

# Archdiocese of Kansas City in Kansas



## 2020 Benefit Guide for Priests

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# Welcome to the Archdiocese of Kansas City in Kansas' 2020 guide to employee benefits!

This guide describes your benefits for 2020. Please read it carefully for important information you will need in order to make effective use of your benefits.

## Insurance Plans for Our Priests

As part of the total compensation package, the Archdiocese of Kansas City in Kansas provides Health, Dental and Vision coverage to priests.

At age 65, priests are instructed to enroll in Medicare Part A (hospital insurance). By doing so, they will avoid future penalties and complications created by not enrolling in this program on a timely basis. Medicare Part A remains secondary to the Archdiocese Health Plan until the priest retires, typically at age 70.

At retirement (usually at age 70), priests should elect Medicare Part B (medical insurance) as their primary health coverage. The Archdiocese Health Plan becomes their supplemental health insurance plan. Retired priests continue to participate in the dental and vision plans at no cost.



# Effects of Health Care Reform

## Summary of Benefits and Coverage

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

*A copy of the SBC can be found on the Archdiocese benefits portal.*

## Grandfathered Status

The Archdiocese Health Plan is no longer a “grandfathered health plan” under the ACA as of 1/1/2020.

## Preventive Care Guidelines

Our health plan has and continues to cover routine preventive services for all members. In addition, the health plan also covers one colonoscopy per calendar year at 100%, regardless if it is a routine or diagnostic service. Covered preventive services may have age limitations in line with recommendations of the National Preventive Services Task Force. As these recommendations may change from time to time, please verify with Blue Cross Blue Shield or MedTrak what specific preventive services are covered in full.



# What's Changing for 2020?

## Medical and Prescription Plan Changes

- The Archdiocese plan will not be a Grandfathered Plan beginning 1/1/2020, as that term is used regarding the Affordable Care Act (ACA).

### What does this mean?

Giving up Grandfathered status allows the plan to make more significant changes than were allowed while remaining Grandfathered. It also means there will be a cap on prescription member out-of-pocket levels, and all copays will now apply to the out-of-pocket levels. Currently copays do not apply to your out-of-pocket.

- The Catholic Hospital tier of coverage will be eliminated.** Services at these facilities will be covered as either in-network or out-of-network, based on the hospital's status with the Blue Cross Blue Shield network.
- The table below illustrates other plan features that will be changing. Copay amounts for medical services are not changing. See page 7 for a more complete medical plan summary.

Medical/RX Plan Changes	Current Plan	2020 Plan
<b>Deductible</b>		
In Network Individual	\$500	\$750
Non-Network Individual	\$500	\$1,500
<b>Medical Out of Pocket Max</b>		
Includes copays plus coinsurance	No, copays don't apply to out of pocket	Yes, copays apply to out of pocket
In Network Individual	\$2,000	\$4,000
Non-Network Individual	\$2,500	\$8,000
<b>RX Out of Pocket Max</b>		
Individual	None	\$3,000
<b>Med &amp; RX Combined In Network Out of Pocket Maximum</b>		
Individual	None	\$7,000
<b>RX Copays/Coinsurance - 30-day</b>		
Generic	\$7	\$10
Brand Annual Deductible	\$60	None
Preferred Brand	25% coins., \$25 min.	25% coins., \$25 min.
Non-preferred Brand	40% coins., \$40 min.	40% coins., \$40 min.
Specialty Drugs (Generic, Pref Brand, Non-Pref Brand)	\$14 / \$28 / \$46	25% coinsurance
<b>RX Copays/Coinsurance - 90-day</b>		
Generic	\$22	\$25
Preferred Brand	\$70	25% coins., \$62.50 min
Non-preferred Brand	\$119	40% coins., \$100 min

## Retirement Plan Changes

- A Roth option is being added to both the 401(k) and the 403(b) plans.

# Your Online Resource for Benefits Information

You have online access to the information you need 24 hours a day, 7 days a week at:

<https://www.archkck.org/employee-benefits>

You'll find additional information and links to vendor sites at this location on our website.

# Your Benefits

The Archdiocese provides medical, dental and vision benefits automatically at no cost to you.

## 2020 Premiums

The premiums for the Health, Dental and Vision plans will increase for 2020. Your employer will pay 100% of your cost to participate in these plans. The chart below shows the 2020 monthly employer cost.

Monthly Rates	Total Employer Cost
<b>Health Plan (Includes RX)</b> Single	\$799.50
<b>Dental Plan</b> Single	\$46.86
<b>Vision Plan</b> Single	\$9.26





# Health Benefits



You have the flexibility to seek care from an in-network or out-of-network provider. It is important to note that you receive the maximum benefits from the plan when you seek services from in-network providers.

The Blue Cross and Blue Shield networks offer the best national access to providers through the BlueCard PPO Program in which all Blue Cross Blue Shield Plans participate. To learn more about the BlueCard Program, or if your physician participates in the PPO network, please visit their website at [www.MyHealthToolkitKC.com](http://www.MyHealthToolkitKC.com). You may also direct your questions to the Customer Service number located on the back of your identification card.

BENEFIT	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
<b>Calendar Year Deductible</b>	\$750 Individual	\$1,500 Individual
<b>Medical Out-of-Pocket Max</b>	\$4,000 Individual	\$8,000 Individual
<b>Wellness Benefits – Routine Care</b>	Plan pays 100%	100% up to \$500 per person, then Plan pays 60% after Deductible
<b>Physician Office Visit</b>	\$30 Copay	Plan pays 60% after Deductible
<b>Inpatient Hospital Services</b>	\$120 Copay, then Plan pays 80% after Deductible	\$120 Copay, then Plan pays 60% after Deductible
<b>Emergency Room Services</b>	\$90 Copay, then Plan pays 80% after Deductible	\$90 Copay, then Plan pays 80% after Deductible
<b>Inpatient Hospice Care Services</b>	\$120 Copay, then Plan pays 80% after Deductible	\$120 Copay, then Plan pays 60% after Deductible
<b>Chiropractic Care</b> (Limited to 20 visits per calendar year combined in and out of network)	\$25 Copay, then Plan pays 80% after Deductible	Plan pays 60% after Deductible
<b>Lab Services</b>	100%, no Deductible	Plan Pays 60% after Deductible
<i>This is a brief summary only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your Blue Cross Blue Shield benefit booklet.</i>		

**Gianna Family Care – For Members Covered by the Health Plan**

The Archdiocese Health Plan provides coverage at Gianna Family Care, which is a membership and faith-based medical practice located in Shawnee, Kansas. Charges from the Gianna Family Care medical practice will be treated as follows, even though this practice is out of network with Blue Cross Blue Shield:

- **Membership** and other **physician fees**, such as for delivery or circumcision, will be reimbursed at **90%** of billed amount, not subject to calendar year deductible.
- Any **other fees**, such as **labs** or **medications**, if billed by Gianna, will be covered as **out of network**.

A claim form (available on the Archdiocese website), along with an itemized receipt must be submitted to Blue Cross Blue Shield for reimbursement. For more information on this practice visit, [www.giannafamilycare.com](http://www.giannafamilycare.com).



## BLUE DISTINCTION TOTAL CARE

### A NEW MODEL OF HEALTHCARE DELIVERY

There is a nationwide shift in how healthcare is being delivered and received, connecting members to the right care at the right time and place. Blue Distinction Total Care is a national program driven by Blue Cross and Blue Shield plans across the country. The ultimate goal is to improve health outcomes and lower healthcare costs over time. Blue Distinction Total Care programs also reward doctors for helping their patients manage and improve their health by meeting certain criteria set forth by Blue Cross and Blue Shield. There are over 118,000 providers across 40 states that are considered Blue Distinction Total Care providers through programs such as Patient-Centered Medical Home (Blue KC Medical Home for the KC Metro area) and Accountable Care Organizations.

### THE RIGHT CARE AT THE RIGHT TIME AND PLACE

Your primary care doctor will work with you to understand your health issues and lifestyle habits to develop and coordinate a plan of care that leads to your best health. Your doctor will advise you and work directly with other healthcare specialists in your network regarding your health needs so they can assist you in managing your health.

- **Proactive Approach** – Your primary care doctor helps you understand when it's time for preventive medical tests, appointments, and follow-up exams.
- **Convenient Access** – Receive healthcare advice and easy access to your provider as well as convenient appointment scheduling.
- **Cost-effective Care** – Your primary care doctor ensures tests and procedures you receive are necessary and cost-effective.

### HEALTHCARE FOCUSED ON YOU

If you suffer from one or more chronic conditions, Blue Distinction Total Care is focused on the coordination of your care to help you improve your health. If you are in good health, continue to rely on your primary care doctor as your partner in staying healthy. Share your medical history, health successes and challenges. Don't be afraid to ask questions. Your doctor can help you create a care plan with steps you need to take to achieve your best health. Share the plan with your other healthcare providers for an optimal experience. Tell your doctor if you have trouble sticking to your plan, regardless of the reason.

