EMPLOYEE BENEFITS GUIDE 2025

THE ARCHDIOCESE OF KANSAS CITY IN KANSAS

TABLE OF CONTENTS

Welcome	3
Effects of Healthcare Reform	4
Find A Health Care Provider	5
Medical	6
Employee Portal	8
Telehealth	9
Prescription Drugs	10
Concierge Nurse Navigators	12
Medical Supplies	13
Direct Primary Care	14
Flexible Spending Accounts (FSA)	16
Dental	19
Vision	20
Life and AD&D	21
Disability	22
Voluntary Accident	23
Voluntary Critical Illness	23
Voluntary Hospital Indemnity	24
Employee Assistance Program	25
Notices	26
Contacts	30

WELCOME

Welcome To Your 2025 Benefits Guide!

This guide is intended to provide a high-level summary of your benefits

To be eligible to receive these benefits you must be a full-time employee, working an average of 30 or more hours per week for the school or calendar year. Once eligible, you may also enroll your eligible dependents. Your eligible dependents include your legal spouse of the opposite gender and dependent children (until the end of the calendar year in which they turn 26).Newly hired employees are required to enroll or waive enrollment in the Archdiocese benefits within 30 days of your date of hire. Coverage in all benefits will begin the first of the month following 30 days from your hire date. Please see your **onsite** entity administrator if you have any questions about the enrollment process.

2025 Open Enrollment

Open Enrollment will begin at 12:01am on November 13th and end at 11:59pm on November 26th.
Elections you make during Open Enrollment will become effective January 1, 2025. This is an active enrollment.
All employees must go through Paylocity and select or waive benefits before the enrollment deadline.
Please remember to SUBMIT when you are all finished.

Qualified Life Events

You may change your benefit elections during the year if you experience a qualifying life event, including:

- Marriage
- Birth of your child
- Adoption or placement for adoption of your child
- Death of your spouse or dependent child
- Change in employment status of employee, spouse, or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid
- Enrollment in coverage through the Health Insurance Marketplace

***Benefit changes outside of open enrollment must be completed in your Paylocity/BSwift Benefits portal WITHIN 30 DAYS of the qualifying life event.**

Benefit	Who Pays the Cost
Medical / Pharmacy Coverage	Employer & Employee
Dental Coverage	Employer & Employee
Voluntary Vision Coverage	Employee
Employee Assistance Program	Archdiocese Welfare Benefit Fund & Employer
Basic Life and AD&D Coverage	Employer
Dependent Life Coverage	Employer & Employee
Voluntary Supplemental Life	Employee
Short Term Disability	Archdiocese Welfare Benefit Fund & Employer
Long Term Disability	Employer & Employee
Flexible Spending Account	Employee

Information in this guide is provided for illustrative purposes only. For more detailed information, please refer to your summary plan description found at archkckbenefits.com. In the case of a discrepancy, the actual plan documents will prevail.

EFFECTS OF HEALTHCARE REFORM

Summary of Benefits Coverage

Under the Patient Protection and Affordable Care Act (PPACA or ACA), insurance companies and group health plans must provide consumers with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage. This Summary of Benefits and Coverage (SBC) document will help consumers better understand the coverage they have and allows them to easily compare different coverage options. It summarizes the key features of the plan or coverage, such as the covered benefits cost-sharing provisions, and coverage limitations and exceptions.
A copy of the SBC can be found on the benefits portal at archkckbenefits.com.

Women's Preventive Care Guidelines

In August 2011, the U.S. Department of Health and Human Services (HHS) announced additional preventive care services, developed by the independent Institute of Medicine, to cover women's preventive services without charging a copayment, coinsurance or a deductible. In addition to requiring 100% coverage for well-women visits and various types of screenings, the HHS has included coverage for FDA-approved contraception methods; however, the Archdiocese Health Plan is not required to comply with these rules, even as a non-grandfathered plan, therefore coverage for contraception continues to be excluded under our plan.

Preventive Services

Our health plan continues to cover routine preventive services for all members. The Advantage and Premier Plans cover preventive mammograms and colonoscopies at 100%. Covered preventive services may have age and/ or gender limitations in line with recommendations of the National Preventive Services Task Force. As these recommendations may change occasionally, please verify with Edison Health Solutions (EHS) or OptumRx what specific preventive services and types of breast pumps are covered in full.

Certain breast pumps are covered for members on both plans.

Finding a health care provider

With a growing nationwide PPO network* with more than 1.5 million providers and over 6,400 facilities,** Cigna Healthcare℠ offers you a range of quality choices to help you stay healthy.

Three ways to find what you need

There are three ways to find a network provider:

- If you're already enrolled, visit **myCigna.com** and log in using your user ID and password.
- Visit Cigna.com and click **"Find a Doctor, Dentist or Facility."** Be sure to select PPO***
- Call **Edison or CNN** during business hours.

Features on myCigna.com allow you to:

- Narrow your results by distance, specialty and more.
- Email a copy of your search results.
- Find doctors in 21 different medical specialties who meet certain quality and cost-efficiency measures and have been awarded the Cigna Care Designation.
- Estimate procedure costs based on Cigna Healthcare historical data.

A good way to avoid unexpected medical bills is to know how your plan works. Certain choices you make can affect what you'll pay out of pocket.

