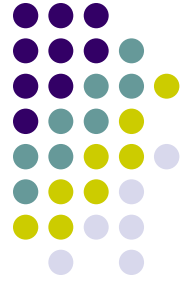


Diocese of Gary Employee Benefits



We are pleased to offer our benefits package to employees working 30 hours or more per week, and 40 weeks or more per year.

Eligible new hires may enroll in any benefit at the time they are hired, or at open enrollment only. Life status changes can be made at any time for events such as a death, birth, adoption, or loss of coverage.

Medical, prescription and life insurance benefits are effective with your first day of employment, if you enroll with accurate and complete forms in a timely manner (no later than September 15th).

The first day of coverage is August 14th for contracted teachers and July 1st for principals, if you enroll with accurate and complete forms in a timely manner.

Enrollments received more than 31 days from your employment date are considered late enrollments, pre-existing periods may apply, and the enrollment date will not be August 14th.

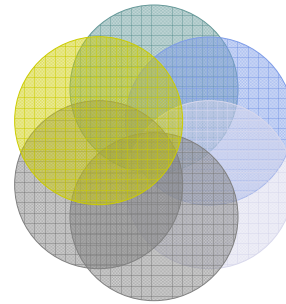
If the Benefits Office receives your complete and accurate dental and/or vision enrollment forms by the 7th of the month, you will be enrolled by the first of the following month. Example: Forms received by Sept. 7th – coverage Oct 1st. Coverage does not start or end on the same day as medical and RX coverage.



Diocese of Gary Lay Employee Benefits

We offer you the following benefits:

- Health Insurance
- Prescription Plan
- Life Insurance
- Dental Plan
- Vision Plan
- 403 (b) Thrift Plan
- Perspectives Employee Assistance Program



Health Insurance

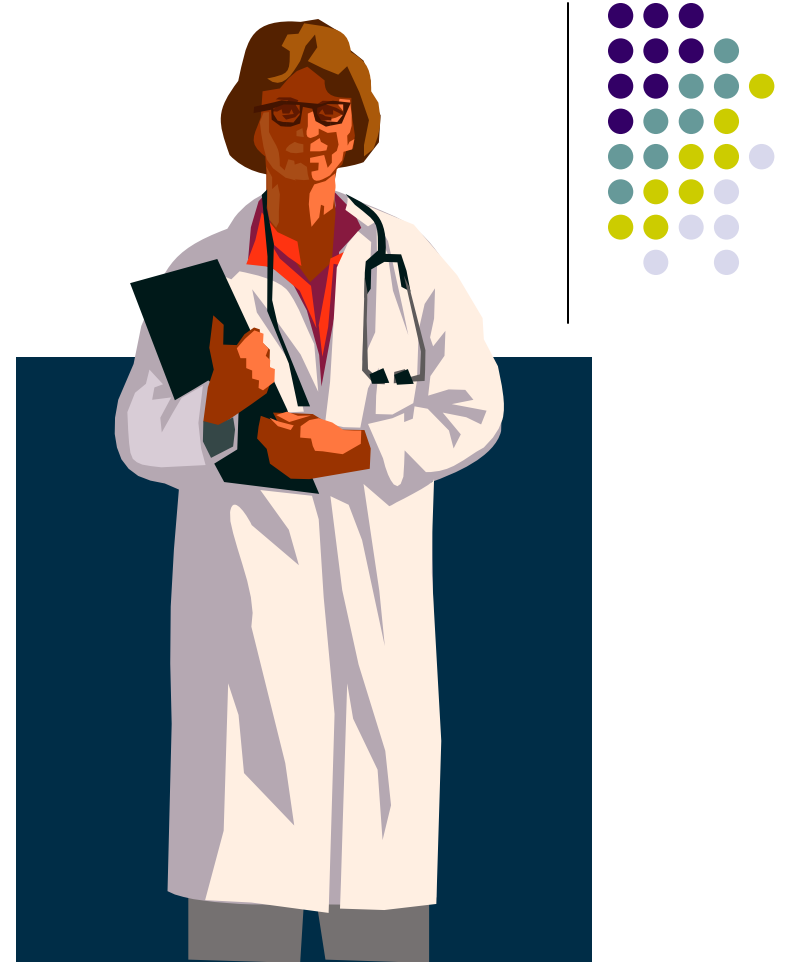
Self Insured PPO

May seek services from in-network or out-of-network providers

You do not need a primary care doctor

Members pay more for out-of-network services

- Anthem Blue Cross Blue Shield
 - **Blue Access PPO**
- View network at www.anthem.com or 800 324-6086
- Call Member Services at 800 324-6086 with claims questions
- For Pre-certification call 877- 814-4803
- Employer's Plan is always primary payer