### To find a Blue Distinction Total Care Provider, follow these four easy steps:

1. Go to [MyHealthToolkitKC.com](http://MyHealthToolkitKC.com) and log in to your member account.
2. Select the Resources tab, then click Find a Doctor or Hospital.
3. Enter your location and the doctor's specialty type.
4. On the right side of your search results, select **"Is BDTC Certified"** to refine your search





## Guide to Finding the Best Care Option

	Primary Care Provider	Walk-in Clinic	Urgent Care Center	Emergency Room
Mild Asthma	✓	✓	✓	
Minor Headaches	✓	✓	✓	
Sprains, Strains	✓	✓	✓	
Nausea, Vomiting, Diarrhea	✓	✓	✓	
Bumps, Cuts, Scrapes	✓	✓	✓	
Burning with Urination	✓	✓	✓	
Coughs, Sore Throat	✓	✓	✓	
Ear and Sinus Pain	✓	✓	✓	
Eye Swelling, Irritation, Redness or Pain	✓	✓	✓	
Minor Allergic Reactions	✓	✓	✓	
Minor Fevers, Colds	✓	✓	✓	
Rashes, Minor Burns	✓	✓	✓	
Vaccinations	✓	✓	✓	
Animal bites			✓	
Stitches			✓	
X-rays			✓	
Back Pain	✓		✓	
Any life-threatening or disabling condition including difficult breathing				✓
Sudden or unexplained loss of consciousness				✓
Chest pain, numbness in face, arm or leg; difficult speaking				✓
Severe shortness of breath				✓
High fever with stiff neck, mental confusion or difficulty breathing				✓
Coughing up or vomiting blood				✓
Cut or Wound that won't stop bleeding				✓
Major injuries				✓
Possible broken bones				✓

*If you think you are having a medical emergency, go to the nearest emergency room or call 911 immediately. Each center or clinic may have different services. Be sure to call and ask before you go.*

# Telemedicine



Telehealth is a rapidly growing area of health care. Teladoc allows you to talk to a doctor anytime, anywhere by phone consult. It's an affordable, convenient option for treating many medical conditions. Once you set up your Teladoc account, you can request a consult; a Teladoc doctor is then just a call or click away and **there's no copay!**



## Set up your account

1. Go to <https://www.teladoc.com> and click "Set up account".
2. Fill in required fields as indicated by the \*, such as name, date of birth, etc.
3. Select "no" for user name.
4. Select "my employer or insurance provider offers me access" in response to how you found out about Teladoc.
5. "Who is your employer or insurance provider?" – begin typing "Archdiocese of Kansas City" and a drop down will appear. Enter your BCBS ID in the drop-down field.
6. Enter your user ID/Password and security question, then click "Finish".

## Request a consult

Once your account is set up, a doctor is always just a call or click away

1. Visit the Teladoc website and click "Request a consult"
2. Select the type of consult you want
3. Talk to a doctor within an hour \*

*\*With your consent, Teladoc will provide information about your consult to your primary care physician.*

## WHEN CAN I USE TELADOC?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care:

- When you need care now
- If you are considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For common skin problems

## GET THE CARE YOU NEED FOR \$0 COPAY

Teladoc doctors can treat many medical conditions, including:

- Cold and flu symptoms
- Allergies
- Urinary tract infection
- Respiratory infection
- And more!

For Dermatologist services, you simply take up to 5 photos of the skin issue and send them to the Teladoc doctor. You will get a response within 48 hours.

## MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, family medicine physicians and dermatologists
- Average 15 years' experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years meeting NCQA standards

**CAREGIVER BENEFITS** – If you're caring for a parent or other loved one not covered by your health insurance, you can add that person to your Teladoc account as your care recipient. You or your care recipient will be able to request a physician visit for a \$45 charge. You can even join a 3-way visit.

**Important Note:** *Neither your care recipient nor this \$45 charge is covered by the Archdiocese health plan.*

MedTrakRX is the Pharmacy Benefit Manager for our prescription drug benefits. Your plan includes a list of prescription drugs that are preferred by the plan because they help control rising prescription drug costs. This list, sometimes called a formulary, has a wide selection of generic and brand-name medications. A copy of this list may be obtained on MedTrak’s website at [www.medtrakrx.com/Members](http://www.medtrakrx.com/Members).

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

Long-term medications (those taken for three (3) months or more) may be filled through the Performance 90 retail network. You may fill your long-term medications at a local retail pharmacy like Walgreens, Target, Wal-Mart and many Kansas City grocery stores. MedTrak also offers a mail order pharmacy option through Walgreens Mail. Specialty medications are filled through MedTrak’s “best in class” network of specialty pharmacies.

Prescription Drugs	Benefit
<b>Retail (30-day Supply)</b> Generic Brand Formulary Non-Formulary	Lesser of <b>\$10</b> or actual cost  <b>25%</b> of discounted cost or <b>\$25</b> min <b>40%</b> of discounted cost or <b>\$40</b> min
<b>Mail Order (90-day supply)</b> Generic Brand Formulary Brand Non-Formulary	<b>\$25 Copay</b> <b>25%</b> of discounted cost or <b>\$62.50</b> min <b>40%</b> of discounted cost or <b>\$100</b> min
<b>Specialty (30-day Supply)</b> Generic Brand Formulary Brand Non-Formulary	<b>25% of discounted cost</b> <b>25% of discounted cost</b> <b>25% of discounted cost</b>
<b>Out-of-Pocket Maximum (per calendar year)</b>	<b>\$3,000</b>
<i>This is a brief summary only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to the MedTrak summary available online through Benergy.</i>	

In order to manage prescription drug costs, we are continuing to offer cost-saving programs in our Plan. “Step Therapy”, one of these programs, helps members as well as the Plan save money when lower cost drug alternatives may be available. MedTrak offers a program for diabetic members which will help them better manage this condition. There’s also a program to cover over-the-counter medications that may save money over prescription medications that treat the same conditions. MedTrak will continue to notify eligible members directly about these programs. We encourage you to discuss the proposed options with your physician and consider taking advantage of these programs if you receive information from MedTrak.

To find a participating retail pharmacy near you, contact MedTrak’s Customer Service department at **800-771-4648** or log on to: [www.medtrakrx.com/Members](http://www.medtrakrx.com/Members)

Hours of Operation: Monday through Friday – 8:00 a.m. to 9:00 p.m.  
 Saturday – 9:00 a.m. to 6:00 p.m.

Coverage for preventive medications was enhanced effective 1/1/2017. Many of these medications are available without a prescription, but for the plan to cover these at no copay, you'll need to present a physician's prescription to the MedTrak pharmacy, along with your MedTrak card. For the vaccines shown below to be covered by MedTrak, you'll need to present your MedTrak card at the pharmacy. Age and gender limitations are based on the recommendations of the National Preventive Services Task Force and are subject to change based on those recommendations.

A summary of the 2020 preventive medication coverage is shown below:

Preventive Care Medications		
Medication	Copay	Limits
Aspirin 81 mg	\$0	Ages 45 through 78 for Males; OTC Generics and Legend Generics
Smoking Deterrents (Oral, gum, lozenges, patches, oral inhaler, and nasal inhaler)	\$0	OTC and Legend medications per FDA guidelines; Limit two treatment cycles per calendar year
Vitamin D2, D3 Products, and calcium Vitamin D < 1,000 IU	\$0	Age 65 and older; OTC Generics and Legend Generics
Bowel Preps (Bisacodyl, Mag Citrate, Milk of Magnesia, PEG 3350-Electrolyte)	\$0	Age 50 through 75; OTC Generics and Legend Generics; Limit 2 prescriptions per year
Cardiovascular Disease Prevention (statin medications)	\$0	Age 40 through 75; single-entity generics only
Vaccines		
Medication	Copay	Limits
CDC-Scheduled Vaccinations (includes Hep A & B, Herpes Zoster [Shingles], Influenza, Meningitis, MMR, Pneumococcal, Poliovirus, Rotavirus, DPT, Varicella)	\$0	Allow up to a \$25 administration fee; age limitations apply per CDC schedule; Travel vaccines excluded.





## Helping You Manage Your Medications and Reduce Your Health Care Costs!

The Tria Health Program is provided at no additional cost to you through your insurance plan with The Archdiocese of Kansas City in Kansas. This confidential program is designed to improve your health, reduce your healthcare costs and ensure you're receiving the best care from your medications.

Tria Health's programs offer you clinical guidance through the complexities of health care. Our pharmacists act as your personal medication experts and work with you and your physician to achieve **3 primary goals**:

1. Your medications are safe
2. You can afford the medications you're prescribed
3. Your medications effectively treat your conditions

## Pharmacy Advocate (PA) Program:

### What is it?

The PA program offers one-on-one confidential counseling with a Tria Health Pharmacist to discuss how effective your medications are in treating your conditions. Your Tria Pharmacist will work with you and your physicians to reduce the risk of medication-related problems.

#### Examples of medication-related problems include:

- Nausea or other uncomfortable side effects
- Your prescription is too expensive to fill every month
- The medication dosage is too low or too high and isn't effectively treating your condition

### Who participates?

Individuals who have one or more chronic conditions and take multiple medications. Active participants in the PA Program will be eligible to receive **50% off brand copays and free generic copays** on medications that are used primarily to treat chronic conditions.

