

# Healthcare and Insurance Benefits

Your healthcare and insurance benefits are a part of Archbishop Etienne’s commitment to you and appreciation for your dedication and service. The benefits program is designed to:

- Provide excellent overall healthcare expense protection
- Ensure the priest healthcare program’s long-term viability
- Use established providers for quality service to you.

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### God's Gifts

Flowing from Catholic teaching, the Archdiocese provides benefits that reflect the dignity of each human being as created in the image and likeness of God.

# Eligibility and Enrollment

The Priest Health Plan and other benefits in this booklet are for priests incardinated in the Archdiocese of Seattle who are actively performing services for or on behalf of the Archdiocese. (There is a separate program for non-incardinated (extern) priests, who are not covered by this plan.)

Benefits automatically start the first day of the month after ordination or incardination.

## Medical Benefits

The Archdiocese provides medical benefits through Christian Brothers Employee Benefit Trust.

### Medical Benefits Summary

Plan Feature	With a PPO Preferred Provider	With a Non-Preferred Provider
<b>Calendar-Year Deductible</b>	\$250 per calendar year	
<b>Coinsurance Percentage</b>	<ul style="list-style-type: none"> <li>Plan pays 90% (after the calendar-year deductible)</li> <li>You pay 10%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
<b>Calendar-Year Out-of-Pocket Maximum</b> Combined medical and prescription drug	\$1,000 per calendar year	
<b>Lifetime Maximum</b>	Unlimited	
<b>Mental Health, Behavioral, Alcohol or Drug Abuse Related Services</b> Inpatient care precertification required	<ul style="list-style-type: none"> <li>Plan pays 90% (after the calendar-year deductible)</li> <li>You pay 10%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
<b>Emergency Room Care</b> Annual deductible doesn't apply to ER facility charge	<ul style="list-style-type: none"> <li>Plan pays 90%</li> <li>You pay 10% (after a \$75 copayment per visit)</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 90%</li> <li>You pay 10% (after a \$75 copayment per visit)</li> </ul>
<b>Hearing Care Benefits</b>	<ul style="list-style-type: none"> <li>Exams – Plan pays 100%; \$100 maximum every three years</li> <li>Hardware – Plan pays 100%; \$3,000 maximum every three years (\$1,500 per device)</li> <li>Annual deductible doesn't apply</li> </ul> Maintenance supplies (batteries, for example) are not covered	
<b>Home Health Care</b> Limits apply; see the Christian Brothers booklet	<ul style="list-style-type: none"> <li>Plan pays 90% (after the calendar-year deductible)</li> <li>You pay 10%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>

## Medical Benefits Summary (continued)

Plan Feature	With a PPO Preferred Provider	With a Non-Preferred Provider
<b>Hospice Care</b> Limits apply; see the Christian Brothers booklet	<ul style="list-style-type: none"> <li>Plan pays 90% (after the calendar-year deductible)</li> <li>You pay 10%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
<b>Hospital</b> Inpatient care, outpatient care, physician visits, surgery charges and inpatient prescription drugs Hospital precertification required	<ul style="list-style-type: none"> <li>Plan pays 90% (after the calendar-year deductible)</li> <li>You pay 10%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
<b>X-Ray and Diagnostic Services</b> Reading of X-rays performed outside your physician's office MRI and other similar diagnostic tests require precertification	<ul style="list-style-type: none"> <li>Plan pays 90% (after the calendar-year deductible)</li> <li>You pay 10%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>Plan pays 100% (no deductible)</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
<b>Orthotics</b> Covered when prescribed for specifically diagnosed medical conditions, such as bone spurs, heel spurs and plantar fasciitis	<ul style="list-style-type: none"> <li>Plan pays 90% (after the calendar-year deductible)</li> <li>You pay 10%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
<b>Other State Licensed Practitioner Benefits</b> Includes acupuncture and massage therapists	<ul style="list-style-type: none"> <li>Plan pays 90% (after the calendar-year deductible)</li> <li>You pay 10%</li> </ul> <p>Medically necessary care covered up to 30 visits per calendar year (all providers combined)</p>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
<b>Physician Services</b> Office visits to physician (primary care and specialty including chiropractor and speech and physical therapy)	<ul style="list-style-type: none"> <li>Plan pays 90% (after the calendar-year deductible)</li> <li>You pay 10%</li> </ul> <p>Includes X-ray professional fees if performed at the office and related lab tests, except if performed at a hospital</p>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>Plan pays 100% (no deductible)</li> </ul> <p>Benefits include services such as annual routine physical exams, immunizations, preventive X-ray and lab services provided during the exam, routine preventive colonoscopy and sigmoidoscopy. See the Christian Brothers booklet for details.</p>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>

## Medical Benefits Summary (continued)

Plan Features	With a PPO Preferred Provider	With a Non-Preferred Provider
<b>Skilled Nursing Facility</b> Custodial care not covered Limits apply; see the Christian Brothers booklet	<ul style="list-style-type: none"> <li>Plan pays 90% (after the calendar-year deductible)</li> <li>You pay 10%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
	120-day maximum for all skilled nursing facility confinements that result from the same or a related sickness or injury	
<b>Temporomandibular Joint Disorders</b>	<ul style="list-style-type: none"> <li>Plan pays 90% (after the calendar-year deductible)</li> <li>You pay 10%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (after the calendar-year deductible)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
	Up to \$1,000 per year, \$5,000 lifetime maximum	

This is only a high-level summary of your medical plan. Please see the Christian Brothers Employee Benefit Trust booklet for coverage details.

### If you have questions about medical benefits, contact Christian Brothers:

- Phone: **800-807-0564**
- Website: [MyCBS.org/Health](http://MyCBS.org/Health)

## Why Use Preferred Providers?

Preferred providers have agreements with Christian Brothers to charge the plan lower fees for services, which helps keep our costs down.

### Preferred providers

- The plan pays 90% of the allowed amount for most services.
- Preferred providers have negotiated fees with the insurance company and agree not to charge you more than the allowed amount.
- Preferred providers agree to bill Christian Brothers directly for the services you receive.

### Non-preferred providers

- The plan pays 80% of the allowed amount for most services.
- Because non-preferred providers do not have negotiated fees with Christian Brothers Services, they may charge you more than the allowed amount; you pay 20% plus any amount over the allowed amount (balanced billed).
- Non-preferred providers can choose to bill the plan directly or ask you to pay when you receive the service and expect you to submit the bill for reimbursement to Christian Brothers.

