

# EMPLOYEE BENEFITS

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Benefit plan options effective July 1, 2021–June 30, 2022



ARCHDIOCESE OF DENVER  
WELFARE BENEFITS TRUST

# Benefit Highlights

## Be Ready to Enroll

**Your benefits needs change as your life changes. Make sure your current plan selections are still the best choices for you and your family.** Take the time to re-evaluate your benefits needs, then follow the enrollment instructions on page 5.

**SEE PAGE 5**

**Your current benefit elections will automatically carry over for the 2021–2022 plan year.** The only exceptions are flexible spending account (FSA) elections, which are required every year.

## Coverage Start Date

If you enroll in benefits during the annual open enrollment period, your coverage will be effective July 1, 2021. If you are a newly-hired or newly-eligible employee, your coverage will be effective on the first of the month following or coinciding with your date of hire. Enrollment is retroactive to the first of the month once you become eligible and enroll in benefits.

For example, if you are newly eligible on September 1, 2021, your coverage will be effective on September 1, 2021. If you are newly eligible on September 2, 2021, your coverage will be effective on October 1, 2021.

## UMR Plan Advisors

UMR plan advisors are available to guide and support you in making the right decisions when you need to see a doctor or have questions about your benefits plan. Get help with understanding claims (approved or denied), finding a facility, and verifying pre-authorization and pre-certification.

**SEE PAGE 11**

Plan advisors are available weekdays from 8 a.m. to 5 p.m. Call 800-207-3172 for assistance.

## Consova Dependent Verification

As part of the Archdiocese of Denver Welfare Benefits Trust's ongoing efforts to monitor cost and affordability of our benefit plans, we want to ensure that only eligible dependents are enrolled in these programs. Covering people who are not eligible dependents increases our cost for health coverage. Therefore, the Welfare Benefits Trust regularly conducts a dependent eligibility audit using our third-party partner, Consova. All employees who enroll their dependents in the medical, dental, or vision plans will be required to submit documentation confirming that each individual meets the eligibility requirements.

### **Take these steps to complete the dependent verification audit with Consova:**

- Make sure to have the Social Security numbers and birth dates of your covered dependents available.
- Please respond in timely manner to ensure your coverage or dependent's coverage is not interrupted during this process.

Our goal is to ensure the successful completion of this audit and continue coverage of your eligible dependents. This process will help us to keep health care costs competitive, avoid rate increases, and benefits you as a member.

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### The Archdiocese of Denver Welfare Benefits Trust Benefits Package

Benefits are an integral part of the overall compensation package provided by the Archdiocese of Denver, Diocese of Colorado Springs, and Catholic Charities of Denver. Within this Benefits Guide you will find important information on the benefits available to you for the 2021–2022 plan year (July 1, 2021, through June 30, 2022). Please take a moment to review the benefits under the Archdiocese of Denver Welfare Benefits Trust to determine which plan options are best for you.

This guide contains only general and summary information; it should not be considered a replacement for the more detailed information set forth in the Trust plan document. Every care is taken to assure the accuracy of this guide; however, in the event of any conflict between this guide and information produced by the Trust, the Trust plan document will be the final authority.

## Our Mission

We are dedicated to the healing ministry of the Catholic Church. We seek to provide a benefits package that meets the health and welfare needs of our employees and their families, in accordance with the teachings of the Catholic Church.



## Exclusions of Coverage

Certain procedures and/or treatments are not covered under any of the plan's coverage options as they conflict with the teachings of the Catholic Church. Examples of exclusions include, but are not limited to: abortion, sterilization, and contraceptives. In addition, certain procedures and/or treatments may be covered for diagnostic purposes only. For further clarification of benefits coverage, please contact the Plan Administrator.

## Benefits Eligibility

**You are eligible for benefits if you meet one of the following criteria:**

- Full-time non-teaching employee regularly scheduled to work 30 or more hours per week.
- Full-time teacher or school employee regularly scheduled to work 30 or more hours per week for the academic year.
- A seminary student of the Archdiocese of Denver or the Diocese of Colorado Springs.
- An active, retired, or disabled priest incardinated into the Archdiocese of Denver or the Diocese of Colorado Springs.
- A religious sister, brother, extern priest, or order priest scheduled to work 30 or more hours per week.

**Many of the plan options offer coverage for eligible dependents, including:**

- Your legal spouse as defined by the Catholic Church.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

## Enrollment

**You can sign up for benefits or change your elections at the following times:**

- Within 31 days of your initial eligibility date (as a newly-hired or newly-eligible employee).
- During the annual benefits open enrollment period (for a July 1 effective date).
- Within 31 days of experiencing a qualifying event/life status change/special enrollment.