#### Mail *You can enroll by...*

Eligible individuals will receive an enrollment packet in the mail. This will include an enrollment form and envelope for you to send back to Tria Health.

#### Online

You may enroll online by visiting the website:

[www.triahealth.com/patients.aspx](http://www.triahealth.com/patients.aspx)






### Participants say...

"I would recommend Tria's PA program for the cost-saving benefit alone, but I really like the idea that one central place is coordinating with all my doctors to make sure my prescriptions play well together."

"We are very happy with this program – it only takes 10 minutes or so every 6 months."

## Programs for All Plan Members:

The programs below are designed to help all plan members receive the best results from their medications and reduce the risk of medication-related problems.

Program:	Details:
Affordable Med 	Saves you time and money by identifying less expensive, effective alternatives for your brand medications.
Med Safety Alerts 	Prevents the risks associated with taking medications that cause an adverse reaction together.
Tria Clinical Alerts 	Identifies when taking an additional medication in conjunction with your current treatment can improve your condition.
Compliance Alerts 	Forget to take your medications? Do side effects cause you to skip your meds? Compliance Alerts help find solutions to help you take your medications as prescribed.
Tria Help Desk 	Your complete and confidential resource anytime you have a medication-related question. Call us toll-free at 1.888.799.TRIA (8742).

## Tria Health FAQs:

### What services does Tria Health provide?

#### Pharmacy Advocate Program

This program is designed specifically for individuals who have chronic conditions and are taking multiple medications to control their conditions. Tria offers participating members the opportunity to speak one-on-one with a Clinical Pharmacist to review their current medications. During this personalized counseling session, the Clinical Pharmacist will answer any questions or concerns the member may have regarding their medications and work to ensure that all of their health goals are achieved.

#### Tria Help Desk

The Tria Help Desk is a toll-free resource where all members can speak directly with a Tria Health Clinical Pharmacist to receive information ranging from less expensive drug therapies to learning more about potential drug to drug interactions. Members can access the Tria Help Desk at **1.888.799.TRIA** Monday - Friday from 8am to 9pm and Saturday from 9am to 8pm.

#### On-going Ancillary Programs (See previous page for program descriptions)

Program Name:	Frequency:	Recipient:	Communication Form:
Compliance Alerts	Twice a Year	Plan Members	Letter Campaign
Med Safety Alerts	Weekly	Plan Members & Prescribing Physicians	Letter & Call Campaign
Tria Clinical Alerts	Quarterly	Plan Members & Prescribing Physicians	Letter Campaign
Affordable Med	Twice a Year	Plan Members & Prescribing Physicians	Letter & Call Campaign

### By participating in Tria Health, do members need to change where they get their prescriptions filled? Does this change the relationship with their physicians?

No, participation in Tria Health will not require members to change where their prescriptions are filled. After a member has enrolled in the Pharmacy Advocate Program, the Tria Clinical Pharmacist will notify the member's physician to inform them about the program. After a member has an appointment with their Tria Pharmacist, their physician will receive a summary of the discussion. Tria Health Clinical Pharmacists work with the members' physicians in order to ensure all members are receiving the best medical and prescription care possible!

### How often do members speak with a Tria Health Clinical Pharmacist?

Pharmacists will keep in touch with each member approximately 2 or 3 times throughout the year, depending on each member's personal care plan which is discussed during their initial consultation. All members, however, have unlimited access to the Tria Help Desk where they can speak with a Tria Health Clinical Pharmacist regarding any medication issue.

### How long does an initial consultation take?

The initial consultation can last anywhere from 20 to 45 minutes depending upon the complexity of your medical care.

### Is this like insurance?

Tria Health is an enhancement to your benefit insurance that is designed to reduce your medical costs and keep you healthy.

### How do I check eligibility?

Any plan member can check eligibility by calling **1.888.799.TRIA**. Or take Tria Health's online Medication Risk Quiz. Eligible members have one or more chronic conditions and take multiple medications.

**www.triahealth.com | 1.888.799.8742**



# Alere Oncology Case Management

## Support for cancer patients and their caregivers



Did you know that in the United States a cancer diagnosis is made every 23 seconds? A diagnosis of cancer often brings feelings of fear and uncertainty. Many difficult decisions need to be made and it can be overwhelming. Knowing what to expect physically and emotionally during the course of treatment helps cancer patients and their caregivers cope during a difficult time.

For those enrolled in the Archdiocese Health Plan, the Alere Oncology Case Management program gives you access to specially trained nurses in the specific area of cancer care you need. Alere is an independent company that provides cancer advocacy services on behalf of your health plan.

