




# Overview: 2026 Employee Benefits

Your benefits website: <https://diocesekcsj.millercares.com/>

MEDICAL				
HDHP Base Plan	Cigna Network			
Deductible: \$4,000/\$8,000 Coinsurance: 80% Primary Care: Deductible + Coinsurance Specialist: Deductible + Coinsurance Out of Pocket Maximum: \$5,000/\$10,000	<b>In-Network Benefits</b> ER: Deductible + Coinsurance Urgent Care*: Deductible + Coinsurance Hospitalization: Deductible + Coinsurance Prescriptions: Retail: Deductible + Coinsurance Mail Order: Deductible + Coinsurance	<b>Monthly Cost (non-wellness)</b>		
		Employee		\$150.00
		EE + Spouse		\$534.00
		EE + Child(ren)		\$484.00
		Family		\$671.00
HDHP Buy-Up Plan	Cigna Network			
Deductible: \$3,400/\$6,800 Coinsurance: 100% Primary Care: Deductible Specialist: Deductible Out of Pocket Maximum: \$3,400/\$6,800	<b>In-Network Benefits</b> ER: Deductible Urgent Care: Deductible Hospitalization: Deductible Prescriptions: Retail: Deductible Mail Order: Deductible	<b>Monthly Cost (non-wellness)</b>		
		Employee		\$183.00
		EE + Spouse		\$583.00
		EE + Child(ren)		\$529.00
		Family		\$732.00
In-Network Only Plan	Cigna Network			
Deductible: \$2,000/\$4,000 Coinsurance: 100% Primary Care \$20 Copay Specialist: \$20 Copay Out of Pocket Maximum: \$2,000/\$4,000	<b>In-Network Benefits</b> ER: Deductible Urgent Care \$25 Copay Hospitalization: Deductible Prescriptions: Retail: \$15/\$50/Deductible Mail Order: \$15/\$125/Deductible	<b>Monthly Cost (non-wellness)</b>		
		Employee		\$183.00
		EE + Spouse		\$553.00
		EE + Child(ren)		\$501.00
		Family		\$736.00

## MEDICAL PREMIUM DISCOUNT

**If you enroll in one of the three medical plans offered by Cigna, you become eligible for an annual discount of \$600, which would reduce the monthly costs listed above by \$50.00 per month.**

To earn the discount for the 2027 plan year, you must complete the following requirements by **October 31, 2026**:

1. Submit a Physician Screening Form after completing an annual Preventive Exam.
2. Complete the Health Assessment on the CIGNA wellness portal.

For complete details and instructions, refer to your medical premium discount packet found at [www.diocesekcsj.millercares.com](https://www.diocesekcsj.millercares.com) under the Wellness tab.

Your Benefits Website



## DENTAL



### Core Plan

Deductible: \$50 per person Annual Benefit Maximum: \$1,000 per person	<b>In-Network Benefits</b> Preventive: 100% Basic: 80% Major: Not Covered Ortho: Not Covered	Monthly Cost	
		Employee	\$16.00
		Employee + 1	\$35.00
		Family	\$74.00

### Enhanced Plan\*

Deductible: \$50 per person Annual Benefit Maximum: \$2,000 per person Orthodontia Maximum: \$1,500 for dependents to age 19 who satisfy the 24 month waiting period on this plan	<b>In-Network Benefits</b> Preventive: 100% Basic: 90% Major: 60% Ortho: 50%	Monthly Cost	
		Employee	\$40.00
		Employee + 1	\$78.00
		Family	\$141.00

\*MAX Advantage - Claims paid for cleanings, exams, x-rays, fluoride treatments do not apply to the benefit maximum.