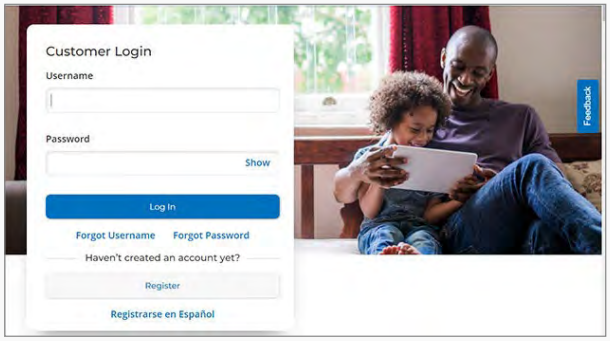
In-network vs. out: what's the difference?

To help you save money, your health plan provides access to a network of providers. These include:

- Doctors
- Hospitals
- Labs
- Radiology centers
- Surgical centers

Option 1

Log in to myCigna.com



Option 2

1. Visit Cigna.com and click on "Find a Doctor, Dentist or Facility" (upper right).
2. Choose "Employer or School."
3. Enter the geographic location you want to search and select the search type.
4. Log In or Register for myCigna.com, or "Continue as guest."
5. Fill in the "I Live in" field and choose "Continue."
6. Select the PPO option that appears on your screen.***

Option 3

Call Edison or CNN during business hours.
Edison: 888.473.3476
CNN: 913-600-7150 or 913-600-7130

cigna healthcare

Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

MEDICAL

	Premier Plan In-Network	Direct Primary Care (DPC) & Nurse Navigation	Advantage Plan In-Network
Calendar Year Deductible (Individual/Family)	$750 | $1,500	***$0 Deductible & $0 Coinsurance Options Available with Either Plan***	$3,200 | $6,400
Calendar Year Out-of-Pocket Max (Individual/ Family)	$6,500 | $13,000		$6,500 | $13,000
Coinsurance	20%		10%
Routine Preventative Care	100% Covered		100% covered
Physician Office Visit	$25 Copay	**$0 with Direct Primary Care**	$40 Copay
Specialist Office Visit	$35 Copay	⟷	$50 Copay
Rehabilitation (PT, OT, ST)	$25 Copay	⟷	$40 Copay
Mental Health	$25 Copay	⟷	$40 Copay
Urgent Care	$75 Copay	**$0 with Direct Primary Care or MyCatholicDoctor.com**	$100 Copay
Emergency Room	$250 Copay, then Ded + Coinsurance (ded & coins waived if admitted)	⟷	$500 Copay, then Ded + Coinsurance (ded & coins waived if admitted)
Maternity	Ded + Coinsurance	**Pay Deductible only, $0 Coinsurance with Nurse Navigation**	Ded + Coinsurance
Inpatient Hospital Care	Ded + Coinsurance	**$0 with Nurse Navigation**	Ded + Coinsurance
Outpatient Hospital Care	Ded + Coinsurance	**$0 with Nurse Navigation**	Ded + Coinsurance
Chiropractic Care (20 visit limit per year)	$25 Copay	⟷	$40 Copay
Labs	Ded + Coinsurance	**$0 at in-network independent lab**	Ded + Coinsurance
Imaging	Ded + Coinsurance	**$0 with Nurse Navigation**	Ded + Coinsurance

Premier Plan	Employee Per Pay Period	Employer Per Pay Period
Employee Only	$80.00	$186.00
Employee + Spouse	$248.00	$580.00
Employee + Child(ren)	$209.00	$489.00
Employee + Family	$273.00	$636.00

Advantage Plan	Employee Per Pay Period	Employer Per Pay Period
Employee Only	$45.00	$181.00
Employee + Spouse	$211.00	$491.00
Employee + Child(ren)	$178.00	$416.00
Employee + Family	$232.00	$542.00

This is a brief summary only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your summary plan description found at archkckbenefits.com.

MEDICAL

Natural Family Planning - For Members Covered by the Medical Plan

This benefit includes education and counseling visits (in-person or virtual) to learn Natural Family Planning, and office visits, at no cost to you through MyCatholicDoctor.com. Any medically necessary additional care (such as labs, ultrasounds, surgery, etc) ordered by a MyCatholicDoctor.com provider will also be available at no cost to you, provided that such care is facilitated through your Nurse Navigator. Note: The Oura Ring is not reimbursable.
The Archdiocese will cover 100% of costs up to a maximum of $400 per calendar year for the insured employee or their spouse. The benefit is limited to $400 total per family. Please submit copies of receipts to the archdiocese Human Resources office by January 31 of the following year.

Gianna Family Care - For Members Covered by the Medical Plan

The Archdiocese Health Plan provides coverage at Gianna Family Care, which is a membership and faith-based medical practice located in Shawnee, Kansas. Charges from the Gianna Family Care medical practice will be treated as follows:

- Membership and other physician fees will be reimbursed at 90% of billed amount for the Premier plan. The Advantage will be subject to the deductible then covered at 90%.
- Any other fees, such as labs or medications, if billed by Gianna, will be covered as out of network.