## Finding a Preferred Provider

- A link to a preferred provider directory is available on the Christian Brothers website
- [MyCBS.org/Health](http://MyCBS.org/Health) (Click Find a Doctor > Medical PPOs > BlueCross BlueShield)

## About Your Medical Benefits

- **Allowed amount** – The maximum amount an insurance company will pay for a particular healthcare service. When you receive a healthcare service, your coinsurance is a percentage of the allowed amount.
- **Balanced billed charges** – Charges over the allowed amount, which you pay if billed by a non-preferred provider.
- **Calendar-year deductible** – Each year you pay the first \$250 in charges before the plan starts to pay benefits (except where specified).
- **Coinsurance percentage** – After you've paid the deductible, the plan pays a percentage of the fee – the coinsurance. For most services and supplies, it's 90% for preferred providers and 80% for non-preferred providers. For exceptions and limits, see the Christian Brothers Plan booklet.
- **Calendar-year out-of-pocket maximum** – The out-of-pocket maximum is the most you'll pay in coinsurance and copayments each calendar year. Healthcare the plan doesn't cover and balance billed amounts don't apply to the out-of-pocket maximum.
- **Precertification** – Precertification is required for all types of inpatient care (hospital, skilled nursing, chemical dependency and alcoholism treatment, etc.). Precertification is also required for MRI and other similar diagnostic tests. Anytime you think your care could require an overnight stay or diagnostic imaging, please call (or make sure your provider calls) the number printed on your ID card before admission to avoid a reduction in benefits.

## Paying for Medical Services

- Medical benefits are insured through Christian Brothers Employee Benefit Trust. Show your Christian Brothers ID card to the provider's office.
- Each time you receive care, you can see a PPO preferred provider or a non-preferred provider; however, the percentage the plan pays and the amount you pay depend on which type of provider you choose. Typically the plan pays more when you see a PPO preferred provider.
- When you see preferred providers, they bill Christian Brothers for the services. Christian Brothers determines the amount the plan pays and the amount you owe, then sends you and the provider an Explanation of Benefits. When you get the provider's invoice, it should match the amount the Explanation of Benefits says you owe. Pay that amount to the provider. If you have questions, call Christian Brothers.
- When you use non-preferred providers, they may choose to bill Christian Brothers (as described above) or have you pay 100% of the charges when you receive the service. If this happens, ask for a detailed receipt (showing your name, date of service, type of service, provider information), fill out the **Christian Brothers claim form** and send it with the receipt to Christian Brothers for reimbursement of the amount the plan pays. The address will be on the claim form.

## Consult a Doctor 24/7 (Teladoc)

### Get answers to your healthcare questions 24/7 – 365 days a year free of charge:

- When you can't get to your primary care doctor
- After business hours, evenings and weekends
- When traveling for business or vacation
- To request needed prescription medications or refills
- For non-emergent medical questions/advice
- For advice about an existing condition or a second opinion
- For lab results

### Teladoc doctors...

- Are licensed and U.S. board certified in internal medicine, family practice or pediatrics
- Can diagnose, recommend treatment, and prescribe medications for non-emergency conditions, such as:
  - Allergies
  - Sinus problems
  - Respiratory infections
  - Cold and flu symptoms
  - Poison ivy
  - Sore throat
  - Pink eye
  - And more!

### For a phone consultation:

- 800-362-2667 (Available 24/7/365)
- Request a priority call back (within one hour) or set a time that fits your schedule, Monday-Friday

### For a video consultation:

- Online: [MyDrConsult.com](https://www.mydrconsult.com)
- Mobile device from the Teladoc app (download the Teladoc app from the Apple or Google Play app store)
- Available 7 a.m. to 9 p.m., 7 days a week

**Services are private, confidential and are no cost to you.**

# Prescription Drug Benefits

The Archdiocese provides prescription drug benefits through Christian Brothers Employee Benefit Trust and their prescription drug plan partner: Express Scripts.

## Prescription Drug Benefits

Outpatient Prescription Drugs	Category	Participating Copayment	Non-Participating Copayment
<b>Retail Pharmacy</b> 30-day supply	Generic	\$10	\$10
	Brand formulary	\$25	\$25
	Brand nonformulary	\$50	\$50 plus 20% of the allowed amount, and any amounts over the allowed amount (balance billed)
<b>Mail Order</b> 90-day supply	Generic	\$25	Not covered
	Brand formulary	\$60	
	Brand nonformulary	\$125	

This is only a high-level summary of your prescription drug benefit. Please see the Christian Brothers booklet for coverage details.

## About Your Prescription Drug Benefit

- This benefit is insured through Christian Brothers, so you use the same ID card for prescription drugs that you use for medical services.
- Prescription drug and medical benefits have a combined \$1,000 out-of-pocket maximum; if you pay \$1,000 in medical and prescription drug copays and coinsurance in a calendar year, the plan pays 100% of covered medications for the remainder of the year.
- Christian Brothers partners with Express Scripts to manage the prescription drug benefit. The Express Scripts website has participating pharmacy listings and useful prescription drug information. For example, you can research medications you are currently using or that have been recommended by your provider or look up drugs that are on the formulary. (The formulary is a list of preferred drugs set by the plan. Contact Express Scripts for details.)

### If you have questions about prescription drug benefits, contact Express Scripts

(or visit the Christian Brothers website).

- Phone: **800-718-6601**
- Website: **[MyCBS.org/Health](https://www.mycbs.org/Health)**  
(log in, and then click on Prescription Drug Coverage)

# Filling Prescriptions

## By Mail Order

We encourage you to use mail order for ongoing, maintenance medications and limit your use of retail network pharmacies to medications you need immediately and will take for only a short time.

In addition to being convenient, mail order saves money because you can get a 90-day supply of drugs for less than the cost of three 30-day copays at a retail pharmacy.

If you have questions about prescription drug benefits or mail order, contact **Express Scripts** (or visit the Christian Brothers website).

- Phone: **800-718-6601**
- Website: [MyCBS.org/Health](https://www.mycbs.org/Health) (log in, and then click Prescription Drug Coverage)
- Form: [Express Scripts Mail Order Form](#)

You can order refills online at [Express-Scripts.com](https://www.express-scripts.com) or use the Express Scripts mobile app (choose the medicine you want delivered, add it to your cart, then check out).

## At Retail Pharmacies

When you fill a prescription at a network pharmacy, show the pharmacist your Christian Brothers ID card, pay the copay and the pharmacy will bill the insurance company for the rest of the cost.

At non-participating pharmacies the plan pays 80% of the allowed amount less the applicable copays; you pay the rest – the applicable copay, plus 20% of the allowed amount, plus any amounts over the allowed amount (the balance of the bill). Often non-participating pharmacies will charge you the amount you owe and bill Express Scripts for the rest of the cost. If the pharmacy won't bill Express Scripts directly, pay the pharmacy 100% of the cost and ask for a detailed receipt (showing your name, the medication name, quantity and date). Fill out the [Express Scripts claim form](#) and send it with the receipt to Express Scripts for reimbursement of the amount the plan pays. The address will be on the claim form.

## Finding a Retail Network Pharmacy

A link to a directory of network pharmacies is available on the Christian Brothers website or you can contact Express Scripts for the most up-to-date listing.

