

ARCHDIOCESE OF DENVER
WELFARE BENEFITS TRUST



EMPLOYEE BENEFITS

Benefit plan options effective July 1, 2019–June 30, 2020



Benefit Highlights

Be Ready to Enroll

Your benefits needs change as your life changes. Make sure your current plan selections are still the best choices for you and your family. Take the time to re-evaluate your benefits needs, then follow the enrollment instructions on page 5.

SEE PAGE 5

This year enrollment will be active. You must enroll in coverage in order to have benefits during the 2019–2020 plan year. All elections must be submitted by May 31. Elections submitted after this date cannot be accepted.

During the 2019 open enrollment period, you have the opportunity to enroll in supplemental life and AD&D insurance up to the guarantee issue amount without completing a statement of health (evidence of insurability).

You have the opportunity to enroll in voluntary benefits through Colonial up to the guarantee issue amount without completing a statement of health (evidence of insurability).

Coverage Start Date

If you enroll in benefits during the annual open enrollment period, your coverage will be effective July 1, 2019. If you are a newly-hired or newly-eligible employee, your coverage will be effective on the first of the month following or coinciding with your date of hire.

For example, if you are newly eligible on August 1, 2019, your coverage will be effective on August 1, 2019. If you are newly eligible on August 2, 2019, your coverage will be effective on September 1, 2019.

UMR Plan Advisors

SEE PAGE 10

UMR plan advisors are available to guide and support you in making the right decisions when you need to see a doctor or have questions about your benefits plan. Get help with understanding claims (approved or denied), finding a facility, and verifying pre-authorization and pre-certification.

Plan advisors are available weekdays from 8 a.m. to 5 p.m. Call 800-207-3172 for assistance.



Table of Contents

How Benefits Work

- Our Mission 3
- Exclusions of Coverage 4
- Benefits Eligibility..... 4
- Enrollment 4
- Continuation of Coverage 4
- Changing Your Benefits During the Year 5
- How to Enroll..... 5

Health Plan Options

- Medical Insurance..... 6
- Prescription Coverage 12
- Dental Insurance 13
- Vision Insurance 14

Other Benefit Plans

- Flexible Spending Accounts 15
- Life and AD&D Insurance..... 16
- Disability Insurance..... 17
- Voluntary Benefits..... 17
- Employee Assistance Program..... 18
- Additional Benefits..... 18

Additional Information

- Benefit Plan Option Costs 19
- Important Contact Information 20

The Archdiocese of Denver Welfare Benefits Trust Benefits Package

Benefits are an integral part of the overall compensation package provided by the Archdiocese of Denver, Diocese of Colorado Springs, and Catholic Charities of Denver. Within this Benefits Guide you will find important information on the benefits available to you for the 2019–2020 plan year (July 1, 2019 through June 30, 2020). Please take a moment to review the benefits under the Archdiocese of Denver Welfare Benefits Trust to determine which plan options are best for you.

This guide contains only general and summary information; it should not be considered a replacement for the more detailed information set forth in the Trust plan documents. Every care is taken to assure the accuracy of this guide; however, in the event of any conflict between this guide and information produced by the Trust, the Trust plan documents will be the final authority.



Our Mission

We are dedicated to the healing ministry of the Catholic Church. We seek to provide our employees with a benefits package that meets the health and welfare needs of our employees and their families, in accordance with the teachings of the Catholic Church.

Exclusions of Coverage

Certain procedures and/or treatments are not covered under any of the plan's coverage options as they conflict with the teachings of the Catholic Church. Examples of exclusions include, but are not limited to: abortion, sterilization, and contraceptives. In addition, certain procedures and/or treatments may be covered for diagnostic purposes only. For further clarification of benefits coverage, please contact the Plan Administrator.

Benefits Eligibility

You are eligible for benefits if you meet one of the following criteria:

- Full-time non-teaching employee regularly scheduled to work 30 or more hours per week
- Full-time teacher or school employee regularly scheduled to work 30 or more hours per week for the academic year
- A seminary student of the Archdiocese of Denver or the Diocese of Colorado Springs
- An active, retired, or disabled priest incardinated into the Archdiocese of Denver or the Diocese of Colorado Springs
- A religious sister, brother, extern priest, or order priest scheduled to work 30 or more hours per week

Many of the plan options offer coverage for eligible dependents, including:

- Your legal spouse as defined by the Catholic Church
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian)
- Your dependent children of any age who are physically or mentally unable to care for themselves

Enrollment

You can sign up for benefits or change your elections at the following times:

- Within 31 days of your initial eligibility date (as a newly-hired or newly-eligible employee).
- During the annual benefits open enrollment period (for a July 1 effective date).
- Within 31 days of experiencing a qualifying life status change/special enrollment.