A claim form and itemized receipt must be submitted to Edison Health Solutions for reimbursement and can be found on the benefits portalat **archkckbenefits.com.** For more information on this practice, visit: **www.giannafamilycare.com.**

Counseling Services

Individual, marriage and family counseling services are available at no cost if obtained from **MyCatholicDoctor.com**. Gender Dysphoria counseling is only covered on the plan through **MyCatholicDoctor.com.**

EMPLOYEE PORTAL

HOW TO **GET STARTED**

1. Go to **https://gateway.edisonehs.com/** in your web browser (use Chrome, Firefox, Edge, or Safari).
2. Click the bold blue text in the middle of the screen that reads "**Click here to register and/or enroll**."
3. Click on the arrow to the right of "Portal" and select "**Member**" from the drop down menu.
4. Your screen should expand to show the information you need to fill in, then choose a password, complete all the requested information, and click "**SUBMIT**."

   ***Registration Code**: Enter your full Member ID or the last four of your Social Security Number in the Registration Code field.*

   ***Username**: You choose your own (email is commonly used).*

   ***Password**: You choose your own. It must be a minimum of 11 characters and contain at least one lowercase letter, one uppercase letter, one number, and one symbol.*
5. You will receive a confirmation email (at the provided email address); open that and click on the **blue confirmation link**.
6. You will see "Activating Your Gateway Account" on top, then click the "**Click Here to Activate Account**" button below.
7. Your account is now active. Click "**Click here to login**."
8. At Login Screen, enter **your username & password** to log in.

HOW TO USE THE **MOBILE WEB PORTAL**

1. Goto **https://gateway.edisonehs.com/** on your preferred mobile web browser (Safari, Chrome, etc.)
2. **For iPhones** - click the **share icon**, scroll to the bottom and click "**Add to Home Screen**", click "**Add**" and it will add an app icon to your phone's home screen.

   For Android - click the bar on the webpage that says "**Add to Home Screen**", a pop-up asks you to "install App" - click "**Install**" and it adds to your home screen.

MEMBERS@EDISONEHS.COM • 855.205.8452

TELEHEALTH

MyCatholicDoctor

MyCatholicDoctor is a nationwide organization that brings a network of faithful medical professionals to you through video appointment (telehealth), at NO COST to you. We offer rapid access urgent care 24/7/365, as well as appointment- based visits. Appointment based visits will have NO COPAY and include both primary care and specialty care.

We can initiate your medical care virtually, order any necessary labs or imaging, and send prescriptions to any pharmacy of your choice. We practice evidence-based scientific medicine from a Catholic perspective and integrate Catholic spirituality into our care as appropriate to the situation.

$0 for all members

to get started, scan the QR code or visit
https://mycatholicdoctor.com/archkck/

No Password Required, No Special App

When can I use MyCatholicDoctor?

Choose our rapid access urgent care when:

- You need care now
- If you are considering the ER or urgent care center for a non-emergency issue
- You are traveling
- You need care during non-business hours

Smartphone access appointments by video or phone.Confidential visits available during evenings, weekends, and holidays.

Services Offered in Kansas & Missouri:

- Virtual Primary Care
- Pediatric Care
- Women's Health & Fertility
- Men's Health
- Mental Health
- Functional Medicine
- Care for the Aging
- Covid Care
- Dermatology
- Addiction Care
- Adolescent Medicine
- Cognitive Impairment & Dementia Services (KS only)
- Endocrinology
- Genetic Counseling
- Lifestyle Medicine (KS only)
- Lactation Consultation
- Miscarriage and Infant Loss Support
- Natural Family Planning
- PCOS Care
- Palliative Care & End-of-Life Care
- Pediatric & Adolescent Gastroentology (KS only)
- Physical Therapy, including pelvic floor PT
- Podiatry (KS only)
- Sleep Medicine
- Vaccine and Medication Consultation
- Vestibular & Balance Physical Therapy
- Wellness Clinicians
- Wound Care

In an emergency, always call 911.

PRESCRIPTION DRUGS

Optum Rx®

OptumRx is the Pharmacy Benefit Manager for our prescription drug benefits. Your plan includes a list of prescription drugs that are preferred by the plan because they help control rising prescription drug costs. This list, sometimes called a formulary, has a wide selection of generic and brand name medications. This information can be accessed after benefits a e active January 1, 2025. Members will need to register on OptumRx.com in order to view the Formulary Drug List.

You will want to use a participating retail pharmacy for short-term prescriptions (such as antibiotics to treat infections). Be sure to show your OptumRx's prescription benefit card to the pharmacist and pay your retail copayment for each prescription.

Long-term medications (those taken for three (3) months or more) may be filled through the OptumRx's Broad 90-day Pharmacy Network. You may fill your long-term medications at a local retail pharmacy like Walgreens, Target, Wal-Mart, and many grocery stores. OptumRx also offers a mail-order pharmacy option through their Home Delivery pharmacy, often called Mail Service Pharmacy. Specialty medications are filled through OptumRx's specialty pharmacy.

Your spend on prescription drugs counts for your maximum out-of-pocket.

Prescription Drugs	Premier Plan	Advantage Plan
Tier 1 Retail (30-day Supply)	Lesser of $5 or actual cost	Lesser of $5 or actual cost
Tier 1 Mail Order (90-day Supply)	Lesser of $15 or actual cost	Lesser of $15 or actual cost
Tier 2 Retail (30-day Supply)	25% of cost up to $50	25% of cost up to $75
Tier 2 Mail Order (90-day Supply)	25% of cost up to $50	25% of cost up to $75
Tier 3 Retail (30-day Supply)	40% of cost	40% of cost
Tier 3 Mail Order (90-day Supply	40% of cost	40% of cost
Specialty Drugs	25% of cost up to $300	25% of cost up to $350

This is a brief summary only. Certain restrictions and exclusions apply.
For exact terms and conditions, please refer to the Optum's Summary Plan Description at
archkckbenefits.com

To find a participating retail pharmacy near you, contact OptumRx's Customer Service department at 855-524-0381 or log on to OptumRx.com
Hours of Operation: 24 hours a day, 7 days a week.

Pharmacy at your fingertips

The Optum Rx website and app are fast, easy and secure ways to get the information you need to make the most of your pharmacy benefit. Register for an online account and you can:

- Check drug prices
- Place a home delivery order
- Track home delivery order status
- Access and print your ID card

- Find a network pharmacy
- Sign up for automatic refills
- View claims and benefit information

Download the Optum Rx mobile app

Take the same **OptumRx.com** tools with you on the go by downloading the app. Manage your medication any time, anywhere.

Download on the App Store

GET IT ON Google Play

Register now

To set up your online account:

1. Go to **OptumRx.com** or scan the QR code below
2. Select Register on the home page
3. Enter the information from your member ID card
4. Create a username and password
5. Complete your profile

If you already have an account, sign in using your username and password.

Scan here to go to **OptumRx.com**

Save time and manage your medication using these Optum Rx digital tools

Home delivery

- Transfer your prescriptions to Optum® Home Delivery and get a 90-day supply delivered to your home.
- Manage home delivery medication renewals, track delivery status and view your medications filled at a network pharmacy.
- See how you may save on your medications.

More features and tools

- Price a drug and compare costs from different pharmacies or find lower-cost alternatives.
- View your prescription drug list/formulary to see covered drugs.
- Use the Pharmacy locator tool to find the closest network pharmacy.
- View claims and benefit information like your deductible, out-of-pocket costs and claims history.
- Submit and track a prior authorization request.

Tell us how you want to hear from us

- Sign up for paperless communications.
- Opt in for personalized emails.
- Set up text message pharmacy notifications and medication reminders.

CONCIERGE NURSE NAVIGATORS

Nurse Navigation Available to All Enrolled Members of the Medical Plan

CONCIERGE NAVIGATION - Let's find the highest-quality doctors for YOU!

- Choosing facilities that deliver proven high-quality care
- Choosing doctors and facilities that gladly accept your health plan
- Help maximizing your benefits and reducing your out of pocket
- Understanding your diagnosis and treatment options
- When is a second opinion appropriate?

Call <u>BEFORE</u> you schedule care.

ELIMINATE YOUR DEDUCTIBLE & COINSURANCE

WHY SEEK QUALITY FIRST?

- **Less Misdiagnosis**
- **Lower Infection Rates**
- **Fewer Complications**
- **Lower chance of returning to hospital after being discharged.**
- **Reduced patient harm and death**
- **Less Cost**
- **Right Care, Right Time, Right Place.**

What qualifies for *WAIVED DEDUCTIBLE & COINSURANCE* under the Concierge Nurse Navigator program?

•**Imaging** – CT Scan, MRI, Ultrasound, Echocardiogram, etc.

•**Scheduled Inpatient/Outpatient Surgeries** – Hip Replacement, Heart Bypass Surgery, Knee Replacement, etc.

•**Scheduled Outpatient Procedures** – Colonoscopy, Heart Catheterization, etc.

•**Second Opinions** – with a highly qualified physician or Center of Excellence (i.e. cancer diagnosis or treatment, spine surgery or fusion, complex surgeries)

Contact your local Concierge Nurse Navigators

for assistance navigating the complex healthcare system.

CONCIERGE NURSE NAVIGATORS

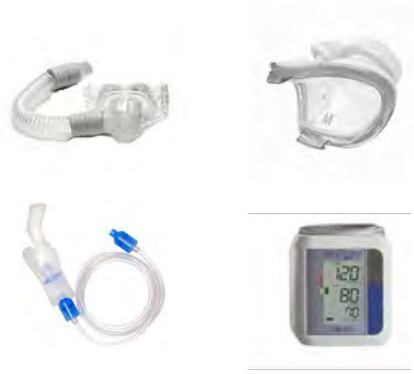
Jill Stean, RN
913-600-7150 voice/text (HIPAA secure)
Jill@mynursenavigators.com

Jessica Zulauf, RN
913-600-7130 voice/text (HIPAA secure)
Jessica@mynursenavigators.com

In an emergency, always call 911.

MEDICAL SUPPLIES

Medical Products & Services



ConnectDME is the leading provider of supplies direct to home. We are committed to caring and providing you solutions that make it easy to choose and receive the products needed to live your best life. We help keep life simple: from product awareness and order status, to insurance coverage details, we are advocates through the complexities of healthcare. For over 90 years, customers have trusted us to get supplies easily, urgently, and accurately.

- CPAPs, BiPAPs
- CPAP Supplies
- Nebulizers
- Joint & Back Braces
- Boot Walkers
- Knee-Wheelers
- Catheters
- Sleep Study
- Bone Stimulators
- TENS Units
- Cold/Heat Therapy
- Breast Pumps
- Compression Therapy

ZERO COPAY 100% BENEFIT

FREE Shipping & handling and Next-day shipping
FREE In-home setup and training

NO COST to you or your family
Contact your Nurse Navigators at
913-600-7150
913-600-7130

Diabetic Supplies

Diathrive opened in 1928 as a small corner pharmacy in Ohio and has grown to become a leading nationwide provider of medical supplies. Our decades of experience enable us to offer you the largest selection of products and brands, comprehensive insurance coverage and hassle-free ordering.