- Phone: **800-718-6601**
- Website: [MyCBS.org/Health](https://www.mycbs.org/Health) (log in, and then click on Prescription Drug Coverage)

Christian Brothers partners with Express Scripts to fill your mail order prescriptions.

## Steps for Using Mail Order

1. When your provider writes a maintenance drug prescription, request a generic equivalent, if appropriate, and ask for two prescriptions:
  - 30-day supply to be filled at a retail pharmacy to cover your immediate prescription needs.
  - 90-day supply (plus three refills to cover the rest of the year) to be filled on an ongoing basis by mail order
2. Make sure the provider indicates the appropriate number of refills for up to one year. Also check that the provider's name, patient's name and exact daily dosage are clear on the prescription.
3. If this is your first order, complete an Express Scripts Mail Order Form (a link to the form is in the left column). Send the completed Express Scripts Mail Order Form, your original prescription and payment to Express Scripts. Their address is on the mail order form.
4. For refill services, submit your request online, by phone or by mail, using the contact information in the left column. Be sure to have your ID number and prescription number ready (the 12-digit number on your refill slip).  
You can also have your doctor submit the prescriptions directly to Express Scripts by ePrescribe or by fax. Have your doctor call 888-327-9791 for faxing instructions. (Faxes can only be accepted from a doctor's office.)
5. If you transfer a prescription from a retail pharmacy to mail order, you'll need a new prescription for a 90-day supply and the appropriate refills from your provider.
6. A registered pharmacist at Express Scripts will fill your prescription and send it to you by standard mail. Allow at least 14 days for delivery from the day you submit your prescription or refill.

# Excess Out-of-Pocket Plan

This plan provides an additional layer of financial protection by reimbursing some medical, hearing care and prescription drug expenses otherwise not covered because they **exceed plan limits**.

The Excess Out-of-Pocket Plan is for medically necessary expenses. For priests covered by the Christian Brothers health plan, medically necessary is the definition used by Christian Brothers:

*Medically necessary care means any confinement, treatment or service that is prescribed by a physician and considered by the Christian Brothers Employee Benefit Trust to be necessary and appropriate to treat an illness or injury and not in conflict with generally accepted medical standards.*

## Excess Out-of-Pocket Plan

### Out-of-Pocket Maximum You Pay Each Calendar Year

- \$1,000
- The Excess Out-of-Pocket Plan reimburses some of your out-of-pocket expenses over \$1,000 in a calendar year

### Typical Expenses Covered by the Plan

- Medically necessary expenses beyond a number of visits or dollar amount limit. For example, if your doctor writes a covered prescription for 40 pills but the plan only covers 30 pills, the Out-of-Pocket Plan may cover the additional 10 pills.

### Typical Expenses Not Covered by the Plan

- Any expense not considered medically necessary by Christian Brothers
- Deductibles and medical copays
- Expenses from non-preferred providers that are balance billed
- Dental and vision expenses in excess of dental and vision plan maximum limits
- Expenses in excess of the 30-visit Other Practitioner annual benefit limit (including naturopaths, massage therapists and acupuncture providers)
- Expenses incurred outside the U.S.
- Maintenance costs for hearing devices (batteries, for example)

In case there is a disagreement about whether a treatment, service or supply is medically necessary, the Archdiocese uses AllMed, an independent third-party medical review organization, to assess and make a decision about the claim.

## Using the Excess Out-of-Pocket Plan

1. After you receive a medical or hearing care related treatment, service, supply or prescription drug, submit the expense to the responsible payer (as outlined in the preceding sections). If the charge isn't paid, it may be eligible for reimbursement under the Excess Out-of-Pocket Plan.
2. Each calendar year, you pay the first \$1,000 in out-of-pocket expenses. After that, eligible out-of-pocket expenses may be reimbursed through this plan. If the charge isn't paid because it is not medically necessary (as decided by Christian Brothers) or it's not covered, it cannot be submitted for reimbursement under the Excess Out-of-Pocket Plan.
3. Save your receipts and EOBs for out-of-pocket expenses during the year. If, at the end of the year you have more than \$1,000 in eligible out-of-pocket expenses, then **complete the Excess Out-of-Pocket Plan form and submit it, with the Explanation of Benefits**, to Integrated Payroll and Benefits Services to request reimbursement.
  - All requests must be made using the **Excess Out-of-Pocket Plan form**.
  - You must submit claims for treatments, services and supplies received between January 1 and December 31 by April 15 of the following year. Requests for reimbursement will be considered once each year.
4. When your request has been reviewed and is determined eligible for reimbursement, you'll receive a check from Integrated Payroll and Benefits Services.

### If you have questions about the Excess Out-of-Pocket Plan, contact Integrated Payroll and Benefits Services

- Phone: **800-327-5303**
- Email: [IPBS@Seattlearch.org](mailto:IPBS@Seattlearch.org)

## Ensuring the Long-Term Viability of Your Healthcare Program

The healthcare program is designed to protect you from large expenses while you get the care you need. Yet the more benefits are used, the more our costs increase. The healthcare program's long-term viability calls for us to use the benefits as cost-efficiently as possible. Here are some ways to be good stewards of your health and the benefit program:

- Take advantage of the Priest Wellness Program
  - uncover any problems early for more effective treatment.
- Stay current with preventive care – screenings, exams, shots, etc.
- Use Consult A Doctor 24/7 (Teladoc) for confidential help with healthcare questions (800-362-2667). See [page 5](#) for details.
- Manage chronic disease.
- Use preferred providers whenever you can.
- Choose generic drugs and the mail order prescription benefit whenever possible.
- Use the emergency room only when necessary (before heading to the ER, ask yourself if you could get the care you need from your provider or an urgent care center).
- Protect your health so you'll feel better by staying physically active, finding activities that help you reduce stress, eating right and not smoking.

# Dental Benefits

The Archdiocese provides dental benefits through Delta Dental of Washington (DDW), which is part of the national Delta Dental network.

## Dental Benefits Summary

Service	Delta Dental PPO Dentists	Delta Dental Premier Dentists	Non-Participating Dentists
<b>Annual benefit maximum</b>	\$3,000 a calendar year		
<b>Deductible</b>	None		
<b>Class 1 – Diagnostic and Preventive</b> Exams, cleanings, fluoride, X-rays, sealants	<ul style="list-style-type: none"> <li>Plan pays 100%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 100%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 100% (of allowed amount)</li> <li>You pay amounts over the allowed amount (balance billed)</li> </ul>
<b>Class 2 – Restorative</b> Restorations, endodontics, periodontics, oral surgery	<ul style="list-style-type: none"> <li>Plan pays 100%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80%</li> <li>You pay 20%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (of allowed amount)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>
<b>Class 3 – Major</b> Crowns, dentures, partials, bridges, implants	<ul style="list-style-type: none"> <li>Plan pays 100%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80%</li> <li>You pay 20%</li> </ul>	<ul style="list-style-type: none"> <li>Plan pays 80% (of allowed amount)</li> <li>You pay 20%, plus any amounts over the allowed amount (balance billed)</li> </ul>

This is only a high-level summary of your dental benefits. Please see the Delta Dental of Washington booklet for coverage details.