The choices you make at this time will remain the same through June 30, 2020. If you do not sign up for benefits during your initial enrollment period or make changes during the open enrollment period, you will not be able to elect coverage until the following plan year.

Continuation of Coverage

Continuation of coverage is available for medical and prescription drug benefits if you leave employment or if you or your covered dependents become ineligible. Your cost will be 102% of the "Total Cost" listed on page 19. Dental and vision benefits cannot be continued.

For more information regarding this option, please call UMR at 800-207-1824.

Changing Your Benefits During the Year

The Archdiocese of Denver Welfare Benefits Trust allows you to pay your portion of the medical, dental, and vision costs, and fund the flexible spending accounts, on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life status change/special enrollment. Election changes must be consistent with your life status change.

Qualifying life status changes include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Spouse's open enrollment
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order

To request a benefits change, notify your local benefits manager within 31 days of the qualifying life status change. Change requests submitted after 31 days cannot be accepted.

How to Enroll

Archdiocese of Denver and Catholic Charities of Denver Only

DURING OPEN ENROLLMENT AND NEW HIRES

1. Log into Paycom.
2. Select "Benefits."
3. Click "Start Enrollment" and enter your personal information and any dependents or beneficiaries.
4. After reading each benefit plan, choose your coverage, then elect either to enroll or decline.
5. To complete enrollment, click "Finalize," then "Sign and Submit."

Diocese of Colorado Springs Only

DURING OPEN ENROLLMENT AND NEW HIRES

Log into www.myenroll.com.

1. Select "Enroll." In the drop down box, select "Enrollment Wizard." Please note: the dates of open enrollment at the top of the page
2. Click on the green button "Begin Your Enrollment."
3. Complete each page of the enrollment wizard. Click "I Accept" and "Finalize."
4. Print two copies of your summary statement—one copy for your records and one copy for your payroll department.

Medical Insurance

The Archdiocese of Denver Welfare Benefits Trust offers three medical plan options. Before you enroll in medical coverage, take some time to fully understand how each plan option works.

The table below highlights key features of the medical plan options.

	Copay	Choice	Security Plus
Who is eligible for the in-area plan options?	All benefits-eligible employees who work within 30 miles of a Centura Health facility.	All benefits-eligible employees who work within 30 miles of a Centura Health facility.	All benefits-eligible employees who work within 30 miles of a Centura Health facility.
Who is eligible for the out-of-area plan options?	All benefits-eligible employees who work more than 30 miles from a Centura Health facility.	All benefits-eligible employees who work more than 30 miles from a Centura Health facility.	All benefits-eligible employees who work more than 30 miles from a Centura Health facility.
Does the plan option offer in- and out-of-network coverage?	Yes, but Copay members will pay less out of pocket when they choose a Centura Health network facility.	Yes, but Choice members will pay less out of pocket when they choose a Centura Health network facility.	Yes, but Security Plus members will pay less out of pocket when they choose a Centura Health network facility.
How do I find a UHC Choice Plus provider?	Locate a UHC Choice Plus provider at www.umar.com .		
Which medical facilities are covered by the plan?	<p>Copay members will receive the greatest benefits when they utilize Centura Health facilities. For a lesser benefit, members can utilize a UHC facility.</p> <p>Services received at out-of-network facilities will not be covered. The only exceptions are for life and limb threatening emergencies.</p>	<p>Choice members will receive the greatest benefits when they utilize Centura Health facilities. However, the Choice option will cover services received at any facility.</p>	<p>Security Plus members will receive the greatest benefits when they utilize Centura Health facilities. For a lesser benefit, members can utilize a UHC facility.</p> <p>Services received at out-of-network facilities will not be covered. The only exceptions are for life and limb threatening emergencies.</p>
How do I find a Centura Health facility?	Visit www.umar.com to find Centura Health facilities.		

THREE THINGS TO CONSIDER

1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care? Or, do you prefer to pay less out of your paycheck, but more when you need care?
2. What planned medical services do you expect to need in the upcoming year?
3. Are you able to budget for your deductible by setting aside pre-tax dollars from your paycheck in a healthcare flexible spending account (FSA)?



In-Area Medical Plan Options

If your place of employment is within 30 miles of a Centura Health facility.

The Archdiocese of Denver Welfare Benefits Trust offers three in-area medical plan options. Regardless of the plan option you choose, you can visit any licensed network doctor for regular office visits without a referral. The table below summarizes the key features of the medical plan options. To maintain claim payment within the network noted at the column heading, you must confirm with your provider that they either have a priority contract with Centura or UHC. **The coinsurance amounts listed reflect the amount you pay.** Please refer to the official plan documents or contact Human Resources for additional information on coverage and exclusions.

