Benefits Office: 919-821-9775</p>	<p><u>Long-Term Disability Benefit:</u></p> <p>Benefit pays approximately 60% of salary. Benefits begin after a waiting period of 90 days.</p>
<p><u>403(b) Retirement Plan</u> Lincoln Financial Group</p> <p>Customer Service: 1-800-234-3500</p> <p>Or visit: www.lfg.com</p>	<p><u>Employer Core Contribution:</u></p> <ul style="list-style-type: none"> • 4% of annual salary • 5 year vesting schedule, 20% per year <p><u>Optional Employee Contribution:</u></p> <ul style="list-style-type: none"> • Auto-deferral of 5% of salary • Match: 50% of the first 5% you contribute • 100% vesting on employee contribution • 100% vesting on match
<p><u>Flexible Spending Accounts</u> Benefit Allocation Systems (optional benefit)</p> <p>Client Services Department 1-800-945-5513</p> <p>Or visit: www.MyEnroll.com</p>	<p><u>Health Care Spending Account:</u> Pay out of pocket health care costs with pre-tax income Annual Contribution Limits: 2016 Maximum: \$2,550 (IRS Limit)</p> <p><u>Dependent Care Spending Account:</u> Pay child care/adult care costs with pre-tax income Annual Contribution Limits: 2016 Maximum: \$5,000 (IRS Limit)</p>
<p><u>Workers' Compensation</u> Church Mutual Insurance Co.</p>	<p><u>Workers' Compensation Benefit:</u> Covers disability incurred through accident or occupational disease—arising out of, and in the course of, employment—that requires medical, surgical, or hospital treatment.</p> <p>All work related injuries must be reported to the employee's location and a Form 19 must be completed and sent to the Diocese Benefit Office within 5 days after knowledge of the injury or accident.</p>

This is only a highlight of your benefits through the Diocese of Raleigh. For a complete explanation of your benefits, please refer to the diocesan website www.dioceseofraleigh.org/benefits for further explanation of specific benefit plans. Your direct call to the provider company numbers shown beside each benefit is usually the quickest and most efficient way to handle any questions or problems that you may encounter. However, if you do not receive satisfaction from your call, please contact the diocesan Benefits Administrator in the Human Resources Office.