## About Your Dental Benefits

- There is no annual deductible for dental care.
- Class 1 – Diagnostic and Preventive care charges are not counted toward the \$3,000 calendar-year maximum (leaving the full \$3,000 for restorative and major care)
- If your dental care will be more than \$300, you’re strongly encouraged to have your dentist complete and submit a request for an estimate, sometimes called a “predetermination of benefits.” This will allow you to know in advance what procedures are covered, the amount Delta Dental of Washington will pay and your financial responsibility. In addition, the pretreatment plan could spread the treatment and expenses over more than one year for maximum benefits.

**If you have questions about your dental benefits or wish to order or print an ID card, contact Delta Dental of Washington:**

- Phone: **800-554-1907**  
**206-522-2300** (Seattle area)
- Website: [DeltaDentalWA.com](http://DeltaDentalWA.com)

## Paying for Dental Services

- Dental benefits are insured through Delta Dental of Washington (DDW).
- DDW won't automatically send you an ID card. If you want an ID card, you can download and **print an ID card** from their website. Otherwise, when you're at the dentist's office, just tell the provider you're covered by Delta Dental of Washington and your group number is 00546.
- When you receive dental care, you can choose to see a Delta Dental PPO dentist, Delta Dental Premier dentist or non-participating dentist; however, the percentage the plan pays and the amount you pay depend on which type of dental provider you choose. What's the difference? See the panel on the right.
- When you see Delta Dental PPO or Delta Dental Premier dentists, they bill DDW for the services. DDW determines the amount the plan pays and the amount you owe, then sends you and the dentist an Explanation of Benefits. **When you get your dentist's invoice, it should match the amount the Explanation of Benefits says you owe.** Pay that amount to your dentist. If you have questions, call DDW.
- When you use a non-participating dentist, the dentist may choose to bill DDW first (as described above) or have you pay 100% of the charges when you receive the service and expect you to do the paperwork to request reimbursement. If this happens, ask for a detailed receipt (showing your name, date of service, type of service and provider information), fill out the **DDW claim form** and send it with the receipt to DDW for reimbursement of the portion the plan pays. The address will be on the claim form.

## What's the Difference?

### Delta Dental PPO Dentists

- Have contracted with DDW to charge lower rates
- Plan pays 100% of the charges\*

### Delta Dental Premier Dentists

- Have contracted with DDW, but not at the lower Delta Dental PPO dentist rates
- Plan pays 80% of Class 2 and 3 services\*; you pay 20%

### Non-Participating Dentists

- Have no agreements with DDW and can charge you whatever they want
- DDW has an allowed amount for each service and if a non-participating dentist charges you over the allowed amount, you are responsible for 20% of the allowed amount and any charges over the allowed amount (balance billed)
- Plan pays 80% of the allowed amount for Class 2 and 3 services\*; you pay the rest

\* Up to \$3,000 each calendar year

## To find Delta Dental PPO and Delta Dental Premier providers, contact Delta Dental of Washington:

- Web: [DeltaDentalWA.com](http://DeltaDentalWA.com)
- Phone: 800-554-1907  
206-522-2300 (Seattle area)

# Vision Benefits

The Archdiocese provides your vision benefits through Vision Service Plan (VSP) – offering the Signature Network, an extensive network of VSP providers, as well as a network of participating retail chain providers (such as Costco\*). You can see any vision care provider, but you'll pay less when you see VSP Signature Network providers.

## Vision Benefits Summary

Service	VSP Signature Network	Participating VSP Retail Provider*	Out-of-Network Reimbursement
<b>Eye Exam</b> Covered once every calendar year	<b>You Pay</b> \$10 copayment	<b>You Pay</b> \$10 copayment	<b>You Pay</b> \$10 copayment plus any charge over \$76
	<b>Plan Pays</b> 100% of charges after the copayment	<b>Plan Pays</b> 100% of charges after the copayment	<b>Plan Pays</b> Up to \$76 reimbursement
<b>Prescription Glasses – Once every calendar year</b>			
<b>Prescription Glasses</b> Covered once every calendar year (instead of contact lenses)	<b>You Pay</b> \$10 copayment plus any charge over the allowance	<b>You Pay</b> \$10 copayment plus any charge over the allowance	<b>You Pay</b> \$10 copayment plus any charge over the allowance
	<b>Plan Pays</b> 100% of charges after the copayment up to the allowance amount	<b>Plan Pays</b> 100% of charges after the copayment up to the allowance amount	<b>Plan Pays</b> Up to the reimbursement amount
<b>Frames</b>	Frame allowance up to \$150 plus 20% off out-of-pocket costs	Frame allowance up to \$70 at Costco* and \$150 at other providers	Reimbursement up to \$91 for frames
<b>Lenses</b> If you select lens options and frames that exceed the VSP allowance, you pay the difference	Covered lens options: <ul style="list-style-type: none"> <li>• Single vision, lined bifocal, lined trifocal or progressive lenses</li> <li>• Polycarbonate lenses for covered children</li> <li>• Tints/Photochromic lenses-transitions/ scratch resistant coating/UV protection/anti-reflective coating</li> </ul> Average 35% – 40% off non-covered lens options	Covered lens options: <ul style="list-style-type: none"> <li>• Single vision, lined bifocal, lined trifocal or progressive lenses</li> <li>• Polycarbonate lenses for covered children</li> <li>• Tints/Photochromic lenses-transitions/ scratch resistant coating/UV protection/ anti-reflective coating</li> </ul>	Reimbursement up to: <ul style="list-style-type: none"> <li>• \$52 for single vision lenses</li> <li>• \$78 for lined bifocal lenses</li> <li>• \$103 for lined trifocal lenses or progressive lenses</li> <li>• \$5 for tints</li> </ul>

Contact Lenses (see the next page)

## Vision Benefits Summary (continued)

or Contact Lenses			
<b>Contact Lenses</b> Covered once every calendar year (instead of glasses)	<b>You Pay</b> Any charge over \$120 allowance	<b>You Pay</b> Any charge over \$120 allowance	<b>You Pay</b> Any charge over \$105 allowance
	<b>Plan Pays</b> Contact allowance up to \$120	<b>Plan Pays</b> Contact allowance up to \$120	<b>Plan Pays</b> Reimbursement up to \$105
<b>Contact Lens Exam</b> Fitting and evaluation	<b>You Pay</b> Up to \$60 copayment	<b>You Pay</b> Up to \$60 copayment	<b>You Pay</b> Any charge over \$105
	<b>Plan Pays</b> Any charge over \$60 plus 15% off contact lens exam services	<b>Plan Pays</b> Any charge over \$60	<b>Plan Pays</b> Reimbursement up to \$105

\* Coverage and lens options with a participating retail chain may be different, visit [www.vsp.com](http://www.vsp.com) for details. Not all Costco vision providers are participating providers; you'll need to confirm their participation when you are making an eye exam appointment or ordering glasses or contacts. This is only a high-level summary of your vision benefits; please see the VSP summary for coverage details.