Summary of Covered Benefits	Copay			Choice		Security Plus	
	Centura Health Network	UHC Choice Plus	Out-of-Network	Centura Health Network	UHC Choice Plus and Out-of-Network	Centura Health Network	UHC Choice Plus
Calendar Year Deductible Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$1,000/\$3,000	\$0/\$0	\$0/\$0
Out-of-Pocket Max Individual/Family	\$2,625/\$7,875 Includes deductible; doesn't include copays	\$5,250/\$15,750 Includes deductible; doesn't include copays	\$5,250/\$15,750 Includes deductible; doesn't include copays	\$1,500/\$4,500 Includes deductible; doesn't include copays	\$5,000/\$15,000 Includes deductible; doesn't include copays	\$5,250/\$15,750 Includes deductible; doesn't include copays	\$5,250/\$15,750 Includes deductible; doesn't include copays
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Physician Services Primary Care Physician Specialist Urgent Care	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay 30%	\$25 copay \$25 copay 30%
Diagnostic Tests Lab Services X-Ray	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
High-Tech Services	10%	30%	Not covered	15%	40% after ded.	30%	50%
Hospital Services Inpatient	\$750 copay	30%	Not covered	15%	\$300 copay, then 40% after ded.	30%	30%
Outpatient	\$350 copay	30%	Not covered	15%	40% after ded.	30%	30%
Emergency Room	\$75 copay	\$150 copay	\$150 copay	\$75 copay ¹	\$150 copay ²	\$75 copay ³	\$150 copay ³
Therapy Physical, Speech, Occup. Chiropractic	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year 30%	Limit 20 visits per therapy per calendar year 30%
Prescription Drugs⁴ (up to 30-day) Generic Preferred Brand Non-Preferred Brand Mail Order (up to 90-day)	Visit optumrx.com to find a network pharmacy. \$8 copay \$25 copay \$40 copay 2x retail copay	Visit optumrx.com to find a network pharmacy. \$8 copay \$25 copay \$40 copay 2x retail copay	Visit optumrx.com to find a network pharmacy. Not covered Not covered Not covered Not covered	Visit optumrx.com to find a network pharmacy. \$8 copay \$25 copay \$40 copay 2x retail copay	Visit optumrx.com to find a network pharmacy. Not covered Not covered Not covered Not covered	Visit optumrx.com to find a network pharmacy. \$15 copay \$30 copay \$70 copay 2x retail copay	Visit optumrx.com to find a network pharmacy. Not covered Not covered Not covered Not covered

(1) Physician services cost is 15%. (2) Physician services cost is 40%. (3) Physician services cost is 30% after ded. (4) Specialty drugs are covered at the tier they fall under.



Out-of-Area Medical Plan Options

If your place of employment is more than 30 miles from a Centura Health facility.

The Archdiocese of Denver Welfare Benefits Trust offers three out-of-area medical plan options. Regardless of the plan option you choose, you can visit any licensed network doctor for regular office visits without a referral. The table below summarizes the key features of the medical plan options. To maintain claim payment within the network noted at the column heading, you must confirm with your provider that they either have a priority contract with Centura or UHC. **The coinsurance amounts listed reflect the amount you pay.** Please refer to the official plan documents or contact Human Resources for additional information on coverage and exclusions.

Summary of Covered Benefits	Coplay			Choice			Security Plus		
	Centura Health Network	UHC Choice Plus	Out-of-Network	Centura Health Network	UHC Choice Plus	Out-of-Network	Centura Health Network	UHC Choice Plus	Out-of-Network
	\$0/\$0	\$300/\$900	\$300/\$900	\$0/\$0	\$300/\$900	\$1,000/\$3,000	\$0/\$0	\$500/\$1,500	\$500/\$1,500
Calendar Year Deductible Individual/Family	\$0/\$0	\$300/\$900	\$300/\$900	\$0/\$0	\$300/\$900	\$1,000/\$3,000	\$0/\$0	\$500/\$1,500	\$500/\$1,500
Out-of-Pocket Max Individual/Family	\$1,400/\$4,200	\$2,800/\$8,400	\$2,800/\$8,400	\$1,500/\$4,500	\$2,800/\$8,400	\$5,000/\$15,000	\$5,250/\$15,750	\$9,250/\$27,750	\$9,250/\$27,750
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Physician Services Primary Care Physician Specialist Urgent Care	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay 30%	\$25 copay \$25 copay 30%	\$25 copay \$25 copay 30%
Diagnostic Tests Lab Services X-Ray	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
High-Tech Services	10%	20% after ded.	Not covered	10%	20% after ded.	40% after ded.	10%	30%	50% after ded.
Hospital Services Inpatient	\$100 copay	20% after ded.	Not covered	10%	20% after ded.	\$500 copay, then 40% after ded.	30%	\$300 copay, then 50% after ded.	Not covered
Outpatient	\$50 copay	20% after ded.	Not covered	10%	20% after ded.	40% after ded.	30%	50% after ded.	Not covered
Emergency Room	\$75 copay	\$150 copay	\$150 copay	\$75 copay	\$150 copay	\$150 copay	\$75 copay ¹	\$150 copay ¹	\$150 copay ¹
Therapy Physical, Speech, Occup. Chiropractic	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%
Prescription Drugs² (up to 30-day) Generic Preferred Brand Non-Preferred Brand Mail Order (up to 90-day)	Visit optumrx.com to find a network pharmacy. \$8 copay \$25 copay \$40 copay 2x retail copay	Visit optumrx.com to find a network pharmacy. Not covered Not covered Not covered Not covered	Visit optumrx.com to find a network pharmacy. Not covered Not covered Not covered Not covered	Visit optumrx.com to find a network pharmacy. \$8 copay \$25 copay \$40 copay 2x retail copay	Visit optumrx.com to find a network pharmacy. Not covered Not covered Not covered Not covered	Visit optumrx.com to find a network pharmacy. Not covered Not covered Not covered Not covered	Visit optumrx.com to find a network pharmacy. \$15 copay \$30 copay \$70 copay 2x retail copay	Visit optumrx.com to find a network pharmacy. Not covered Not covered Not covered Not covered	Visit optumrx.com to find a network pharmacy. Not covered Not covered Not covered Not covered

