Continuation of Medical/Rx Benefit High Deductible Health Plan (HDHP)

This notice has important information about continuing your health care coverage in the Archdiocese of Kansas City in Kansas' health plan (the Plan). Please read the information in this notice very carefully before you make your decision. If you choose to elect continuation coverage, you should use the election form provided later in this notice.

Your coverage under the Plan has a termination date of «Benefit_Termination_Date» due to the Qualifying Event checked below:

- o End of full time employment, no longer benefit eligible
- Death of employee
- Loss of dependent child status
- Divorce or legal separation
- o Employee enrolls in Medicare and elects not to participate in this Plan

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries. Each "qualified beneficiary" (described below) who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

Each person ("qualified beneficiary") in the category(ies) checked below can elect continuation coverage:

- o Employee or former employee
- Spouse or former spouse
- o Dependent child covered under the Plan on the day before the event that caused the loss of coverage
- o Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan

If elected, continuation coverage will begin on «Continuation_Begins» and can last until «Contuation_End_Date». Continuation coverage may end before the date noted above in certain circumstances, like failure to pay premiums, fraud, or the individual becomes covered under another group health plan.

Current continuation coverage monthly premium costs are:

High Deductible (HDHP) Medical/Rx

Individual Employee: \$553.50 per month Employee + Spouse: \$1,721.39 per month Employee + Children: \$1,455.74 per month Employee + Family: \$1,887.60 per month

After initial payment of one month's premium, the premiums will be deducted via ACH; forms attached. To cancel the ACH and therefore your coverage, please contact the HR office before the first of the month you would like to cancel.

Continuation coverage is available for up to **18 months** if the loss of coverage is related to end of employment or reduction in hours. For other dependent loss of coverage events, the continuation coverage is available for up to **36 months**.

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify the Archdiocese of Kansas City in Kansas of a disability or a second qualifying event within **30 days** of the event to extend the period of continuation coverage. If you do not provide notice of a disability or second qualifying event within the required period, it will affect your right to extend the period of continuation coverage.

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect continuation coverage instead of enrolling in another group health plan for which you are eligible, you should have another opportunity to enroll in the other group health plan within 30 days of exhausting your continuation coverage.

There may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group plan options, such as a spouse's plan.

You should compare your other coverage options with continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under this Plan because the new coverage may impose a new deductible. When you lose job-based health coverage, it is important that you choose carefully between continuation coverage and other coverage options, because once you have made your choice, it can be difficult or impossible to switch to another coverage option.

When considering your options for health coverage, you may want to think about:

- Premiums: Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive than continuation coverage.
- Provider Networks: If you are currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- Drug Formularies: If you are currently taking medication, a change in your health coverage may affect
 your costs for medication and in some cases, your medication may not be covered by another plan. You
 may want to check to see if your current medications are listed in drug formularies for other health
 coverage.
- Service Areas: Some plans limit their benefits to specific service or coverage areas. You should determine if any other plan you are considering has a service or coverage area, or other similar limitations. The continuation plan through The Archdiocese does not have a geographic limitation as long as you are residing in the U.S.
- Other Cost-Sharing: In addition to premiums or contributions for health coverage, you pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact the Archdiocese Human Resources Department at 913-647-0362.

To protect your and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator.