



# Overview: 2021 Employee Benefits

Your benefits website: [www.diocesekcsj.millercare.com](http://www.diocesekcsj.millercare.com)



## Medical

### PPO/HSA Blue Saver

Deductible: \$2,800/\$5,600 Coinsurance: 100% Primary Care: Deductible + 100% Specialist: Deductible + 100% Out of Pocket Maximum: \$2,800/\$5,600	<b>In-Network Benefits</b> ER: Deductible + 100% Urgent Care: Deductible + 100% Hospitalization: Deductible + 100% <b>Prescriptions:</b> Retail: Deductible + 100% Mail Order: Deductible + 100%	<b>Monthly Cost (non-wellness)</b>  EE: \$156.00 EE & Spouse: \$506.00 EE & Child(ren): \$445.00 Family: \$891.00
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### EPO Spira Care

Deductible: \$2,000/\$4,000 Coinsurance: 100% Primary Care*: Deductible Specialist: Deductible Out of Pocket Maximum: \$2,000/\$4,000  *No member cost at Spira Care Center	<b>In-Network Benefits</b> ER: Deductible Urgent Care*: Deductible Hospitalization: Deductible <b>Prescriptions:</b> Retail: \$15/\$50/Deductible Mail Order: \$15/\$125/Deductible	<b>Monthly Cost (non-wellness)</b>  EE: \$189.00 EE & Spouse: \$698.00 EE & Child(ren): \$590.00 Family: \$970.00
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### PPO Preferred-Care Blue

Deductible: \$1,000/\$2,000 Coinsurance: 90% Primary Care: \$35 Copay Specialist: \$35 Copay ER: \$100 Copay + Deductible + 90% Urgent Care: \$35 Copay Out of Pocket Maximum: \$3,000/\$6,000	<b>In-Network Benefits</b> Hospitalization: Deductible + 90% <b>Prescriptions:</b> Retail: \$12/\$50/\$70 Mail Order: \$24/\$100/\$140	<b>Monthly Cost (non-wellness)</b>  EE: \$484.00 EE & Spouse: \$1,113.00 EE & Child(ren): \$1,001.00 Family: \$1,211.00
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## Dental

### Core

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

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%	<b>Monthly Cost</b>  Employee: \$40.00 Employee + 1: \$78.00 Family: \$141.00
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\*MAX Advantage - Claims paid for cleanings , exams, x-rays, fluoride treatments do not apply to the benefit maximum.

## Vision

### Exam and Materials

Eye Exam: \$10 copay  
Material Copay: \$25 copay  
Glasses:  
Single Vision Lenses: 100% after copay  
Frames: Up to \$150 allowance

### In-Network Benefits

Contact Lenses:  
Medically Necessary: 100% after copay  
Elective: Up to \$150 allowance

### Monthly Cost

Employee: \$7.83  
Employee & Spouse: \$15.63  
Employee & Children: \$16.72  
Family: \$26.74

## Health Savings Account (HSA)

- Employees that enroll in our **Blue Saver PPO Plan** 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:
  1. Contributions are tax-free.
  2. Interest and other earnings on HSA contributions accumulate tax-free.
  3. Amounts distributed from an HSA for qualified medical expenses are tax-free as well.
- This money can roll over from year to year.

### For 2021 the annual limits are as follows:

#### Single Coverage

Maximum contribution: \$3,600

#### Family Coverage

Maximum contribution: \$7,200

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.

Enrollment in the following coverages will prevent you from being able to contribute to a Health Saving Account (H.S.A.):

- General-purpose health flexible savings account (FSA) or health reimbursement arrangement. (not to include a Limited Flexible Spending account or a Flexible Spending Account for Dependent Day Care)
- Medicare or Medicaid
- Tri-Care
- Health Reimbursement Account

## Flexible Spending Account (FSA)

### Definitions:

#### Healthcare FSA:

- Used to pay for eligible medical prescription drug copays, dental, orthodontia, and vision care expenses.
- Annual Maximum: \$2,700
- You may carryover up to \$500 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: \$2,700

#### Dependent Care FSA:

- Used to pay for eligible child care, elder care, or care for a disabled dependent.
- Annual Maximum: \$5,000 per household

## Ancillary

### 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 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.

## 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.**

- Guarantee issue coverage
- Covers on-and-off the job accidents
- 24-hour coverage
- High and low plan option
- Coverage is portable at the same benefit level premium amount, as long as premiums are paid to Sun Life
- Pays a benefit for hospitalization, emergency treatment, intensive care, fractures, plus more

### Voluntary Critical Illness

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

- Lump sum benefit
- Covered dependents receive 50% of the basic benefit amount
- Benefits are paid directly to you, unless assigned to someone else
- Coverage is portable at the same benefit level premium amount, as long as premiums are paid to Sun Life
- High, medium, and low plan options
- Covered illnesses include heart attack, cancer, stroke, coronary artery bypass surgery, and much more

## Retirement

### 403(b)

**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

**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 [www.diocesekcsj.millercare.com](http://www.diocesekcsj.millercare.com).
- Employees become vested in their pension plan after 5 years of service.

## Wellness

**All employees of the Diocese have the opportunity to participate:**

- Health & Wellness Coaching
- Wellness Campaigns
- Wellness Newsletters
- Flu Vaccination Clinics & Blood Drive
- Chancery Fitness Center

**Full-time lay employees on one of the BCBS medical plans can earn a \$600 annual medical premium discount on a 2022 BCBS medical plan by completing the following requirements by October 31, 2021.**

- Submit a completed Physician Screening Form with your biometric screening results.
- Complete the online Health Risk Assessment on A Healthier You (AHY) at [www.MyBlueKC.com](http://www.MyBlueKC.com).
- Earn 3,000 points on AHY.

For further details please go to [www.diocesekcsj.millercare.com](http://www.diocesekcsj.millercare.com) and choose Wellness.

Your Benefits Website