(1) Physician services cost is 30%. (2) Specialty drugs are covered at the tier they fall under.

Preventive Care

The Archdiocese of Denver Welfare Benefits Trust medical plan options cover preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam. Learn more about preventive care at www.umar.com.

Teladoc

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits. It's an affordable option for quality medical care. Talk to a doctor anytime! Connect with a physician by calling 800-TELADOC or visiting www.teladoc.com to register to use Teladoc.

Maternity Management Program

Bringing a new life into the world is awesome!

We feel so strongly about this wonderful event that we offer a healthy pregnancy program with the nurses at UMR to provide valuable assistance and specialized prenatal care. All medical plan members are eligible to participate.

The program is staffed with OB/GYN nurses who have years of experience in identifying potential complications with your pregnancy before they become serious or life threatening. They can also offer guidance and support on a wide variety of other pregnancy-related issues.

As soon as you learn that you are expecting your little one, simply go to www.umar.com or call 800-207-3172. You will receive great advice, free educational materials, and an incentive gift.*

Don't forget to enroll your child in the medical plan within 31 days of birth or adoption.

*To be eligible for the free incentive gift, you must enroll during your first or second trimester and continue to actively participate in the program each trimester of your pregnancy. You must then complete the program and fill out a brief survey to receive the incentive gift.

Make Sure You're Covered Before Receiving Care

Any time you or a family member is admitted to the hospital or receives certain outpatient services, it is important to notify UMR. UMR will make sure you receive the appropriate care and that you understand whether your medical plan option will pay for any portion of the treatment cost.

There are two reasons you or your provider should call UMR before a medical service or procedure:

1. Prior Authorization of Care

Some types of care require a review to determine if they are medically necessary. This means they meet generally accepted standards of care and are considered effective in treating your illness or injury. UMR will also review if the length of your inpatient stay and type of facility is clinically appropriate. Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs.

2. Pre-Determination of Benefits

We recommend you and your healthcare provider also call ahead regarding treatments that do not require a review. This is to verify the amount, if any, your medical plan option will pay toward the cost of care you receive. Any payment for an expense that is not covered under the plan is your responsibility. UMR will send a letter to you and your provider, notifying you whether the treatment is covered.

You or your healthcare provider can call the number on the back of your medical ID card to verify the benefits available.

Centura Health Facilities

For a complete list of Centura Health facilities, visit <https://fhs.umr.com/oss/cms/styles/desktop/global/global/global/views/OPIADOD-ADCCProviderSearch.html> and search the PDF.

Second Surgical Opinion

In some cases you may wish to seek a second surgical opinion. These second opinions are covered, but not required.

UMR Plan Advisors

UMR plan advisors are available to guide and support you in making the right decisions when you need to see a doctor or have questions about your benefits plan. Plan advisors are available weekdays from 8 a.m. to 5 p.m. Call 800-207-3172 for assistance.

With a single call, you can:

- Ask an advisor about an approved or denied claim
- Find an in-network doctor or facility
- Get help finding a primary care physician and making an appointment
- Learn whether you're due for routine care or preventive screenings
- See if you're eligible for health coaching and sign up

Visit UMR online

UMR online services can give you the answers you're looking for, anytime, night or day.

Log into www.umar.com to:

- Look up in-network providers
- View your benefits and claims information
- Access commonly used forms
- Review your financial activity
- Find other tools for improving your health
- Estimate the cost of treatment

Alternative Care

We have created alternative care benefits in response to the rising demand for alternative healthcare treatment. Your personal physician can refer you to acupuncturists, naturopathic physicians, chiropractors, and massage therapists when that care is medically necessary.