**The choices you make at this time will remain the same through June 30, 2022.** If you do not sign up for benefits during your initial enrollment period or make changes during the open enrollment period, you will not be able to elect coverage until the following plan year. Enrollment is retroactive to the first of the month once you become eligible and enroll in benefits.

## Continuation of Coverage

Continuation of coverage is available for medical and prescription drug benefits if you leave employment or if you or your covered dependents become ineligible. Your cost will be 102% of the "Total Cost" listed on page 23. Dental and vision benefits cannot be continued.

For more information regarding this option, please call UMR at 800-207-1824.

# Changing Your Benefits During the Year

The Archdiocese of Denver Welfare Benefits Trust allows you to pay your portion of the medical, dental, and vision costs, and fund the flexible spending accounts, on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying event/life status change/special enrollment. Election changes must be consistent with your qualifying event/life status change.

## **Qualifying event/life status change/special enrollment changes include, but are not limited to:**

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Spouse's open enrollment.
- Change in your spouse's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

To request a benefits change, notify your local benefits manager within 31 days of the qualifying event/life status change/special enrollment. Change requests submitted after 31 days cannot be accepted.

## How to Enroll

### **Archdiocese of Denver and Catholic Charities of Denver Only**

#### **DURING OPEN ENROLLMENT AND NEW HIRES**

1. Log into Paycom.
2. Select "Benefits," then select 2021 Benefits Enrollment.
3. Click "Start Enrollment" and enter your personal information and any dependents or beneficiaries.
4. After reading each benefit plan, choose your coverage, then elect either to enroll or decline.
5. To complete enrollment, click "Finalize," then "Sign and Submit."
6. Print a copy of your finalized enrollment for your records.

### **Diocese of Colorado Springs Only**

#### **DURING OPEN ENROLLMENT AND NEW HIRES**

**Log into [www.myenroll.com](http://www.myenroll.com).**

1. Select "Get Started Here!" at the top of the page or select "Enroll." In the dropdown box, select "Enrollment Wizard." Note: The dates of open enrollment are at the top of the page.
2. Click on the green button "Begin Your Enrollment."
3. Complete each page of the enrollment wizard. Click "I accept and Confirm."
4. Print two copies of your summary statement—one copy for your records and one copy for your payroll department.

# Medical Insurance

The Archdiocese of Denver Welfare Benefits Trust offers three medical plan options. Before you enroll in medical coverage, take some time to fully understand how each plan option works.

## Plan Options

**You can choose to enroll in one of the medical plans offered below. If you are able to utilize a preferred Centura Health facility, you may pay less out of your pocket.**

- Copay Plan
- Choice Plan
- Security Plus Plan

## In-Area vs. Out-of-Area Plan Options

**You are eligible for these different plan options based on where you work:**

- If you are a benefits-eligible employee **who works within 30 miles of a preferred Centura Health facility**, you are eligible for the in-area plan options.
- If you are a benefits-eligible employee **who works more than 30 miles from a preferred Centura Health facility**, you are eligible for the out-of-area plan options.

## What to Do When You Need Care

When you need care, it's important to know where to go to ensure you maximize your plan benefits. Take the steps below to find an in-network provider in your plan's network and pay less out of your pocket.



### STEP 1

**Locate a network provider by visiting [www.umar.com](http://www.umar.com) or calling Plan Advisor by using the number on the back of your ID card.**



### STEP 2

**If your doctor refers you for additional inpatient or outpatient services, work with your doctor or Plan Advisor to locate a network contracted facility. If you are able to use a preferred Centura Health facility, you may pay less out of your pocket.**



### STEP 3

**Locate a preferred Centura Health facility at [www.umar.com](http://www.umar.com) or call Plan Advisor using the number on the back of your ID card.**

## Three Things To Consider While Choosing a Medical Plan

1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care? Or, do you prefer to pay less out of your paycheck, but more when you need care?
2. What planned medical services do you expect to need in the upcoming year?
3. Are you able to budget for your deductible by setting aside pre-tax dollars from your paycheck in a healthcare flexible spending account (FSA)?



# In-Area Medical Plan Options

If your place of employment is within 30 miles of a preferred Centura Health facility.