QUALITY DIABETES TESTING SUPPLIES

Supplies delivered straight to your door at NO COST to you.

- FDA-approved
- Accurate and reliable
- Delivered every 3 months

DIRECT PRIMARY CARE

NEXTERA HEALTHCARE

You will love this new health benefit.

You now have the benefit of personalized, ongoing care from a primary care doctor without leaving the comfort of home!

Local doctor, $0 copays, $0 deductibles, Unlimited Visits

All NEW value-based Primary Care program means more time with your doctor for a Better YOU!

Use Direct Primary Care for:

Prevention & Wellness
Check in on your current health and make a personalized plan to stay healthy and strong.

Mental Health Services
Help for depression, anxiety and more

Disease Management
Support managing asthma, diabetes, hypertension, obesity, high cholesterol, smoking, COPD and more.

Urgent Care Issues
Talk to your doctor in minutes for sinus infection, UTI, cold, flu rash, headache and more.

Referrals, Tests and More
Our doctors can:

- Order labs, tests and screenings
- Provide sick notes and documentation
- Work with your Nurse Navigator for referrals to High-Quality specialists

Care on your time.

- direct access to your doctor
- text/consult your doctor directly
- convenient video/image consults
- schedule appointments directly via app

No Copays, No Hassles

This care & service is available 24/7/365 with a concierge physician who works for YOU. Primary care, disease management and urgent issues for adults.

As published by the *International Journal of Health Sciences, "*Primary Care is by far the most significant variable related to better health status, correlating with lower mortality, fewer deaths from cancer and heart disease, as well as a host of other beneficial outcomes"

In an emergency, always call 911.

NEXTERA HEALTHCARE

Primary Care Redefined

Affordable
Accessible
Exceptional

Embracing the Direct Primary Care Model

Nextera Healthcare's direct primary care membership offers you and your adult family members a convenient and cost-effective solution. Direct primary care eliminates insurance hassles by providing unlimited access to your doctor, extended appointment times, and a focus on pro-active care, delivering enhanced value from your primary care coverage.

What Nextera Healthcare Offers You:

$0 Primary Care/ Urgent Needs

With Nextera Healthcare, enjoy quick access to comprehensive primary care services like check-ups, physicals, urgent needs, and chronic disease management, for example asthma and mental health care. Our direct primary care membership provides convenient, no cost access to personalized healthcare, ensuring you receive the best and time appropriate care for your health needs.

$0 After Hours, Holidays and Weekends Care

At Nextera Healthcare, your well-being is our priority, even after regular office hours. Our after-hours urgent care service allows you to connect with a doctor on call for immediate assistance, ensuring you receive timely and expert care whenever you need it most.

Secure App

Experience seamless healthcare with Nextera Healthcare's HIPAA secure app. Accessible 24/7, our app allows you to request appointments, seek after-hours help, stay connected to your care team and communicate directly with your physician. Enjoy peace of mind with healthcare that's always within reach.

Our Services:

- Acute care and chronic disease management
- Allergy management
- Dermatology
- Mental health Management
- Sleep assessment and support
- Stress management
- Sprains, lacerations and broken bones
- Weight management and health risk assessment
- Women's and Men's Health

In addition to the services above, Nextera Healthcare membership offers patients:

- After-hours care for more urgent medical needs (non-life threatening emergencies)
- Remote or virtual access to physicians via email or phone if you are busy or traveling
- Deeply discounted imaging and laboratory services
- Same Day/ Next Day appointments
- No Copays or Deductibles

Ready to Use Your Nextera Healthcare Membership?
Call us today at 303-501-2600 for your first appointment

Locations Near You | www.NexteraHealthcare.com | care@nexterahealthcare.com

FLEXIBLE SPENDING ACCOUNTS (FSA)

You may participate in two Flexible Spending Accounts (FSAs) administered by Paylocity: a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account. Each account allows you to set aside money to pay for certain expenses on a pre-tax basis.

Please note: You must be enrolled in the medical plan to participate in a medical FSA account.

Triple Tax Advantage with an FSA

The money you contribute to an FSA is never taxed.

- NOT when it is deducted from your paycheck and deposited to your account
- NOT when you are reimbursed with the funds from the account
- NOT when you file your income tax return at the end of the year.

Account Type	Maximum Annual Contribution	Last Date to Incur Expenses	Last Date to ClaimFiles	What happens to any unused balance at the end of the year?
Health Care FSA* *Medical plan enrollment required	$3,300*	December 31, 2025	March 31, 2026	You can carry over up to $660 of your unused balance year-to-year, and the remaining funds left in your account at the end of the year will be FORFEITED.
Dependent Care FSA*	$5,000 ($2,500 if married and filing separately)	December 31, 2025	March 31, 2026	Any funds left in your account at the end of the year will be FORFEITED.

MEDICAL FLEXIBLE SPENDING ACCOUNTS (FSA)

Medical FSAs allow employees to set aside money for health costs referred to as “qualified expense" which include deductibles, copayments, coinsurance, prescription medications, dental and vision care and can help save you money and make budgeting for medical costs easier.