This program covers 50% of each medically necessary treatment/visit per calendar year for the Copay and the Choice options, as follows:

- **Chiropractic:** 20 treatments/visits
- **Naturopathy therapy:** 5 treatments/visits
- **Acupuncture:** 5 treatments/visits
- **Spiritual care:** 5 treatments/visits
- **Massage therapy:** 10 treatments/visits

The program also covers 100% of one natural family planning course and associated supplies per calendar year for all medical plan options. This includes one course with approved providers vetted by the United States Conference of Catholic Bishops (USCCB).

If you utilize providers through the UMR network you will pay less. If you utilize a non-network provider, you will need to submit a manual claim to UMR for reimbursement. You must provide your UMR ID card to network providers at the time of service. Claims will then be processed through UMR and you will be billed for any remaining amount.

Disease Management

Disease management is a program to help you or a covered dependent living with chronic condition.

If you have one of the following conditions, you may be eligible for help:

- Asthma
- Coronary artery disease (CAD)
- Chronic obstructive lung disease (COPD)
- Diabetes
- Heart failure
- Hypertension (high blood pressure)

If you meet the qualifications, you will receive a letter in the mail and/or a phone call from UMR to enroll in the program.

If you are struggling with one of the listed conditions, you can call UMR Care Management to self-enroll. The number is listed on the back of your ID card. Or, visit www.umar.com to sign up. Once you sign into www.umar.com, go to the “Health center” from myMenu. Under “I need to” select “Get a health coach.”

Care Management

UMR Care Management is a staff of experienced, caring nurses who help you get the most out of your health benefits. They work with you, your doctors, and other medical advisors to get the services that best meet your needs.

Whether you’re having a baby, have an emergency hospitalization, or need non-emergency care, the care management nurses can assist you by:

- Helping negotiate treatment from the beginning of your care to recovery
- Helping you look at treatment needs and options under the direction of your doctor
- Serving as your advocate with your benefits administrator
- Providing an understanding of any complex issues to your claims payer
- Helping you better understand your health benefits

If you have questions about your care management benefits or upcoming healthcare services, call UMR Care Management at the phone number provided on your member ID card.

Appeal of Claim Denial

You have the option to file an appeal after receiving an adverse determination of a claim. The plan has two levels of internal appeal. All first level appeals must be made to the claims administrator and all second level appeals must be made to the plan administrator, as further explained below.

First Level Appeal: This is a mandatory appeal level.

If you submit a claim for plan benefits and it is initially denied, you may request a review of that denial under the procedures described in the plan documents. You have 180 days after you receive notice of an initial adverse determination within which to request a review of the adverse determination. All requests for review of initially denied claims (including all relevant information) must be submitted to the claims administrator (UMR).

Second Level Appeal: This is a mandatory appeal level.

If you submit a first level appeal and it is denied, you may request a review of that denial under the procedures described in the plan documents. You have 60 days after you receive notice of an adverse determination at the first level of appeal to request a second level appeal of the adverse determination. A request for review of the denial of a first level appeal must be submitted to the plan administrator.

If you have exhausted the plan’s internal appeal process (or if you are eligible to request an external review for any other reason under the procedures outlined in the plan documents), you may request an external review of the plan’s final adverse determination for certain health benefit claims. More information on the external review process is outlined in the plan documents.

Prescription Coverage

Prescription drug coverage is included in each medical plan option and provided through UMR/OptumRx. The amount you pay for your prescription drugs is dependent on the type of drug (generic, preferred brand, non-preferred brand, specialty) and how you receive your drug—mail order, retail pharmacy, or BriovaRx Optum’s specialty pharmacy.

OptumRx Prescription Drug Formulary

The formulary is a list of drugs that have been selected from their drug class as being the most clinically effective and cost-efficient drugs for a specified condition. This formulary list changes frequently. To learn more about the formulary call 877-559-2955 or visit www.optumrx.com.

Generic Medications

These drugs offer a safe and cost-effective alternative to brand-name drugs. Generics are widely accepted by physicians, pharmacists, and health plan providers. They typically cost about half as much as brand-name drugs. They are as safe, effective, and high in quality as brand-name drugs.

Preferred Brand Medications

A prescription drug that is marketed with a specific brand name by the company that manufactures it. These drugs are covered at a higher copay than generic drugs but are less expensive than non-preferred brand medications.

Non-Preferred Brand Medications

These drugs have a generic equivalent and are significantly more expensive than preferred brand-name drugs.