The program's expert nursing staff will provide support and assistance that can help you:

- Learn about your specific diagnosis
- Learn more about the treatment plan your doctor has prescribed
- Learn to control or minimize the side effects of treatments
- Prepare for visits to the doctor
- Receive help in identifying and connecting to support services
- Get help with navigating the health care system.



If you have been diagnosed with cancer, get connected to the resources of the oncology case management program.

**Alere Oncology Case Management**  
**1.855.814.5077**

# Lose Weight the Right Way with Naturally Slim®

natura)(y)slim®

There are many possible paths to weight loss, but they don't all lead to a healthier life. There's the crash diet before swimsuit season. There's the starvation diet before your high school reunion. There are complicated regimens of weigh-ins and calorie-counting. Naturally Slim is a different kind of program. Naturally Slim Inc. is an independent company that provides a wellness program on behalf of your health plan.

It involves mindful eating — which lets you enjoy foods, think about why you're hungry, and focus more on how you eat than what you eat. Most importantly, it has helped many people reduce their risk for an increasingly common condition called metabolic syndrome.



## Do you already have metabolic syndrome?

You might, if you have at least three of these risk factors:

- High blood pressure
- Low HDL (good cholesterol)
- High triglycerides
- High blood sugar
- Large waist circumference

## With metabolic syndrome, you are:

- 700 percent more likely to get diabetes
- 300 percent more likely to get heart disease
- 200 percent more likely to have a stroke

With 10 one-hour-long, self-paced videos, Naturally Slim is an online program that helps people lose weight for the right reasons: to avoid the costs of these serious diseases and live healthier, happier lives. Some 87 percent of participants lose weight, with an average 10-week loss of 10.1 pounds. The program teaches mindful eating and behavior modification techniques that can reduce health risks, take pounds off and keep them off.

Do you think you might qualify for the Naturally Slim program? Contact the Archdiocese Human Resources department to learn more.

# Dental Benefits



Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. Archdiocese of Kansas City in Kansas’ Dental plan covers routine checkups and comprehensive coverage for other types of dental work you might need. Our plan also offers you the flexibility to seek treatment from any Provider. As with our Health Plan, you will maximize your dental benefits if you use a Delta Dental provider due to the agreements Delta has in place with their contracted dentists. Should you decide to use a non-participating dentist, please be advised that your provider may balance bill you for any amount over the Delta Dental Maximum Plan Allowance.

Even though you are not required to use a Delta Dental provider, you have access to the largest dental network in the state of Kansas. To learn more about the Delta Dental network, if your dentist participates in the network, or for more information regarding our Dental plan provider please visit their website at [www.deltadentalks.com](http://www.deltadentalks.com). Please click on the “Dentist Search” link located halfway down the home page under the section titled “Searching for a Dentist.” In the “Dentist Search” section, you may choose either the “Delta Dental Premier” or Delta Dental PPO” providers. You can search for providers by name, city and state or zip code. Inquiries may also be made by calling Customer Service at (800) 234-3375 (this number can also be found on your identification card).



Services	Description	Benefit Amount
<b>Type I Procedures</b>	Exams, cleanings, fluoride treatments (2 per year)	Plan pays 100% of the Maximum Plan Allowance. This benefit does not apply towards the Annual Maximum
<b>Type II Procedures</b>	Regular fillings (amalgam or composite), extractions, non-surgical root canals	After deductible, plan pays 80% of the Maximum Plan Allowance
<b>Type III Procedures</b>	Inlays, crowns, dentures, implants	After deductible, plan pays 60% of the Maximum Plan Allowance
<b>Annual Deductible</b>	Applies to Type II and Type III Procedures	\$25 per person
<b>Annual Maximum</b>	Per covered person	\$2,500

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

# Vision Benefits



The Archdiocese partners with VSP for your vision benefits. Our Voluntary Vision program provides comprehensive coverage for all of your routine vision needs.

Using your VSP benefit is easy. Create an account at [vsp.com](http://vsp.com). Find an eye care provider who's right for you. To find a VSP provider, visit [www.vsp.com](http://www.vsp.com) or call 800-877-7192. At your appointment, tell them you have VSP – no ID card is necessary. That's it! VSP handles the rest. Average annual savings with VSP coverage is over \$400 vs. what you might pay for an exam and glasses without coverage.