	Medical Flexible Spending Account Information (FSA)
Eligibility	You must be an employee enrolled in a medical plan.
2025 Contribution Limits	$3,300
Eligible Medical Expenses	Qualified medical expenses are those specified in the plan that would generally qualify for the medical and dental expenses deduction. e.g. Copays, coinsurance, deductible, prescription drugs, braces, dental and eyecare expenses.
Account Owner	Employer
Require Proof of Expenses	Yes, you need to retain proof of payment. Validation will be required except for debit card swipes for set copays associated with the medical or pharmacy benefit
Changes to Contributions	Only for qualifying events, such as marriage, birth, or during open enrollment.
Disbursement of Funds	The entire annual contribution amount is available at the beginning of the year, even if the account is not fully funded yet.
Portability and Forfeiture	Upon termination, participation in the Medical FSA will cease and no further contributions will be made on your behalf. You have 90 days after the date of termination to submit claims for health care expenses that were incurred prior to the date of termination. Submit claims after your employment terminates by contacting Paylocity at batinfo@paylocity.com or 1-800-631-3539
Balance Carry Over (or rollover)	Up to $660 of unused funds can be carried over to the following year, with the remainder of the unspent balance being forfeited.
Investment Options	No
Expiration	All money in a Medical FSA expires and is lost at the end of the year; up to $660 may be rolled over to the next plan year.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS (DCFSA)

A Dependent Care FSA (DCFSA) is a pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare. It's a smart, simple way to save money while taking care of your loved ones so that you can continue to work

	Dependent Care Flexible Spending Account Information (DCFSA)
Eligibility	To be eligible for a Dependent Care Flexible Spending Account (DCFSA), you must: **Have a dependent:** You must have a dependent who is under 13 years old or who is mentally or physically unable to care for themselves. **Claim the dependent:** You must claim the dependent on your federal tax return. **Pay for care:** You must pay for the dependent's care so that you can work, look for work, or go to school full-time.
2025 Contribution Limits	$5,000
Eligible Medical Expenses	Childcare, such as daycare, babysitting, and preschool, Before- and after-school programs, Summer day camps (not overnight camps) Application fees and registration fees for qualifying programs, Transportation to and from eligible dependent care services, Payroll taxes related to eligible dependent care
Account Owner	Employer
Require Proof of Expenses	Yes, you need to retain proof of payment. Validation will be required except for debit card swipes for set copays associated with the medical or pharmacy benefit.
Changes to Contributions	Only for qualifying events, such as marriage, birth, or during open enrollment.
Disbursement of Funds	DCFSA funds are available through payroll deductions, and you can use them to pay for eligible dependent care expenses.
Portability and Forfeiture	If the Participant terminates employment during the Plan Year, claims for reimbursement must be submitted within 90 days after termination of employment. Any balance remaining in the Participant's Dependent Care Flexible Spending Account as of the end of the time for claims reimbursement for each Plan Year shall be forfeited. Submit claims after your employment terminates by contacting Paylocity at batinfo@paylocity.com or 1-800-631-3539
Balance Carry Over (or rollover)	No carry over or rollover.
Investment Options	No
Expiration	All money in a DCFSA expires and is lost at the end of the year.

DENTAL

DELTA DENTAL

Group #51636

The plan covers routine checkups and comprehensive coverage for other types of dental work you might need. Our plan also offers you the flexibility to seek treatment from any provider.

To find a Dentist...
Call
1-800-234-3375
Online
deltadentalks.com

Services	Description	Benefit Amount
Type I Procedures	Exams, cleanings, fluoride treatments (2 per year)	Plan pays 100% of the Maximum Plan Allowance; This benefit oes not apply towards the Annual Maximum
Type II Procedures	Regular fillings (amalgam or composite), extractions, nonsurgical root canals	After the deductible is met, the plan pays 80% of the Maximum Plan Allowance
Type III Procedures	Inlays, crowns, dentures, implants	After the deductible is met, the plan pays 60% of the Maximum Plan Allowance
Type IV Procedures	Orthodontia services For adults and children	After the deductible is met, the plan pays 50% of the Maximum Plan Allowance up to a Lifetime Maximum Benefit of $2,500
Annual Deductible	Applies to Type II, III, and IV Procedures	$25 per person
Annual Maximum	Per covered person	$2,500

Employee Cost per Pay Period	Employee Share	Employer Share
Employee Only	$8.56	$12.85
Employee + Spouse	$24.46	$36.69
Employee + Child(ren)	$21.09	$31.65
Employee + Family	$26.97	$40.46

This is a brief summary only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your summary plan description at archkckbenefits.com.

VISION

Group #351035

Vision benefits offered through VSP. The Voluntary Vision program provides comprehensive coverage for all of your routine vision needs. You pay the full cost of coverage through pre-tax payroll deductions.

To find a VSP provider...
Call 1-800-877-7192

Benefit	VSP Network
Eye Exam	$15 Copay
Materials	$20 Copay
Lenses Single Vision Bifocal Trifocal	Covered in Full**
Frames	$175 allowance
Contacts Fitting & Evaluation Medically Necessary Elective	 Up to $60 Copay 100% Covered $160 allowance
Frequency Exam Lenses Frames	 12 months 12 months 24 months

** Progressive lenses are covered to provider's contracted fee for lined Bifocal Lenses.
Members are responsible for the difference between the base lens and the progressive lens charge.