Specialty Medications

These high-cost drugs are used to treat chronic diseases. BriovaRx, is our preferred specialty medications provider and the only pharmacy covered under the plan options for these medications. **Specialty medications purchased anywhere other than BriovaRx will not be covered.** To begin utilizing the program, you or your physician must call the BriovaRx customer service line at 855-427-4682.

How to Purchase a Prescription

Retail Network Pharmacies

Retail network pharmacies are a great way to pick up your prescription drugs when you need them right away. For a listing of network pharmacies, call OptumRx at 877-559-2955 or visit www.optumrx.com.

Mail Order

This is the best way to receive your ongoing medications. Enrolling in mail order is easy. Have your doctor electronically send your prescription to OptumRx or fax to 800-491-7997. You may also mail your completed mail order enrollment form and original prescription to: OptumRx, P.O. Box 2975, Mission, KS 66201.

Prescriptions are delivered directly to your home with free standard shipping. For an additional charge, OptumRx can have your prescriptions sent overnight. For new prescriptions, allow four weeks for processing.

Pre-Authorization

Certain drugs such as compound drugs and opioids, require pre-authorization. Please call OptumRx at 877-559-2955 to discuss.



Dental Insurance

The Archdiocese of Denver Welfare Benefits Trust offers three dental insurance plan options through Guardian.

- The Platinum offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. The Platinum option includes major and orthodontia treatment in- and out-of-network, but has lower in-network benefit maximums than the Gold option.
- The Gold offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. The Gold option includes major and orthodontia treatment in the Guardian provider network.
- The Silver offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. The Silver option offers comprehensive coverage for preventive and basic services with a low deductible.

Locate a Guardian network provider at www.guardiananytime.com.

The table below summarizes the key features of the dental plan options. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents or contact Human Resources for additional information on coverage and exclusions.

Summary of Covered Benefits	Platinum		Gold		Silver	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible Individual/Family	\$50/\$150	\$50/\$150	\$25/\$75	\$50/\$150	\$25/\$75	
Calendar Year Benefit Max	\$1,500		\$2,000	\$750	\$750	
Preventive Care (ded. waived) Oral exams, cleanings, bitewings	Plan pays 100%	20%	Plan pays 100%	20%	Plan pays 100%	Plan pays 100%
Basic Services Fillings, root canals, full mouth x-rays, periodontal services	20% after ded.	20% after ded.	20% after ded.	40% after ded.	20% after ded.	20% after ded.
Major Services Bridges, crowns, dentures	40% after ded.	50% after ded.	50% after ded.	Not covered	Not covered	
Orthodontia Services	50%		40%	Not covered	Not covered	
Orthodontia Lifetime Max	\$1,500		\$1,500	N/A	N/A	



Vision Insurance

The Archdiocese of Denver Welfare Benefits Trust offers a vision insurance plan through VSP. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP network provider at www.vsp.com.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents or contact Human Resources for additional information on coverage and exclusions.

Summary of Covered Benefits	Vision	
	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$15 copay	Up to \$35 allowance
Standard Plastic Lenses (every 12 months) Single/Bifocal/Trifocal	\$15 copay	Up to \$25/\$40/\$55 allowance
Frames (every 24 months)	\$150 allowance + 20% off balance	Up to \$45 allowance
Contact Lenses (every 12 months in lieu of standard plastic lenses)	\$150 allowance	Up to \$105 allowance



Flexible Spending Accounts

The Archdiocese of Denver Welfare Benefits Trust offers two flexible spending account (FSA) options—the healthcare FSA and the dependent care FSA—which allow you to pay for eligible healthcare and dependent care expenses with pre-tax dollars. The FSAs are administered by UMR. Log into your account at www.umar.com to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

How does an FSA work?

You decide how much to contribute to each FSA on a plan year basis up to the maximum allowable IRS-regulated amounts. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year.

To pay for your eligible expenses, you must submit a claim form and a bill or itemized receipt from the provider to UMR. Keep all receipts in case UMR requires you to verify the eligibility of a purchase.

Healthcare FSA

The healthcare FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses, that are not paid by the medical, dental, or vision plan options. Over-the-counter (OTC) medications are not eligible for reimbursement without a prescription.

The healthcare FSA maximum contribution is \$2,700 for the 2019–2020 plan year (July 1, 2019 through June 30, 2020).

Dependent Care FSA

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider).

You may contribute up to \$5,000 to the dependent care FSA for the 2019–2020 plan year (July 1, 2019 through June 30, 2020) if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2019–2020 plan year.

Things to Consider Before Contributing to an FSA:

- **FSA dollars are use it or lose it (no roll over allowed). You must submit all reimbursement request forms before September 28, 2020. Any contributions remaining in your account after September 28, 2020, will be forfeited.**
- You cannot take income tax deductions for expenses you pay with your FSA(s).
- You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying life status change.