The Archdiocese of Denver Welfare Benefits Trust offers three in-area medical plan options. Regardless of the plan option you choose, you can visit any licensed network doctor for regular office visits without a referral. The table below summarizes the key features of the medical plan options. Take some time to fully understand how each plan option works. ID cards will be provided by UMR. To maintain claim payment within the network noted at the column heading, you must confirm with your provider that they either have a priority contract with Centura or UHC. **The coinsurance amounts listed reflect the amount you pay.** Please refer to the official plan document or contact Human Resources for additional information on coverage and exclusions.

Summary of Covered Benefits	Copay			Choice		Security Plus		
	Preferred Centura Health Network	UHC Choice Plus	Out of Network	Preferred Centura Health Network	UHC Choice Plus and Out of Network	Preferred Centura Health Network	UHC Choice Plus	Out of Network
<b>Calendar Year Deductible</b> Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$1,000/\$3,000	\$0/\$0	\$0/\$0	\$0/\$0
<b>Out-of-Pocket Max</b> Individual/Family	Includes deductible; doesn't include copays			Includes deductible; doesn't include copays		Includes deductible; doesn't include copays		
	\$2,625/\$7,875	\$5,250/\$15,750	\$5,250/\$15,750	\$1,500/\$4,500	\$5,000/\$15,000	\$5,250/\$15,750	\$5,250/\$15,750	\$5,250/\$15,750
<b>Preventive Care</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Physician Services</b> Primary Care Physician Specialist Urgent Care	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay \$75 copay
<b>Diagnostic Tests</b> Lab Services X-Ray	Plan pays 100%	Plan pays 100%	Plan pays 100%	Office (OV) / Outpatient (OP) OV: 0%/OP: 10%	Office (OV) / Outpatient (OP) 40% after ded. 40% after ded.	Office (OV) / Outpatient (OP) OV: 0%/OP: 30%	Office (OV) / Outpatient (OP) OV: 0%/OP: 30%	Office (OV) / Outpatient (OP) OV: 0%/OP: 30%
High-Tech Services	Plan pays 100%	Plan pays 100%	Plan pays 100%	OV: 0%/OP: 10%	OV: 0%/OP: 10%	OV: 0%/OP: 30%	OV: 0%/OP: 30%	OV: 0%/OP: 30%
<b>Hospital Services</b> Inpatient	10%	30%	Not covered	15%	40% after ded.	30%	50%	Not covered
Outpatient	\$500 copay	30%	Not covered	10%	\$300 copay, then 40% after ded.	20%	30%	Not covered
<b>Emergency Room</b>	\$250 copay	30%	Not covered	10%	40% after ded.	20%	30%	Not covered
<b>Therapy</b> Physical, Speech, Occup. Chiropractic	\$75 copay	\$150 copay	\$150 copay	\$75 copay <sup>1</sup>	\$150 copay <sup>1</sup>	\$75 copay <sup>2</sup>	\$150 copay <sup>2</sup>	\$150 copay <sup>2</sup>
<b>Prescription Drugs<sup>3</sup></b> (up to 30-day)	Limit 20 visits per therapy per calendar year			Limit 20 visits per therapy per calendar year		Limit 20 visits per therapy per calendar year		
	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Generic	50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
Preferred Brand	Visit <a href="https://optumrx.com">optumrx.com</a> to find a network pharmacy.			Visit <a href="https://optumrx.com">optumrx.com</a> to find a network pharmacy.		Visit <a href="https://optumrx.com">optumrx.com</a> to find a network pharmacy.		
Non-Preferred Brand	\$8 copay	Not covered	Not covered	\$8 copay	Not covered	\$15 copay	Not covered	Not covered
Mail Order (up to 90-day)	\$25 copay	Not covered	Not covered	\$25 copay	Not covered	\$30 copay	Not covered	Not covered
	\$40 copay	Not covered	Not covered	\$40 copay	Not covered	\$70 copay	Not covered	Not covered
	2x retail copay	Not covered	Not covered	2x retail copay	Not covered	2x retail copay	Not covered	Not covered

(1) Physician services cost is 15%. (2) Physician services cost is 30% after ded. (3) Specialty drugs are covered at the tier they fall under.

# Out-of-Area Medical Plan Options

If your place of employment is more than 30 miles from a preferred Centura Health facility.

The Archdiocese of Denver Welfare Benefits Trust offers three out-of-area medical plan options. Regardless of the plan option you choose, you can visit any licensed network doctor for regular office visits without a referral. The table below summarizes the key features of the medical plan options. To maintain claim payment within the network noted at the column heading, you must confirm with your provider that they either have a priority contract with Centura or UHC. **The coinsurance amounts listed reflect the amount you pay.** Please refer to the official plan document or contact Human Resources for additional information on coverage and exclusions.