Employee Cost per Pay Period	
Employee Only	$4.48
Employee + Spouse	$9.03
Employee + Child(ren)	$10.34
Family	$16.48

This is a brief summary only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your summary plan description at archkckbenefits.com.

LIFE and AD&D

Sun Life Financial

Group #948064

Basic Life and AD&D

100% Employer Paid

Term Life Insurance and Accidental Death and Dismemberment coverage is provided as a measure of protection to your beneficiaries in the event of your death.

Term Life Insurance

Benefit is paid by employer at a flat $25,000. Benefit is reduced 50% at age 70.
If disabled before age 60, coverage will continue for the length of the disability, but not beyond the earlier of age 65, or the date of retirement. If disabled after age 60, but before age 65, coverage may continue for up to one year, but not past the earlier of age 65, or the date of retirement.

Accidental Death and Dismemberment

An additional amount equal to the amount of Life Insurance will be paid to your beneficiary if death is due to an accident. Lesser benefits a e payable for specified disabilities resulting from an accident. Limitations and exclusions apply.

Accelerated Death Benefit

If you have a qualifying medical condition that meets certain specifications, you have the right to receive a percentage of the life benefit. Limitations and exclusions apply.

Option to buy additional Dependent Life/Spouse

Spouse: $4,000
Child: $2,000

Voluntary Term Life and AD&D

100% Employee Paid

Voluntary Life Insurance provides employees the opportunity to customize their individual life insurance needs.

Employee

- Coverage is available in $10,000 increments
- Minimum coverage: $10,000
- Maximum coverage: $150,000
- Guarantee issue: $150,000
- Benefits educe to 50% at age 70

Spouse

- Dependent coverage is only available if the employee is insured for Voluntary Coverage.
- Coverage is available in $5,000 increments (rounded to the next higher $5,000); not to exceed 50% of the employee's elected benefit amount
- Minimum coverage: $5,000
- Maximum coverage: $75,000
- Guarantee issue: $75,000

Child

- Dependent coverage is only available if the employee is insured for Voluntary Coverage.
- Provides coverage for all dependent children up to age 26 in the following amounts: $5,000 or $10,000 (not to exceed 100% of employee amount).

This is a brief summary only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your summary plan description at archkckbenefits.com.

DISABILITY

Sun Life Financial

Group #948064

Short-Term (STD)

100% Employer Paid

What, Why, and When	Provides income protection in the event you become either totally or partially disabled as indicated by your attending physician.
Waiting Period	7 days
Maximum Benefit	$500 per week
Maximum Benefit Duration	12 Weeks
Maternity Leave	Covers maternity leave. Generally, benefit duration for normal delivery is 6 weeks and 8 weeks for cesarean.

Long-Term (LTD)

50% Employee Paid/50% Employer Paid

What, Why, and When	Provides income protection in the event you become either totally or partially disabled as indicated by the attending physician.
Waiting Period	12 weeks of disability caused by accidental injury or sickness
Monthly Benefit	50% of insured person's monthly earnings
Maximum Benefit	$3,000 per month
Maximum Benefit Duration	To age 67, not less than 48 months

This is a brief summary only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your summary plan description at archkckbenefits.com.

VOLUNTARY ACCIDENT

Sun Life Financial

Group #948064

Health insurance covers medical expenses, but it doesn't usually cover indirect costs that can arise with a serious or even a not-so-serious injury. You may end up paying out of your own pocket for unexpected expenses like transportation, over-the-counter medication, childcare, and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses.

Coverage Highlights

- *Low plan vs High plan (see benefit summary on https://archkckbenefits.com/for details)*
- *Guaranteed Issue coverage*
- *Covers off the job accidents*
- *Coverage is portable at the same benefit level and premium amount, as long as premiums are paid to Sun Life Benefits.*
- *Pays a benefit for emergency treatment, intensive care, fractures, and more.*
- *Injuries treated within 90 days (180 days for AD&D) from the date of an accident will be paid based on the benefit schedule in the policy.*
- *Benefit can be used to help pay for out-of-pocket medical costs or everyday expenses.*

Low Plan - Per Pay Period Premium	
Employee	*$7.72*
Employee + Spouse	*$12.56*
Employee + Children	*$14.30*
Family	*$19.14*

High Plan - Per Pay Period Premium	
Employee	*$11.00*
Employee + Spouse	*$18.72*
Employee + Children	*$21.60*
Family	*$29.32*

VOLUNTARY CRITICAL ILLNESS

Sun Life Financial

Helps protect you in the event that you are diagnosed with a critical illness. Provides a lump-sum benefit to help you cover out-of-pocket expenses. Some examples of a critical illness may include:

- Heart Attack
- Stroke
- Cancer
- Major Organ Transplant

Benefit Description:

- Coverage available in increments of $10,000 from $10,000-$40,000
- Guarantee issue coverage
- Spouse coverage available in increments of $10,000 from $10,000-$40,000 (not to exceed 100% of employee coverage)
- Child coverage available in $5,000 increments from $5,000-$20,000 (not to exceed 50% of employee coverage)
- Benefits are paid directly to you, unless assigned to someone else.
- Coverage supplements existing medical benefits and can help cover the costs of out-of-pocket expenses.
- Continuation of coverage beyond employment with continued premium payments.