### About Your Vision Benefits

- The plan covers one pair of glasses (frame and lenses) or contact lenses every year.
- Progressive lenses are paid in full at VSP providers and up to \$103 from out-of-network providers.
- The plan does not cover laser vision correction, but VSP offers discounts for this service. Contact VSP for more information.
- VSP offers discounts on lenses frames, contacts, Lasik and **hearing aids**. For details, visit: [VSP.com/offers/special-offers](http://VSP.com/offers/special-offers).

### Using VSP Providers

- Choose a VSP Signature Network provider or participating retail provider: search online at [VSP.com](http://VSP.com) or call **800-877-7195** to order a provider listing.
- Make an appointment and tell the provider you're a VSP member. (The provider's office will confirm your membership with VSP.)
- That's it – no ID cards or claim forms.

### If you have questions about your vision benefits, contact VSP:

- Phone: **800-877-7195**  
(TDD) **800-428-4833**
- Website: [VSP.com](http://VSP.com)

### Using Out-of-Network Providers

You get the best value from your VSP benefits when you visit a VSP Signature Network provider (but participating retail providers are another cost-saving option). If you decide to see an out-of-network provider, copayments still apply. In addition, your benefits will be lower and you'll typically pay more out of pocket. You are required to pay the out-of-network provider in full at your appointment, then submit a claim to VSP for partial reimbursement.

If you decide to see an out-of-network provider, call VSP first at **800-877-7195** to verify your benefits. VSP guarantees service from VSP network providers only.

### Reimbursement by VSP for Exams or Lenses From Out-of-Network Providers

Out-of-network claims can be submitted through the VSP website: [VSP.com](http://VSP.com).

Remember:  
You receive a better benefit if you use a VSP provider!

# Priest Wellness Program

Being healthy is not just the absence of illness – it’s the active embrace of well-being in body, mind and spirit. The Archdiocese is deeply committed to offering robust benefits in support of the wellness of our priests through our Wellness Program.

The following Wellness Program activities are voluntary. You are not required to complete any of these activities. However, to promote participation, you’ll receive the incentives if you choose to participate. These incentive amounts may change.

**Our Wellness Program is designed to:**

- Encourage you to check your health regularly.
- Promote working with your personal physician on any health improvement actions.

Voluntary Priest Wellness Program Activities Incentive	
<p><b>Health Check</b></p> <p>Check your health with a Quest Diagnostics Biometric Screening – and share the results with your personal physician. If the Health Check indicates any potential health issues, you and your physician can determine the next steps for your care and treatment.</p> <p>You can get the Health Check either at Priest Days or at a Quest Diagnostics laboratory. If you miss the Priest Days screening, you have until December 31st to get the health check and earn the incentive for the year; contact Integrated Payroll and Benefits Services to make the Quest Diagnostics appointment.</p> <p><b>Biometric screening</b></p> <ul style="list-style-type: none"> <li>• A blood test for PSA, TSH, CBC, A1C, cholesterol, and height, weight, BMI, blood pressure and waist circumference measurements. Fasting prior to the test is not required.</li> </ul>	<b>\$125</b>
<p><b>Financial wellness</b></p> <ul style="list-style-type: none"> <li>• Attend the Transamerica presentation at Priest Days.</li> </ul>	<b>\$25</b>
<p><b>Annual physical exam*</b></p> <ul style="list-style-type: none"> <li>• Get one physical exam (per calendar year) from your regular physician</li> <li>• Our medical plan covers annual preventive exams</li> </ul>	<b>\$50</b>
<p><b>Annual dental exam*</b></p> <ul style="list-style-type: none"> <li>• Get one preventive dental cleaning (per calendar year) from your regular dentist</li> <li>• Our dental plan covers twice-yearly exams.</li> </ul>	<b>\$50</b>
<p><b>Annual eye exam*</b></p> <ul style="list-style-type: none"> <li>• Get one eye exam (per calendar year) from your regular eye doctor</li> <li>• Our vision plan covers annual eye exams</li> </ul>	<b>\$50</b>
<b>Total</b>	<b>\$300</b>

\*Exams received during the calendar year (January 1 to December 31) are eligible for the incentive. To receive annual exam incentives, simply complete and return the Priest Wellness Incentive Form to Integrated Payroll and Benefits Services. (No receipts or insurance company forms required.)

# Life Insurance for Funeral and Burial Expenses

The Archdiocese provides up to \$20,000 to help offset funeral and burial expenses if you are buried in a Catholic cemetery (inside or outside the U.S.).

This benefit is funded through term life insurance paid by the Priest Health Plan, where the plan is the beneficiary.

- You are encouraged to sign and return a beneficiary form to Integrated Payroll and Benefits Services.
- If you are prepaying for your burial plot, continue to do so; Integrated Payroll and Benefits Services will work with your estate for reimbursement.
- Please inform your personal executor about this benefit.

**For more information about this benefit, contact Integrated Payroll and Benefits Services.**

# Long-Term Disability (LTD) Insurance

To furnish you with a source of income if you are partially or totally disabled because of illness or injury and cannot work, the Archdiocese provides LTD insurance.

Plan features include:

- After 90 days of qualifying disability, the LTD benefit replaces 60% of your basic monthly earnings up to \$4,000 per month, less other sources of income (like Social Security); the plan pays a partial monthly benefit for partial disabilities. To receive LTD benefits, your claim must be approved by the insurance company (Prudential).
- If the disability is so severe that you cannot perform two or more activities of daily living without substantial assistance, (like bathing, eating or maintaining continence), LTD may pay an additional 20% of your salary (up to \$5,000 per month); this benefit is not reduced by deductible sources of income.
- LTD benefits could be paid until you are no longer disabled (as determined by the insurance company) or you reach your maximum benefit duration, depending on your age on the date the disability begins. The plan may pay benefits for a shorter period if the disability is caused by a mental disorder.
- For purposes of LTD, basic income includes your salary and the standard housing and car allowances.

# Employee Assistance Program (EAP)

The EAP is a confidential place to turn for help with personal issues such as life changes, stress, depression, addictive behavior, grief, financial or legal problems.

The Archdiocese offers you this program through **GuidanceResources**.

This benefit provides:

- 24/7 helpline staffed by master's or doctorate level counselors.
- Three face-to-face counseling sessions per issue (additional counseling may be available through your medical benefits); the EAP counselor can also supply referrals to a mental health professional.
- FinancialConnect® – Financial planning and/or consulting.
- EstateGuidance® – Online will preparation.
- LegalConnect® – Initial 30-minute legal consultation; after that, 25% reduction in legal fees.
- Online Resources – Online answers to questions about legal or financial concerns.