Summary of Covered Benefits	Copay			Choice			Security Plus		
	Preferred Centura Health Network	UHC Choice Plus	Out of Network	Preferred Centura Health Network	UHC Choice Plus	Out of Network	Preferred Centura Health Network	UHC Choice Plus	Out of Network
<b>Calendar Year Deductible</b> Individual/Family	\$0/\$0	\$300/\$900	\$300/\$900	\$0/\$0	\$300/\$900	\$1,000/\$3,000	\$0/\$0	\$500/\$1,500	\$500/\$1,500
<b>Out-of-Pocket Max</b> Individual/Family	Includes deductible; doesn't include copays \$1,400/\$4,200	\$2,800/\$8,400	\$2,800/\$8,400	Includes deductible; doesn't include copays \$1,500/\$4,500	\$2,800/\$8,400	\$5,000/\$15,000	\$5,250/\$15,750	Includes deductible; doesn't include copays \$9,250/\$27,750	\$9,250/\$27,750
<b>Preventive Care</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Physician Services</b> Primary Care Physician Specialist Urgent Care	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay \$40 copay	\$25 copay \$25 copay \$75 copay	\$25 copay \$25 copay \$75 copay
<b>Diagnostic Tests</b> Lab Services X-Ray	Plan pays 100% Plan pays 100%	Plan pays 100% OV: 0%/OP: 20% after ded.	Plan pays 100% OV: 0%/OP: Not covered	Plan pays 100% OV: 0%/OP: 10%	Plan pays 100% OV: 0%/OP: 20% after ded.	Plan pays 100% OV: 0%/OP: 40% after ded.	Plan pays 100% OV: 0%/OP: 30%	Plan pays 100% OV: 0%/OP: 30%	Plan pays 100% OV: 0%/OP: 30%
High-Tech Services	10%	20% after ded.	Not covered	10%	20% after ded.	40% after ded.	30%	50% after ded.	Not covered
<b>Hospital Services</b> Inpatient	\$100 copay	20% after ded.	Not covered	10%	20% after ded.	\$500 copay, then 40% after ded.	30%	\$300 copay, then 50% after ded.	Not covered
Outpatient	\$50 copay	20% after ded.	Not covered	10%	20% after ded.	40% after ded.	30%	50% after ded.	Not covered
<b>Emergency Room</b>	\$75 copay	\$150 copay	\$150 copay	\$75 copay	\$150 copay	\$150 copay	\$75 copay¹	\$150 copay¹	\$150 copay¹
<b>Therapy</b> Physical, Speech, Occup. Chiropractic	Limit 20 visits per therapy per calendar year \$25 copay 50%	\$25 copay 50%	\$25 copay 50%	Limit 20 visits per therapy per calendar year \$25 copay 50%	\$25 copay 50%	\$25 copay 50%	\$25 copay Not covered	\$25 copay Not covered	\$25 copay Not covered
<b>Prescription Drugs²</b> (up to 30-day) Generic Preferred Brand Non-Preferred Brand Mail Order (up to 90-day)	Visit <a href="#">optumrx.com</a> to find a network pharmacy. \$8 copay \$25 copay \$40 copay 2x retail copay	Visit <a href="#">optumrx.com</a> to find a network pharmacy. Not covered Not covered Not covered Not covered	Visit <a href="#">optumrx.com</a> to find a network pharmacy. Not covered Not covered Not covered Not covered	Visit <a href="#">optumrx.com</a> to find a network pharmacy. \$8 copay \$25 copay \$40 copay 2x retail copay	Visit <a href="#">optumrx.com</a> to find a network pharmacy. Not covered Not covered Not covered Not covered	Visit <a href="#">optumrx.com</a> to find a network pharmacy. Not covered Not covered Not covered Not covered	Visit <a href="#">optumrx.com</a> to find a network pharmacy. \$15 copay \$30 copay \$70 copay 2x retail copay	Visit <a href="#">optumrx.com</a> to find a network pharmacy. Not covered Not covered Not covered Not covered	

(1) Physician services cost is 30%. (2) Specialty drugs are covered at the tier they fall under.





## Medical Insurance

### Preventive Care

The Archdiocese of Denver Welfare Benefits Trust medical plan options cover preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam. Learn more about preventive care at [www.umar.com](http://www.umar.com).