## VISION



### Core Plan

Wellvision Exam: \$10 Copay Prescription Glasses: \$25 Copay Frames: Included in Prescription Glasses Copay Lenses: Single vision, lined bifocal, lined trifocal included in Prescription Glasses Copay	Lens Enhancements: Progressives Standard \$0 / Premium \$95-\$105 Custom \$150-\$175 Contact Lenses: <i>(instead of glasses)</i> Up to \$60 Copay \$150 allowance <i>(Copay doesn't apply)</i>	Monthly Cost	
		Employee	\$8.38
		EE + Spouse	\$16.72
		EE + Child(ren)	\$17.89
		Family	\$28.61

### Enhanced Plan

Wellvision Exam: \$10 Copay Prescription Glasses: \$25 Copay Frames: Included in Prescription Glasses Copay Lenses: Single vision, lined bifocal, lined trifocal included in Prescription Glasses Copay Lens Enhancements: Progressives Standard \$0 / Premium \$80-\$90 / Custom \$120-\$160	Contact Lenses: <i>(instead of glasses)</i> Up to \$60 Copay \$180 allowance <i>(Copay doesn't apply)</i> VSP Lightcare: \$25 Copay \$200 allowance <i>on ready-made non-prescription sunglasses or blue light glasses instead of prescription glasses or contacts</i>	Monthly Cost	
		Employee	\$12.03
		EE + Spouse	\$24.02
		EE + Child(ren)	\$25.69
		Family	\$41.10

## HEALTH SAVINGS ACCOUNT (HSA)



- Employees that enroll in our **CIGNA HDHP BUY-UP and BASE Plans** are eligible to setup an HSA.
- This is a tax-exempt account, owned by you.
- It helps you pay for the qualified medical expenses of an individual and/or his or her spouse and dependents.
- It is designed to provide eligible individuals with triple federal tax benefits:
  - Contributions are tax-free.
  - Interest and other earnings on HSA contributions accumulate tax-free.
  - Amounts distributed from an HSA for qualified medical expenses are tax-free as well.

- This money can roll over from year to year.

### For 2026 the annual limits are as follows:

#### Single Coverage

Maximum contribution: \$4,400

#### Family Coverage

Maximum contribution: \$8,570

Employees over the age of 55 are able to contribute an additional \$1,000 to their account, as long as they are not enrolled in Medicare.

## FLEXIBLE SPENDING ACCOUNT (FSA)



### Definitions:

#### Healthcare FSA:

- Used to pay for eligible medical prescription drug copays, dental, orthodontia, and vision care expenses.
- Annual Maximum: \$3,400
- You may carryover up to \$640 of your unused Health Equity Healthcare FSA balance remaining at the end of a plan year.

#### Limited Purpose FSA:

- Used along side your Health Savings Account (HSA) to pay for eligible expenses that are not for payment under the HSA plan, such as some dental and/or vision services.
- Annual Maximum: \$3,400

#### Dependent Care FSA:

- Used to pay for eligible child care, elder care, or care for a disabled dependent.
- Annual Maximum: \$7,500 per household

## ANCILLARY



### Basic Life and AD&D

**Employer pays 100% of the premium.**

Basic Life and AD&D Amount: One (1) times annual earning to a maximum of \$50,000  
Benefit Reduction: 50% at age 70

### Short-Term Disability

**Employer pays 100% of the premium.**

Elimination Period: Seven (7) consecutive days from date of eligible accident or sickness  
Benefits Begin On:  
8th Day of Accident  
8th Day of Sickness

Weekly Benefit: 70% of weekly earnings, including commissions and excluding overtime and bonuses  
Maximum Weekly Benefit: \$500  
Maximum Benefit Duration: 17 weeks

### Long-Term Disability

**Employer pays 100% of the premium.**

Elimination Period: 120 days  
Monthly Benefit Amount: 60% of monthly earnings  
Maximum Monthly Benefit: \$5,000

Benefits Duration: Later of age 65 or Social Security Normal Retirement Age

### Employee Assistance Program

**Employer pays 100% of the premium.**

**Family and Caregiving:** Caring for children and/or elderly  
**Workplace:** Managing stress and career issues  
**Daily Living:** Managing personal finances, legal issues

**Emotional Well-Being:** Coping with grief and loss, or substance abuse  
**Physical Health and Wellness:** Handling health challenges in adults and children

### Voluntary Term Life and AD&D

**Employee pays 100% of the premium.**

**Employee:**  
Guarantee Issue: \$200,000  
Benefit Amount: Lesser of 5 times annual earnings or \$500,000;  
Units of \$10,000  
Benefit Reduction: 50% at age 70  
**Dependent Children:**  
Benefit Amount: \$1,000, \$5,000, or \$10,000

**Spouse:**  
Guarantee Issue: \$50,000; not to exceed 50% of employee amount  
Benefit Amount: Lesser of 2.5 times employee's annual earnings or \$200,000; not to exceed 50% of employee amount  
Units of \$5,000;  
Coverage ends at employee age 70.