Rates are available in the Paylocity portal

This is a brief summary only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your summary plan description at archkckbenefits.com.

VOLUNTARY HOSPITAL INDEMNITY

Sun Life Financial

Group #948064

Covers out-of-pocket expenses not covered by your medical plan while confined to a hospital. You have the option to purchase hospital indemnity insurance to help with unexpected costs such as child care, deductibles, and lost income.

	Benefits
First day in the hospital (Regular bed)	$1,000
Hospital confinement (up to 30 days)	$100/day
ICU confinement (up to 10 days)	$100/day
Extended hospitalization	$100/day

Per Pay Period Rates	
Employee	$8.90
Employee + Spouse	$18.82
Employee + Children	$15.28
Family	$25.20

This is a brief summary only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your summary plan description at archkckbenefits.com.

EMPLOYEE ASSISTANCE PROGRAM

Sun Life Financial

Group #948064

Personal issues, planning for life events, or simply managing daily life can affect your work, health and family, GuidanceResources provides support, resources and information for personal and work-life issues.

Sun Life provides services to assist in a wide range of work/life concerns.

- Family and Caregiving: Caring for children and/or elderly family members
- Workplace: Managing stress and career issues
- Emotional Well-being: Coping with grief and loss, or substance abuse
- Physical Health and Wellness: Handling health challenges of adults or children
- Daily Living: Managing personal finances or legal issues

Program Benefits:

- Confidential Counseling
- Financial Information Resources
- Legal Support and Resources
- Work-Life Solutions
- Guidance Resources Online
- Free Online Will Preparation
- Help for New Parents

The single source for confidential support, expert information and valuable resources, when you need it most. 24 hours a day.
Call: 877.595.5281 TDD: 1-800-697-0353
Online: guidanceresources.com
Web ID: EAPBusiness
Employer Name: ARCHD

WHEN TO USE YOUR EAP

STRESS, GRIEF OR LOSS

RELATIONSHIP AND FAMILY CHALLENGES

LEGAL OR FINANCIAL CHALLENGES

SUBSTANCE DEPENDENCE OR ADDICTION

This is a brief summary only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your summary plan description at archkckbenefits.com.

NOTICES

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits or mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Go to archkckbenefits.com for more information.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay in excess of 48 hours (or 96 hours).

HIPAA Privacy

Your employer is required by law to take reasonable steps to ensure the privacy and inform you about the uses of your protected health information (PHI). The use and disclosure of PHI is regulated by the federal law known as HIPAA (the Health Insurance Portability and Accountability Act). A more complete description of your privacy rights and protections is available to you on request. Contact the Human Resources Department with any questions or to request a copy of the full HIPAA privacy notice.

NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www. askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

KANSAS - Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

MISSOURI - Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.html
Phone: 573-751-2005

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Securit Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext 61565

NOTICES

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your medical plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of- pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

NOTICES

Your Rights and Protections Against Surprise Medical Bills cont.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your medical plan will pay out-of-network providers and facilities directly.
- Your medical plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the entity responsible for enforcing the federal and/or state balance or surprise billing protection laws. Visit https://www.commonwealthfund.org/publications/maps-and-interactives/2022/feb/map-no-surprises-act#map for information and to view the No Surprises Act Map.

For more information about the impact of the No Surprises Act on consumers, including how to fi e complaints, please refer to the Centers for Medicaid and Medicaid Services' No Surprises Act Consumer FAQ page.

Visit https://www.cms.gov/nosurprises/policies-and-resources/overview-of-rules-fact-sheets for more information about your rights under federal law.

Visit https://www.ncsl.org/health/surprise-and-balance-billing-state-policy-options for more information about your rights under state law.

CONTACTS

The Archdiocese of Kansas City in Kansas, in partnership with the following vendors, strives to meet your benefit needs. If you have any questions regarding your benefits please visit: **www.archkckbenefits.com** or contact the corresponding vendor listed below. If you still have questions, please contact your onsite Benefits Administrator.

Benefit	Vendor Name	Customer Service
Plan Administrator	Edison Health Solutions	855-205-8452
Network	Cigna PPO Network	Cigna.com
Prescription Drug Benefits	OptumRx	855-524-0381 OptumRx.com
Direct Primary Care	Nextera Healthcare	303-501-2600 care@nexterahealthcare.com
Nurse Navigation	Concierge Nurse Navigators	913-600-7150
Telemedicine	MyCatholicDoctor	888-822-8436 https://mycatholicdoctor.com/archkck
Dental Plan	Delta Dental of Kansas	800-234-3375 / 316-264-4511 deltadentalks.com
Vision Plan	VSP	800-877-7195 vsp.com
Life and AD&D	Sun Life Financial	877-431-7379 usebglifeclaimsinbox@sunlife.com
Disability STD/LTD	Sun Life Financial	877-932-7287
Voluntary Tem Life and AD&D, Accident and Critical Illness Insurance	Sun Life Financial	888-551-2084
Voluntary Hospital Indemnity	Sun Life Financial	866-376-9480
Flexible Spending Accounts (FSA)	Paylocity	800-520-2687 batinfo@paylocity.com
Employee Assistance Program (EAP)	Sun Life Financial	877-595-5281 guidanceresources.com

THE ARCHDIOCESE OF KANSAS CITY IN KANSAS

To see plan documents and view your benefits online, please visit archkckbenefits.com