Life and AD&D Insurance

Life and accidental death and dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, the Archdiocese of Denver Welfare Benefits Trust provides basic life and AD&D insurance to all benefits-eligible employees **at no cost**. You have the option to purchase supplemental life and AD&D insurance.

Beneficiary Designations

Please be sure to keep your beneficiary designations up-to-date.

Basic Life and AD&D Insurance

The Archdiocese of Denver Welfare Benefits Trust automatically provides basic life and AD&D insurance through Cigna to all benefits-eligible employees **at no cost**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. Benefits will reduce to 65% at age 65 and to 50% at age 70.

As an added bonus, the Archdiocese of Denver Welfare Benefits Trust automatically provides basic life insurance through Cigna to your spouse and dependent children **at no cost**.

- **Employee life and AD&D benefit:** \$50,000
- **Spouse life benefit:** \$2,000
- **Dependent children life benefit:** \$2,000 (from birth up to age 26)

Supplemental Life and AD&D Insurance

The Archdiocese of Denver Welfare Benefits Trust provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Cigna. You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded (listed on page 19). Benefits will reduce to 65% at age 65 and to 50% at age 70. These costs are deducted post-tax and can be dropped at any time.

If you elect coverage when first eligible, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Cigna.

- **Employee life and AD&D benefit:** \$10,000 increments up to \$500,000 or 5x salary, whichever is less
Guarantee issue: \$150,000
- **Spouse life benefit:** \$5,000 increments up to \$50,000 or 50% of the employee's election, whichever is less
Guarantee issue: \$50,000
- **Spouse AD&D benefit:** \$500
- **Dependent children life benefit:** Birth to 6 months: \$2,000; 6 months to age 26 if unmarried: \$2,000 increments up to \$10,000
Guarantee issue: \$10,000
- **Dependent children AD&D benefit:** \$500

How much life and AD&D insurance do you need?

The Archdiocese of Denver Welfare Benefits Trust provides basic life and AD&D insurance as part of your benefits, but depending on your personal situation, that might not be enough coverage for your needs. Use the calculator at www.cigna.com/healthwellness/tools/life-needs to find the right amount of coverage for you.

Disability Insurance

Short-Term Disability Insurance

The Archdiocese of Denver Welfare Benefits Trust automatically provides short-term disability (STD) insurance through Cigna to all full-time lay employees **at no cost**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

- **Benefit:** 60% of base weekly pay up to \$1,000 per week
- **Benefit duration:** Up to 26 weeks
- **Elimination period:** 30 days

Long-Term Disability Insurance

The Archdiocese of Denver Welfare Benefits Trust automatically provides long-term disability (LTD) insurance through Cigna to all full-time lay employees **at no cost**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the short-term disability period.

- **Benefit:** 60% of base monthly pay up to \$6,000 per month
- **Elimination period:** 26 weeks
- **Benefit duration:** Social security normal retirement age

Voluntary Benefits

The Archdiocese of Denver Welfare Benefits Trust provides you the option to purchase voluntary critical illness and accident insurance through Colonial Life. These costs are deducted post-tax and can be dropped at any time.

To learn more about your plan options and costs, visit Paycom at www.paycomonline.com (Archdiocese of Denver and Catholic Charities of Denver only) or <http://e3forvb.com/diocesecs/> (Diocese of Colorado Springs only).

Critical Illness

While medical insurance can help with the cost of critical illness, you may still have out-of-pocket expenses that are not covered by your medical insurance, including travel, food, lodging, child care, and household help. Critical illness insurance may help preserve your financial security.

Accident Insurance

Accident insurance helps you pay for the medical and out-of-pocket costs that you may have after an accidental injury.

Features include:

- Benefits are paid directly to you.
- Benefits are paid regardless of any other insurance you may have with other insurance companies.
- You can take your coverage with you if you change jobs or retire.

Benefits are paid for initial care due to an accident such as:

- Emergency room treatment
- Ambulance
- X-rays
- Hospital admission and daily stay

Additional benefits are paid based on the type of accidental injury diagnosed including:

- Lacerations
- Broken Bones
- Burns



Employee Assistance Program

Your employee assistance program (EAP) can help you and your family to establish balance in life. The Archdiocese of Denver Welfare Benefits Trust provides the EAP to you and your family members **at no cost**.

An employee assistance consultant is just a phone call away and ready to help you find practical solutions through:

- Assistance for you and your household members (even a roommate).
- Phone or online consultation.
- Three face-to-face sessions per issue, per year covered under the EAP plan at no cost.

Your assistance program can also suggest online or community services to help you and your family with issues like:

- Legal concerns including buying a home, divorce, or adoption
- Parenting and child care
- Senior care
- Pet care
- Identity theft
- Financial consultation for retirement, budgets, saving for college, debt, and more
- Emotional and work-life counseling
- Stress, family, or marital conflicts
- Major life changes
- Depression
- Chronic illness

Call the EAP 24/7/365 at 800-538-3543 or visit www.cignabehavioral.com/cgi.