Benefit	Description	Network Copay	Frequency
Well Vision Exam	Focuses on your eyes and overall wellness	\$15	Every 12 months
Frame	<ul style="list-style-type: none"> <li>\$160 allowance on a wide selection</li> <li>\$180 allowance for featured brands</li> <li>20% savings on overage</li> </ul>	\$35	Every 24 months
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal lenses</li> <li>Polycarbonate lenses for children</li> </ul>	Included with Frame copay	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> <li>Tints/Photochromic adaptive lenses</li> <li>Scratch-resistant coating</li> <li>UV protection</li> <li>Standard Progressive lenses</li> <li>Premium Progressive lenses</li> <li>Custom Progressive lenses</li> </ul>	<ul style="list-style-type: none"> <li>\$0</li> <li>\$0</li> <li>\$0</li> <li>\$0</li> <li>\$80-\$90</li> <li>\$120-\$160</li> </ul>	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$160 allowance, no copay</li> <li>Fitting and evaluation exam</li> </ul>	Up to \$60	Every 12 months
Diabetic Eyecare Plus	Services related to diabetic eye disease, glaucoma and age-related macular degeneration, retinal screening for eligible diabetic members – coordinated with medical coverage.	\$20	As needed
Extra Savings	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands</li> <li>30% savings on additional glasses and sunglasses from the same VSP provider on the same day as your Well Vision Exam, or get</li> <li>20% savings from any VSP provider within 12 months of your last Well Vision Exam</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off regular price or 5% off promotional price from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP provider.</li> </ul>		

With Out-of-Network Providers you pay the provider and submit a claim to VSP for reimbursement up to the allowances shown below:

Exam	\$50	Lined Bifocals	\$75	Contacts	\$105
Frame	\$70	Lined Trifocals	\$100	Tints	\$5
Standard Lenses	\$50	Progressives	\$75		

# Employee Assistance Program (EAP)



## The New Directions EAP

The EAP can give you the support you need. Whether you sense that a life challenge is just ahead, or you're already knee-deep in it, the EAP is here to help with top-notch providers, experts and offerings in these areas:

- Relationship and family challenges
- Life-changing events
- Legal or financial challenges
- Stress
- Excessive worry
- Feeling sad or blue
- Substance dependence or addiction
- Workplace challenges

The EAP is available around the clock. Call the Helpline at **800-624-5544** or go online at [www.ndbh.com](http://www.ndbh.com) (company code **ARCHKCK**)\* for quick and easy access to experts who can immediately point you to the right resources. An EAP professional is always available.

## Resources

The expansive list of EAP resources includes:

### Assessment and Referral

In-person or telephone assessments are available to help match you with the appropriate EAP service, health plan or community services.

### Short-term Counseling

Certified, licensed and passionate professionals are available to help you manage almost any part of your life in person, over the phone or via text.

### Relationship Support

Staff are on hand around the clock to help you find resources to work through family, personal or work-related relationship challenges.

### Mobile App

Access all EAP Benefits via smartphone. Search New Directions EAP in App Store, download and enter company code.

### Legal and Financial Service

Access the network of attorneys and financial counselors who can provide advice on a multitude of challenges. Connect with them in-person or online as well as explore a database of customizable legal documents.

### Health Resource Library

Search a comprehensive collection of articles, videos, self-assessments, calculators and planners for information on thousands of topics designed to help improve your health.

### Subscribe to "A Better You"

Need a Monday morning pick-me-up? Relationship advice? Health tip? A reason to be inspired this week? Subscribe to New Directions EAP ([ndbh.com](http://ndbh.com)) bi-weekly emails and spend 30 seconds improving your mental health.

## The Archdiocese Plan

The EAP through the Archdiocese covers all employees. You have up to **3 counseling sessions** available per incident per year.

# Contact Information

Archdiocese of Kansas City in Kansas, in partnership with the following vendors, strives to meet your benefit needs. If you have any questions regarding your benefits, please visit:

<http://archkck.org/employee-benefits>

or contact the corresponding vendor listed below. If you still have questions, please contact your onsite Benefits Administrator or the Human Resources office of the Archdiocese.

Benefit	Vendor Name	Customer Service
Health Care Plan	Blue Cross Blue Shield of Kansas City	(888) 495-9340 <a href="http://www.MyHealthToolkitKC.com">www.MyHealthToolkitKC.com</a>
Prescription Drug Benefits	MedTrak	(800) 771-4648 <a href="http://www.medtrakrx.com">www.medtrakrx.com</a>
Medication Management	Tria Health	(888) 799-8742 <a href="http://www.triahealth.com">www.triahealth.com</a>
Cancer Care Advocacy	Alere Oncology Management	(855) 814-5077
Telemedicine	Teladoc	(800) TELADOC (835-2362) <a href="http://www.teladoc.com">www.teladoc.com</a>
Dental Plan	Delta Dental of Kansas	(800) 234-3375 / (316) 264-4511 <a href="http://www.deltadentalks.com">www.deltadentalks.com</a>
Vision Plan	VSP	(800) 877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
Archdiocese Human Resources	Maura Dodson <a href="mailto:mdodson@archkck.org">mdodson@archkck.org</a> (913) 647-0362	