Anthem Blue Cross Blue Shield

1 800 324-6086

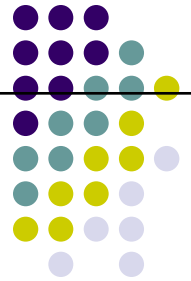


- Pays your providers
- Sends you an Explanation of Benefits (EOB)
- Pre-certifies admissions
- Answers questions about claims
- Answers questions regarding coverage
- Verifies coverage for providers
- Online claims review is available at www.anthem.com

Anthem Coverage

In Network

Out of Network



	In Network	Out of Network
Calendar Year Deductible		
Per Person	\$1,000	\$1,500
Per Family	\$2,000	\$3,000
Co-payments <i>(Percentage covered after deductible is paid)</i>	90%	70%
Office Visit	Flat \$20	70%
Urgent Care	Flat \$50	70%
Emergency Care	Flat \$100 (waived if admitted)	70%
Total Out of Pocket Cost <i>(Including Deductible and Co-pays Combined)</i>		
Per Person	\$3,000	\$5,000
Per Family	\$6,000	\$10,000



Monthly Premiums

July 1, 2012 – June 30, 2013

Payroll deductions

Includes health insurance, life insurance and prescription plan

Employee Only	\$1.00
Employee Plus One Dependent.....	\$671.00
Employee Plus Two or More Dependents ...	\$1132.00

Note: No parish, school or institution is authorized to waive payment of the dependent premium, or to pay this premium for the employee.

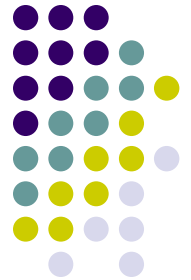
Life Insurance Only \$1.00 a month
(If medical/RX is **voluntarily** waived)

Life Insurance Certificate is in Benefits Packet mailed to all new enrollees, and available at www.dcgary.org – go to Office of Benefits

Prescription Plan

www.medco.com

There is a separate ID for RX coverage, you cannot use Anthem card for RX
1 800 987-8680

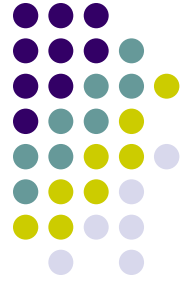


<u>Medco RX</u> <u>Plan</u>	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic Drugs	\$10	\$25
Preferred Brand Name Drugs	\$25	\$62.50
Non-preferred Brand Name Drugs	\$40	\$100

Voluntary Vision Insurance

Look for enrollment form in packet from Benefits Office

1 800 638-3120



- Spectera/United Health Care Vision
- Provider list is available at www.myuhcvision.com
- Exam once every 12 months
- Lenses once every 12 months
- Frames once every 24 months
- Contacts once every 12 months in lieu of lenses and frames

Network Provider Co-payments

- \$10 exam
- \$25 materials
- **No ID card needed - Just tell the provider you have Spectera Insurance at the time you make your appointment. The provider will verify coverage.**

Out of Network Co-payments

Exam \$40.00

Lenses

Single Vision \$40.00

Bifocal \$60.00

Trifocal \$80.00

Ventricular \$80.00

Contacts (in lieu of lenses and frames)

Elective \$105.00*

Necessary \$210.00**

* Less any network fitting and evaluation

**Determined by providers discretion

Voluntary Dental Insurance

Guardian First Commonwealth



Provider list is available at www.guardiananytime.com
Look for enrollment form in packet from Benefits Office
You may enroll when first hired, or at open enrollment only.
An ID card is required to use this service