## To contact the EAP:

- Phone: **800-311-4327**  
800-697-0353 (TTY/TDD)
- Website: **[GuidanceResources.com](https://www.guidanceresources.com)**  
(enter your employer web ID: MGR311)

# Business Travel Accident (BTA) Insurance

Coverage and assistance to you while traveling on Archdiocesan business or for pleasure.

- **BTA coverage** pays up to \$100,000 to a beneficiary of your choice if you die from an accident while traveling. The insurance pays a benefit to you if you lose your sight or hearing, use of a limb, or become paralyzed due to an accident while traveling.
- **Includes The Hartford Travel Assistance** services, which cover you when you are traveling more than 100 miles from home for up to 90 days per trip, and can help you:
  - Obtain pre-travel information (e.g. Visa or inoculation requirements)
  - Locate lost items
  - Dispatch lost or forgotten medication or glasses prescriptions
  - Obtain an emergency cash and/or bail advance (if secured by a valid credit card)
  - Get medical referrals, hospital admission coordination and critical care monitoring
  - Make emergency travel and medical evacuation arrangements (including coordination with traveling companion's arrangements)
  - Make repatriation arrangements (if home-country government calls for evacuation).

Limits apply; for details see The Hartford Travel Accident Benefits Summary and the Travel Assistance Brochure (for Priests).

For BTA questions or claims, contact Integrated Payroll and Benefits Services.

## For travel assistance, contact Care Assist

- Phone: **800-243-6108** within the US  
**+1-202-828-5885** outside the U.S. (collect)
- Website: [TheHartford.com/EmployeeBenefits](http://TheHartford.com/EmployeeBenefits)
- ID No: GLD-09012

### Archdiocese of Seattle Integrated Payroll and Benefits Services

**We're here to help you!**

Hours Monday–Friday 8:30 a.m.–5:00 p.m.

Call 206-382-4566 ♦ Toll free 1-800-950-4904

Fax 206-382-3493

Email [IPBS@Seattlearch.org](mailto:IPBS@Seattlearch.org)

# Supplemental Insurance

Some major illnesses and accidents can be a financial strain, even with medical insurance. To help cover out-of-pocket costs like deductibles and coinsurance, the Archdiocese offers Supplemental Insurance coverage at a reasonable cost.

## Features of supplemental insurance include:

- No medical questions or tests required for coverage.
- Simplified claims process has limited paperwork and can be submitted and tracked online.
- You receive the full benefit, even if you have other insurance.
- The payments go directly to you. Use them how you'd like!

## Accident Insurance

Accident insurance pays you benefits if you receive treatment for a covered injury.

The payment is based on the type of injury, its severity and what medical services are required for treatment and recovery. It is paid even if the injury is covered by your medical plan.

The plan covers injuries and accident-related expenses such as:

- Injury treatment (fractures, dislocations, ligament damage, concussions, lacerations, burns, etc.)
- Hospitalization
- Physical therapy
- Emergency room treatment
- Transportation
- And more

### For example

Father Abbot slips on ice on his front stoop and fractures his hip. He receives a payment of \$2,825 for the following medical services:

Medical Service	Example Benefit*
Emergency room treatment	\$200
X-Ray	\$50
Follow-up doctor treatment	\$75
Fracture benefit (hip)	\$2,500
<b>Total Example Benefits</b>	<b>\$2,825</b>

## Keep in Mind

You can use Supplemental Insurance money to pay the deductible or copays or use it for something else.

## Hospital Indemnity Insurance

Hospital indemnity insurance pays benefits directly to you if you are admitted to the hospital.

If you are admitted to a hospital, you receive a cash benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

### For example

Father Bishop has a heart attack and is confined to the hospital for four days. He receives a payment of \$1,350 for the following medical services:

Medical Service	Example Benefit*
Hospital admission	\$750
Hospital confinement (\$150/day for 4 days)	\$600
<b>Total Example Benefits</b>	<b>\$1,350</b>

\*\* These examples show you how the benefits are calculated. The sample services and benefit amounts shown are generic and may not reflect covered services or plan schedule offered to you.

# Optional Benefits

You have the opportunity to purchase these voluntary benefits at group rates. If interested, contact Integrated Payroll and Benefits Services.

## Archdiocesan 403(b) Savings Plan

- This retirement savings plan offers tax-deferred contributions (pretax deductions) as well as Roth contributions (after tax deductions).
- Depending on how much you contribute, you could receive up to \$3,500 per year in 25% matching account contributions from your Archdiocesan source of salary.
- You can enroll any time with Transamerica Retirement Solutions:
  - Phone: **800-755-5801**
  - Website: <https://secure2.transamerica.com/login>

## Optional Group Life Insurance

- The plan pays your beneficiary the insurance amount in the event of your death while covered.
- You can purchase up to 8 x annual salary.
- If you apply within the first 31 days of your initial eligibility you may apply for up to \$100,000 of coverage without completing a health questionnaire.
- You must complete a health questionnaire and be approved by the insurance company to be covered if applying after your initial eligibility or for amounts over \$100,000.
- The cost depends on the insurance amount and your current age (your premiums increase as you get older).

Optional Group Life Insurance and Long Term Disability Insurance coverages are issued by the Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations and restrictions which may apply. Contract Series: 83500.

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## Critical Illness Insurance

Critical illness pays you a lump sum benefit if you are diagnosed with a covered illness or condition.\*\*

You can use the money for any purpose you like, such as medical expenses not covered by insurance, rent/mortgage payments or other bills. This benefit is in addition to (and not a substitute for) medical insurance.

Covered illnesses and conditions include:

- Heart attack
- Stroke
- Cancer
- Major organ failure
- Permanent paralysis
- Kidney failure (ESRD)
- Coronary artery bypass surgery\*\*\*
- COVID-19\*\*\*

\*\*Limitations and exclusions apply and may affect any benefits payable. See the website or certificate of coverage for details.

\*\*\* Pays 25% of insurance coverage amount once per lifetime.

**Learn more about Supplemental Insurance coverage at:**

[https://presents.voya.com/EBRC/Product/seattlearch/CriticalIllness2\\_1](https://presents.voya.com/EBRC/Product/seattlearch/CriticalIllness2_1)

# Optional Benefits

(continued)

## Identity Protection

- Safeguard your finances and credit.
- High-risk transaction alerts for detection of unauthorized account access, fund transfers and password resets; underground internet surveillance to identify information misuse.
- Digital identity report to see what a deep Internet search finds out about you and tips to better secure your personal information; annual credit report, monthly credit score.
- Online vault for securely storing the contents of your wallet (driver's license, credit cards, etc.) and other account numbers and contacts, and usernames and passwords.
- \$1 million identity theft insurance policy; identity restoration instruction kit; privacy advocate remediation.

### TWO COVERAGE LEVELS:

Core for \$7.94/month or buy-up for \$9.94/month (split between two monthly paychecks).