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.*

# 403(b) Plan for Priests of the Archdiocese

Investing for Catholics (IFC) and TIAA have joined forces to meet the unique needs of Catholic institutions and their employees. The Archdiocese seeks to provide financially secure investments that are aligned with the teachings of the Church. Investing for Catholics selects funds that are in keeping with the U.S. Bishops' guidelines for socially responsible investing. Together they bring a state-of-the-art retirement plan offering that incorporates the highest level of fiduciary protection with IFC, recordkeeping and administration services from one of the largest and most highly regarded names in the non-profit industry, TIAA.

All Archdiocesan priests participate in a self-directed, tax advantage retirement investment account. Priests are encouraged to supplement the parish semi-monthly contributions of \$125 per payroll with voluntary contributions that will be deducted from their pay and contributed to their TIAA account semi-monthly.

Individual administrative fees of \$12.00 (TIAA) and .25% (IFC) are deducted on a quarterly basis.

403(b) accounts are qualified retirement accounts subject to early withdrawal taxes and penalties before age 59 & ½.

If you would like to deduct 403(b) voluntary contributions from your bi-weekly pay, you are required to complete the **Salary Reduction Agreement**, available at your location. Give the completed form to the payroll administrator at your location. Be sure to designate a beneficiary for your 403(b) account. You will receive a welcome packet from TIAA after your first contribution.



## Contact Information for 403(b) Plan

<b>TIAA Customer Service:</b>	800-842-2252	Priest Plan #406869	<a href="http://www.tiaa.org/archkck">www.tiaa.org/archkck</a>
<b>IFA - Investing for Catholics:</b>	316-260-2252	Relationship Consultant – Mary Brunson, Vice-President	<a href="mailto:mary@ifa.com">mary@ifa.com</a>

## Contact Information for Previous Archdiocese 403(b) plans

403b plans with LINCOLN or VOYA can be rolled over to TIAA as a contract exchange.

<b>Lincoln Financial Group:</b>	800-341-0441	Contract # 891526+006; Plan ID 2462; ER ID 2593-001	
<b>VOYA Investment Services Inc. (formerly ING):</b>	913-661-3755	Plan – Archdiocese of Kansas City in Kansas Billing Number VT5564	

## Priest Pension Plan

In addition to 403(b) investments, the Archdiocese provides a monthly pension to Archdiocesan Priests that begins when you retire (typically age 70). For more information regarding the Priests' pension plan, please contact the Archdiocese Human Resources Department.



## Legal Notices

The Archdiocese of Kansas City in Kansas Benefit Program qualifies as a “church plan” as defined under IRS Code 414(e). By meeting this definition, the Archdiocese Benefit Program is permanently exempt from meeting certain requirements including, but not limited to, the Employee Retirement Income Security Act (ERISA) and Consolidated Omnibus Budget Reconciliation Act (COBRA) regulations.

### HIPAA Privacy Notice

The Archdiocese of Kansas City in Kansas Health Care Plan is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about the uses of protected health information (PHI) and your privacy rights. PHI use and disclosure by the Archdiocese Health Care Plan is regulated by federal law known as HIPAA (the Health Insurance Portability and Accountability Act). A copy of this notice is available on the benefits information portal.



## Legal Notices

### Important Notice from Archdiocese of Kansas City in Kansas About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Archdiocese of Kansas City in Kansas and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with 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.
2. Archdiocese of Kansas City in Kansas has determined that the prescription drug coverage offered by the Archdiocese of Kansas City in Kansas Employee Health Care Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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#### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with Archdiocese of Kansas City in Kansas will not be affected. Archdiocese of Kansas City in Kansas Employee Health Care Plan will coordinate benefits with Part D coverage. Please be advised that our group medical plan will be primary and the Medicare Part D plan will be secondary.

If you do decide to join a Medicare drug plan and drop your current Archdiocese of Kansas City in Kansas coverage, be aware that you may not be able to get this coverage back.

#### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Archdiocese of Kansas City in Kansas and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

## Legal Notices

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Archdiocese of Kansas City in Kansas changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	October 1, 2019
Name of Entity/Sender:	Archdiocese of Kansas City in Kansas
Contact--Position/Office:	Maura Dodson
Address:	12615 Parallel Parkway Kansas City KS 66109
Phone Number:	913.647.0362

Archdiocese of Kansas City in Kansas  
12615 Parallel Parkway  
Kansas City, KS 66109