HMO

- **Must use Network Dentist** - Very Limited selection of dentists
- Preventive 100%
- Basic Services 50%
- Major Services 50%
- Child Orthodontics \$1,000 Savings
- Adult Orthodontics \$1,000 Savings
- Calendar Year Deductible None
- Waiting Period None

1 866-494-4542

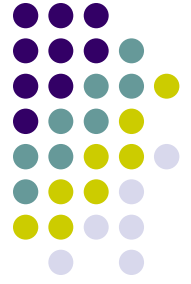
PPO

- **Large network, and you may also use any licensed dentist however you will have greater out of pocket expenses. Call the Benefits Office for details.**
- Preventive 100%
- Basic Services 50%
- Major Services 50%
- Child Orthodontics Not Covered
- Adult Orthodontics Not Covered
- Calendar Year Deductible \$50
- Waiting Period 12 months under the group plan for major services

1 866 302-4542

Vision and Dental Monthly Premiums

Payroll Deductions July 1, 2012– July 1, 2013



Vision

Employee	\$10.00
Employee plus spouse	\$16.00
Employee plus child	\$17.00
Employee plus family	\$26.00

Dental

HMO

Employee	\$15.00
Employee plus one person	\$30.00
Family	\$39.00

PPO

Employee	\$27.00
Employee plus one person	\$53.00
Family	\$81.00

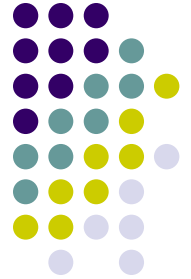
Life Insurance Symetra



- \$10,000 term life
- Reduces to \$6,000 at age 70 (for those eligible for the coverage)
- Keep your beneficiary information up to date
- Look for the certificate of coverage in packet mailed to your home address

403(b) Thrift Plan Diocese of Gary

(Effective January 1, 2010)



- Administered by Mutual of America 708 836-0644
- Employer matching contributions are the sum of A and B – with 1 year of service (1,200 hours). *Service begins from date of hire*
 - A – 100% of the amount of a participant’s salary reduction contribution up to 3% of pay
 - B – 50% of the amount of a participant’s salary reduction contribution that exceeds 3% (but does not exceed 6%) of pay

(There is a minimum contribution of \$10 a pay and maximums applied at the rate allowed by law at the time)
- Vesting
 - Less than 3 years – not vested in employer contribution
 - 3 years of more 100% vested in employer contribution

(*Service begins from original date of hire*)



Perspectives EAP

- Voluntary
- Confidential
- Free

Assistance with Family Issues, Substance Abuse, Legal Issues, Marital/Relationship Issues, Work Related Problems, Financial Advise, Emotional Issues.

Call 1 800 456-6327 to speak to a counselor or for appt.

Online www.perspectivesltd.com

User Name: CAT502

Password: perspectives

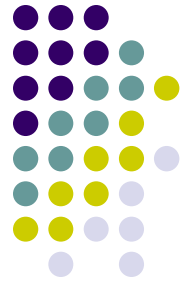
ID Cards



- Anthem - Medical
- Medco - RX (Anthem does not cover RX)
- Guardian First Commonwealth - Dental

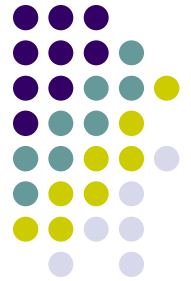
- There is no card for Spectera Vision
You will receive a letter that you are enrolled from the Benefits Office.
When making an appointment just call the provider, and give them your Soc Sec #, and tell them you are covered by Spectera.

Open Enrollment



- If you do not enroll in a benefit at this time, your next opportunity to enroll will be for coverage effective July 1 of next year, unless there is a life status change.

Packet of Information



- Please read the all the material and summary booklets.
- Look for voluntary vision and dental enrollment forms, and return them to your place of employment within 31 days from hire date if you are interested in enrolling.
- If the Benefits Office receives your properly completed dental and/or vision enrollment forms by September 1, your benefit will begin October 1.

Questions



- Call
Karen Walsh, Benefits Coordinator
219 769-9292, extension 277
- E-Mail
kwalsh@dcgary.org
- **FAQ's on Diocese of Gary Website**
www. dcgary.org Go to Office of Benefits