Feature	Core	Buyup
Credit monitoring (TransUnion only)	✓	x
Tri-bureau credit monitoring (TransUnion, Equifax, and Experian)	x	✓
Expanded data sources for transactions on financial accounts	x	✓
Additional proactive alerts on financial account transactions	x	✓
Annual credit report	✓	✓
Monthly credit score tracking	✓	✓
Social media reputation monitoring	✓	✓
Digital wallet storage and monitoring	✓	✓
Full-service identity restoration	✓	✓
Privacy advocate assistance	✓	✓
\$1,000,000 identity theft insurance policy	✓	✓
Threshold monitoring on all financial accounts	✓	✓

## BenefitHub Discount Marketplace

### Enjoy exclusive discounts on thousands of products and services, including:

- 100,000 name brands at hundreds of your favorite retailers (such as Apple, Dell, Target, Costco, Sam's Club).
- Tickets to sporting events, concerts, theaters, movies and theme parks.
- Restaurants, gyms and thousands of other local products and services.
- Travel, car rental, hotel rooms, etc.

You'll access the discount marketplace through a special website: [ArchSea.BenefitHub.com](http://ArchSea.BenefitHub.com) (note: no "s" after benefit). The access code is **T20IEN**.

This benefit is free! To take advantage of the savings just log on to the website and register.

# Medicare Drug Benefit Notice

If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please read the following notice carefully for more details.

## Annual Notice of Medicare Drug Plan Creditable Coverage

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. If you're eligible for Medicare, you can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

## Your Coverage is Creditable Coverage

An actuary reviewed our medical benefit plan's prescription drug coverage and compared it to the standard Medicare prescription drug plan coverage. We're pleased to let you know that the actuary has determined that the prescription drug coverage you have now – sponsored by the Archdiocese – is, on average for all plan participants, expected to pay out at least as much as the standard Medicare prescription drug coverage. This is called creditable coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium or penalties if you later decide to join a Medicare drug plan.

## When You Can Enroll in Medicare Prescription Drug Coverage

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15 through December 7. If you lose creditable prescription drug coverage through no fault of your own, you may be eligible for a two-month special enrollment period, and not have to wait for the next Medicare Annual Enrollment period. Contact Medicare for details.

## What Happens if You Enroll in a Medicare Drug Plan

Although you don't need a Medicare prescription drug plan because your Archdiocese-sponsored prescription drug coverage is creditable coverage, you are permitted to be covered by both programs (a Medicare prescription drug plan and your Archdiocese-sponsored prescription drug coverage). As long as you are an active and assigned priest, the Archdiocese-sponsored prescription drug coverage will continue to be your primary prescription drug benefit plan – even if you enroll in a Medicare prescription drug plan. Additionally, if you enroll in a Medicare prescription drug plan, you will be responsible for that plan's monthly premiums, drug copays and other costs.

**Do you need both?** Be sure to compare your current coverage, including costs and which drugs are covered, with the Medicare prescription drug plans in your area. While you can be covered under the Archdiocese prescription drug program as well as a Medicare drug plan, remember there are costs for both. Explore all of your options. Your current Archdiocese-sponsored coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you will still be eligible to receive all of your current health and prescription drug benefits.

## Re-Enrolling in Archdiocese-Sponsored Coverage

If you drop your current Archdiocese-sponsored coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Archdiocese-sponsored benefit plan provided you meet the plan's eligibility criteria.

## When You Would Pay a Higher Premium for a Medicare Drug Plan

If you drop or lose your Archdiocese-sponsored coverage and don't enroll in a Medicare drug plan promptly after your current coverage ends, you may have to pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without creditable prescription drug coverage (coverage that, on average, pays at least as much as Medicare), your monthly premium will go up at least 1% per month for every month you didn't have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the next October to enroll.

Continued on the next page.

## For More Information about Medicare Prescription Drug Coverage

More information about Medicare Prescription Drug plans is available in the *Medicare & You* official handbook; you'll get a copy in the mail from Medicare if you're Medicare-eligible. You may also be contacted directly by companies that provide Medicare prescription drug plans. You can get more information by:

- Visiting [Medicare.gov](http://Medicare.gov)
- Calling your State Health Insurance Assistance Program (see your copy of *Medicare & You* for their phone number)
- Calling Medicare at **800-633-4227** (TTY: 877-486-2048)

For people with limited income and resources, help is available to pay for a Medicare prescription drug plan. Find out more from the Social Security Administration online at [SocialSecurity.gov](http://SocialSecurity.gov), or by calling 800-772-1213 (TTY: 800-325-0778).

## For More Information about Archdiocesan-Sponsored Prescription Drug Benefits

For a high level summary of your prescription drug benefit copays, see pages 6 and 7 of this summary; see the Christian Brothers booklet for details.

Contact Express Scripts if you have questions about the formulary or whether specific drugs are covered:

- Phone **800-718-6601**
- Website [Express-Scripts.com](http://Express-Scripts.com)

## What You Need to Do If Your Archdiocesan Coverage Ends

If your Archdiocesan coverage ends and you are eligible to enroll for Medicare, please contact Integrated Payroll and Benefit Services to obtain a personalized creditable coverage notice right away. When you enroll in a Medicare drug plan, you may be required to provide a creditable coverage notice to show that you maintained creditable coverage and that you are not required to pay a higher premium.

- Call direct **206-382-4566**.
- Call toll free **800-327-5303**
- Fax **206-382-3493**
- Email [IPBS@SeattleArch.org](mailto:IPBS@SeattleArch.org)

### Archdiocese of Seattle Integrated Payroll and Benefits Services

**We're here to help you!**

Hours Monday-Friday 8:30 a.m.-5:00 p.m.

Call 206-382-4566 ♦ Toll free 1-800-950-4904

Fax 206-382-3493

Email [IPBS@Seattlearch.org](mailto:IPBS@Seattlearch.org)

## What To Do When You Move to Senior Priest Status

### Senior priests get medical coverage through a Medicare Advantage Plan.

#### To enroll:

1. Notify the Vicar for Clergy's Office, and then they will notify Integrated Payroll and Benefits Services that you've attained senior status.
2. If you are near or over 65, you must enroll in Medicare Part A and Part B right away. Don't delay! You can enroll online at either [socialsecurity.gov](http://socialsecurity.gov) or [medicare.gov](http://medicare.gov). The Medicare.gov website is easy to use and is packed with useful information.

#### If you need help enrolling in Parts A and B:

3. Call Medicare at 1-800-MEDICARE (1-800-633-4227); TTY users can call 1-877-486-2048
4. Visit a Social Security office near you. Find a nearby office at: [socialsecurity.gov](http://socialsecurity.gov)
5. Once you've enrolled in Medicare Parts A and B and have received your Medicare ID card, contact Integrated Payroll and Benefits Services and they will enroll you in the UnitedHealthcare Medicare Advantage PPO.

**Don't Delay!** If you are eligible for Medicare, you have a limited amount of time to sign up for a Medicare drug plan after your coverage ends to avoid paying a higher premium.