Additional Benefits

Travel Assistance

The Archdiocese of Denver Welfare Benefits Trust provides a travel assistance program through Cigna Assistance Services, Inc. to you and your family **at no cost**. Learn more or request a contact card by calling 888-226-4567.

Legal Support Program

The Archdiocese of Denver Welfare Benefits Trust provides online legal tools and resources through Cigna to you and your family **at no cost**. Register at www.cignawillcenter.com or call 800-901-7534.

Healthy Rewards Program

Cigna Healthy Rewards can make staying healthy easier and more affordable, with up to 60% off a variety of health and wellness products and services.

Save on these member discount health areas:

- Weight and nutrition
- Dental care
- Alternative medicine
- Vision and hearing care
- Healthy life products
- Fitness
- Wellness products
- Tobacco cessation

Visit www.cigna.com/rewards (password: savings) for more information.



Benefit Plan Option Costs

Medical, Dental, and Vision Insurance

Listed below are the monthly costs for medical, dental, and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, unless you request post-tax deductions.

Medical Coverage Level	Copay			Choice			Security Plus		
	Total Cost	Employer Pays	You Pay	Total Cost	Employer Pays	You Pay	Total Cost	Employer Pays	You Pay
Employee Only	\$664	\$597	\$66	\$614	\$553	\$61	\$337	\$304	\$34
Employee + Spouse	\$1,387	\$1,040	\$347	\$1,284	\$963	\$321	\$705	\$529	\$176
Employee + Child(ren)	\$1,356	\$1,017	\$339	\$1,253	\$940	\$313	\$680	\$510	\$170
Employee + Family	\$2,341	\$1,756	\$585	\$2,162	\$1,622	\$541	\$1,163	\$873	\$291

Dental Coverage Level	Platinum	Gold	Silver
	Total Cost	Total Cost	Total Cost
Employee Only	\$59	\$44	\$23
Employee + Spouse	\$88	\$62	\$34
Employee + Child(ren)	\$88	\$62	\$34
Employee + Family	\$134	\$100	\$55

Vision Coverage Level	Vision		
	Total Cost	Employer Pays	You Pay
Employee Only	\$7	\$6	\$1
Employee + Spouse	\$14	\$11	\$3
Employee + Child(ren)	\$15	\$12	\$3
Employee + Family	\$21	\$16	\$5

Supplemental Life/AD&D Insurance Costs

Listed below are the monthly rates for supplemental life/AD&D insurance. The costs listed below include the automatic \$0.03 cost for AD&D coverage. The amount(s) you pay for supplemental life/AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse life rates are based on the employee's age.

Age	Employee and Spouse Rate Per \$1,000 of coverage	Child Rate Per \$1,000 of coverage
<20	\$0.08	\$0.25
20-24	\$0.08	
25-29	\$0.09	
30-34	\$0.11	
35-39	\$0.12	
40-44	\$0.14	
45-49	\$0.21	
50-54	\$0.35	
55-59	\$0.55	
60-64	\$0.69	
65-69	\$1.31	
70-74	\$3.27	
75+	\$9.08	

EMPLOYEE BENEFITS

Benefit plans effective July 1, 2019–June 30, 2020



Important Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact your local benefits manager at your location.

Provider/Plan	Contact Number	Website/Email
Medical and Prescriptions— UHC Choice Plus OptumRx	800-207-3172 877-559-2955	www.umar.com www.optumrx.com
Dental— Guardian	800-541-7846	www.guardiananytime.com
Vision— VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts— UMR	800-207-3172	www.umar.com
Life and Disability Insurance— Cigna	800-362-4462	www.cigna.com
EAP— Cigna	800-538-3543	www.cignabehavioral.com/cgi
Voluntary Accident Insurance— Colonial Life	800-325-4368	www.coloniallife.com
E3 Benefits Advocates Diocese of Colorado Springs Only	866-718-8191	www.e3forvb.com/diocesecs
Archdiocese of Denver Human Resources— Mary O’Shea, Human Resources Generalist	303-715-3196	mary.oshea@archden.org
Catholic Charities of Denver Human Resources— Natalie Link, Human Resources Generalist	303-742-0828	HR@ccdenver.org
Diocese of Colorado Springs Human Resources— Janet Hutchinson, Benefits Administrator	719-866-6462	jhutchinson@diocs.org

This summary of benefits is not intended to be a complete description of the terms and the Archdiocese of Denver Welfare Benefits Trust insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although the Archdiocese of Denver Welfare Benefits Trust maintains its benefit plans on an ongoing basis, the Archdiocese of Denver Welfare Benefits Trust reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

Images © 2019 Getty Images. All rights reserved.