## VOLUNTARY WHOLE LIFE



**Employee pays 100% of the premium.**

**Portability:** Since you own the policy, it remains with you regardless of where you work or even if you retire.

**Guaranteed Cash Value:** Your permanent policy builds cash value, which you can access through policy loans and withdrawals, to help pay for unexpected emergencies or even your children's college education. Loans against your policy accrue interest and decrease the death benefit and cash value by the amount of the outstanding loan and interest.

**Convenient Payments:** Your premiums are automatically deducted from your paycheck.

**Affordability:** You benefit from competitive rates and liberalized underwriting.

**Flexibility:** You can customize your policy with optional policy rider, some for an additional cost.

**Coverage for Additional Family Members:** Your spouse, children, and even grandchildren (ages 15 days to 25 years) may also be eligible for guaranteed coverage.

## VOLUNTARY PRODUCTS



### Voluntary Accident

**Employee pays 100% of the premium.**

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|---|--|
| <ul style="list-style-type: none"> <li>• Guarantee issue coverage</li> <li>• Covers on-and-off the job accidents</li> <li>• 24-hour coverage</li> <li>• High and low plan option</li> </ul> | <ul style="list-style-type: none"> <li>• Coverage is portable at the same benefit level premium amount, as long as premiums are paid to Sun Life</li> <li>• Pays a benefit for hospitalization, emergency treatment, intensive care, fractures, plus more</li> </ul> |
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### Voluntary Critical Illness

**Employee pays 100% of the premium.**

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| <ul style="list-style-type: none"> <li>• Lump sum benefit</li> <li>• Covered dependents receive 50% of the basic benefit amount</li> <li>• Benefits are paid directly to you, unless assigned to someone else</li> </ul> | <ul style="list-style-type: none"> <li>• Coverage is portable at the same benefit level premium amount, as long as premiums are paid to Sun Life</li> <li>• High, medium, and low plan options</li> <li>• Covered illnesses include heart attack, cancer, stroke, coronary artery bypass surgery, and much more</li> </ul> |
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### Hospitality Indemnity

**Employee pays 100% of the premium.**

Hospital Indemnity insurance helps with out-of-pocket medical costs incurred with a hospital stay. Sun Life's Hospital Indemnity plan provides flexible options that make it easy to meet cost and coverage goals. Employees with hospital stays of 10 days or more may receive additional Extended Hospitalization benefits.

	Monthly Cost	Low Plan	High Plan
Employee:		\$15.22	\$27.91
Employee & Spouse:		\$32.12	\$59.17
Employee & Children:		\$25.79	\$46.64
Family:		\$42.69	\$77.90

## RETIREMENT

### 403(b)

CREATIVE PLANNING

**Employee pays 100% of the premium.**

All employees full-time and part-time, are eligible to participate in the 403(b) plan.  
All contributions are made by the employee.

#### Tax Deferred Annuity

Contributions are made before Federal and State income taxes are computed, however, Social Security and Medicare taxes do apply.

#### ROTH

Contributions are made after federal and state income taxes are computed. Withdrawals of principal and interest are tax-free.

### Lay Pension

Gallagher

**Employer pays 100% of the premium.**

The plan provides a retirement benefit to eligible lay employees of parishes, schools, and participating institutions.

- All contributions to the plan are made by the employer and held in a Trust Fund.
- Funds not eligible for distribution until age 55.
- Additional details can be found in the Summary Plan Description found at <https://diocesekcsj.millercare.com/>.
- Employees become vested in their pension plan after 5 years of service.