# Resources

Benefit	Administrator/Insurer	Phone/Email/Website
<p>Contact <b>Integrated Payroll and Benefits Services</b> about:</p> <ul style="list-style-type: none"> <li>• Excess Out-of-Pocket Plan</li> <li>• Life Insurance for Funeral and Burial Expenses</li> <li>• Long-Term Disability Insurance</li> <li>• Business Travel Accident Insurance</li> <li>• Optional Group Life Insurance</li> </ul>	<p><b>Integrated Payroll and Benefits Services</b></p> <p>Office: 803 Terry Avenue, 4th Floor Cathedral Place Building Seattle, WA 98104</p> <p>Mailing address: 710 9th Avenue Seattle, WA 98104</p>	<p>Phone: <b>800-327-5303</b> Monday–Friday 8 a.m. to 5 p.m. (PT)</p> <p>Email: <a href="mailto:IPBS@SeattleArch.org">IPBS@SeattleArch.org</a></p>
<b>Medical Benefits</b>	<p><b>Christian Brothers Medical Plan</b></p> <p>Mailing address for claims: 1205 Windham Parkway Romeoville, IL 60446-1694</p>	<p>Phone: <b>800-807-0564</b> Monday–Friday 5:30 a.m. – 5 p.m. (PT)</p> <p>Website: <a href="http://MyCBS.org/Health">MyCBS.org/Health</a></p>
Finding a Network Provider	BlueCross BlueShield of Illinois	<p>Website: <a href="http://MyCBS.org/Health">MyCBS.org/Health</a> Click Find a Doctor &gt; Medical PPOs &gt; BlueCross BlueShield</p>
Hospital/Inpatient Precertification	BlueCross BlueShield of Illinois	Phone: <b>866-458-4002</b>
<p><b>Prescription Drug Benefits</b></p> <p>Finding a Network Pharmacy or Mail Order</p>	<p><b>Express Scripts</b></p> <p>Mailing address: PO Box 68385 Harrisburg, PA 17106-8385</p>	<p>Phone: <b>800-718-6601</b></p> <p>Website: <a href="http://MyCBS.org/Health">MyCBS.org/Health</a> Log in and click on Prescription Drug Coverage</p>
<b>Dental Benefits</b>	<p><b>Delta Dental of Washington</b></p> <p>Mailing address for claims: Delta Dental of Washington PO Box 75983 Seattle, WA 98175</p>	<p>Phone: <b>800-554-1907</b> or <b>206-522-2300</b> (Seattle area)</p> <p>Website: <a href="http://DeltaDentalWA.com">DeltaDentalWA.com</a> Select Delta Dental PPO Network Group Number: 00546</p>
<b>Vision Benefits</b>	<p><b>VSP</b></p> <p>Mailing address for claims: VSP PO Box 385018 Birmingham, AL 35238-5018</p>	<p>Phone: <b>800-877-7195</b> <b>800-428-4833</b> (TTY/TDD)</p> <p>Website: <a href="http://VSP.com">VSP.com</a></p>
<b>Priest Wellness Program</b>	<b>Integrated Payroll and Benefits Services</b>	<p>Phone: <b>800-327-5303</b> Monday–Friday 8 a.m. to 5 p.m. (PT)</p> <p>Email: <a href="mailto:IPBS@SeattleArch.org">IPBS@SeattleArch.org</a></p>
<b>Consult a Doctor 24/7 (Teladoc)</b>	<b>Teladoc</b>	<p>Phone: <b>800-362-2667</b></p> <p>Website: <a href="http://MyDrConsult.com">MyDrConsult.com</a></p>
<b>Employee Assistance Program</b>	<b>GuidanceResources®</b>	<p>Phone: <b>800-311-4327</b> <b>800-697-0353</b> (TTY/TDD)</p> <p>Website: <a href="http://GuidanceResources.com">GuidanceResources.com</a> Enter your employer web ID: MGR311</p>
<b>Archdiocesan 403(b) Savings Plan</b>	<b>Transamerica Retirement Solutions</b>	<p>Phone: <b>888-676-5512</b> (new to plan) <b>800-755-5801</b> (already enrolled)</p> <p>Website: <a href="https://secure2.transamerica.com/login">https://secure2.transamerica.com/login</a></p>

# Resources

Benefit	Administrator/Insurer	Phone/Email/Website
<b>Care Assist</b> For assistance when traveling	The Hartford	Phone: <b>800-243-6108</b> within the US <b>+1-202-828-5885</b> outside the US (collect) Website: <a href="http://TheHartford.com/EmployeeBenefits">TheHartford.com/EmployeeBenefits</a> ID No: GLD-09012
<b>BenefitHub Discount Marketplace</b>	BenefitHub	Website: <a href="http://ArchSea.BenefitHub.com">ArchSea.BenefitHub.com</a> (Note: no "s" after benefit) Access code: T2O1EN
<b>Identity Theft Protection</b>	Allstate	Phone: <b>800-789-2720</b> Website: <a href="http://allstateidentityprotection.com">allstateidentityprotection.com</a>
<b>Supplemental Insurance</b> <ul style="list-style-type: none"> <li>• Accident Insurance</li> <li>• Hospital Indemnity Insurance</li> <li>• Critical Illness</li> </ul>	Voya Financial	Phone: <b>800-955-7736</b> Website: <a href="http://presents.voya.com/EBRC/seattlearch">presents.voya.com/EBRC/seattlearch</a>

## [Paycom.com](http://Paycom.com)

- Access your pay information, including pay statements and end-of-year W-2 forms
- Update your W-2 withholding
- Update your phone number, address, work and/or personal email
- Access information about your healthcare and insurance benefits
- Link to provider directories and insurer/benefit administrator websites

## Transamerica Retirement Services at

<https://secure2.transamerica.com/login>

- Enroll in or change contributions to the 403(b) Plan
- See your 403(b) Plan account balance
- Change your investment fund allocation
- Enter or update your 403(b) Plan beneficiary information

## HIPAA Notice of Privacy Practices

You may obtain a copy of our HIPAA Notice of Privacy Practices from the Integrated Payroll and Benefit Services website: [Paycom.com](http://Paycom.com)

This is a summary of the Priest Health Plan and other benefits available to active priests. It describes only portions of the benefit plans. It does not supersede actual provisions of the applicable plan document or contracts with any of the vendors: Christian Brothers, Delta Dental of Washington, VSP, Prudential Insurance Company of America, GuidanceResources, Transamerica Retirement Solutions, The Hartford, Allstate and Voya Financial, which in all cases are the final authority. The terms of the plans cannot be amended or modified by oral statements. Only the Plan Administrator can interpret the terms of the plans. Although the Archdiocese intends to continue the plans described in this summary, the plans may be amended (or even terminated) by the Archdiocese at any time, for any reason, without prior notice to or consent by priests, former priests, their dependents or beneficiaries.