### Teladoc

Teladoc gives you access 24 hours a day, seven days a week to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits. It's an affordable option for quality medical care. Talk to a doctor anytime! Connect with a physician by calling 800-TELADOC or visiting [www.teladoc.com](http://www.teladoc.com) to register and use Teladoc.

### Maternity Management Program

#### Bringing a new life into the world is awesome!

We feel so strongly about this wonderful event that we offer a healthy pregnancy program with the nurses at UMR to provide valuable assistance and specialized prenatal care. All medical plan members are eligible to participate.

The program is staffed with OB/GYN nurses who have years of experience in identifying potential complications with your pregnancy before they become serious or life threatening. They can also offer guidance and support on a wide variety of other pregnancy-related issues.

**As soon as you learn that you are expecting your little one, simply go to [www.umar.com](http://www.umar.com) or call 800-207-3172.** You will receive great advice, free educational materials, and an incentive gift.\*

**Don't forget to enroll your child in the medical plan within 31 days of birth or adoption.**

\*To be eligible for the free incentive gift, you must enroll during your first or second trimester and continue to actively participate in the program each trimester of your pregnancy. You must then complete the program and fill out a brief survey to receive the incentive gift.



## Medical Insurance

### Make Sure You're Covered Before Receiving Care

Any time you or a family member is admitted to the hospital or receives certain outpatient services, it is important to notify UMR. UMR will make sure you receive the appropriate care and that you understand whether your medical plan option will pay for any portion of the treatment cost.

**There are two reasons you or your provider should call UMR before a medical service or procedure:**

#### **1. Prior Authorization of Care**

Some types of care require a review to determine if they are medically necessary. This means they meet generally accepted standards of care and are considered effective in treating your illness or injury. UMR will also review if the length of your inpatient stay and type of facility is clinically appropriate. Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs.

#### **2. Pre-Determination of Benefits**

We recommend you and your healthcare provider also call ahead regarding treatments that do not require a review. This is to verify the amount, if any, your medical plan option will pay toward the cost of care you receive. Any payment for an expense that is not covered under the plan is your responsibility. UMR will send a letter to you and your provider, notifying you whether the treatment is covered.

You or your healthcare provider can call the number on the back of your medical ID card to verify the benefits available.

## Preferred Centura Health Facilities

For a complete list of preferred Centura Health facilities, visit [fhs.umr.com/oss/cms/styles/desktop/global/global/global/views/OPIADOD-ADCCProviderSearch.html](https://fhs.umr.com/oss/cms/styles/desktop/global/global/global/views/OPIADOD-ADCCProviderSearch.html) and search the Centura Facility Directory PDF.

## Second Surgical Opinion

In some cases, you may wish to seek a second surgical opinion. These second opinions are covered, but not required.

## UMR Plan Advisors

UMR plan advisors are available to guide and support you in making the right decisions when you need to see a doctor or have questions about your benefits plan. Plan advisors are available weekdays from 8 a.m. to 5 p.m. Call 800-207-3172 for assistance.

### With a single call, you can:

- Ask an advisor about an approved or denied claim.
- Find an in-network doctor or facility.
- Get help finding a primary care physician and making an appointment.
- Learn whether you're due for routine care or preventive screenings.
- See if you're eligible for health coaching and sign up.

### Visit UMR online

UMR online services can give you the answers you're looking for, anytime, night or day.

### Log into [www.umar.com](https://www.umar.com) to:

- Look up in-network providers.
- View your benefits and claims information.
- Access commonly used forms.
- Review your financial activity.
- Find other tools for improving your health.
- Estimate the cost of treatment.

## Alternative Care

We have created alternative care benefits in response to the rising demand for alternative healthcare treatment. Your personal physician can refer you to acupuncturists, naturopathic physicians, chiropractors, and massage therapists when that care is medically necessary.

### **This program covers 50% of each medically necessary treatment/visit per calendar year for the Copay and the Choice options, as follows:**

- **Chiropractic:** 20 treatments/visits.
- **Naturopathy therapy:** 5 treatments/visits.
- **Acupuncture:** 5 treatments/visits.
- **Massage therapy:** 10 treatments/visits.

If you utilize providers through the UMR network you will pay less. If you utilize a non-network provider, you will need to submit a manual claim to UMR for reimbursement. You must provide your UMR ID card to network providers at the time of service. Claims will then be processed through UMR and you will be billed for any remaining amount.

# Medical Insurance

## Spiritual Health

We care about your spiritual health. That's why we've partnered with specific providers who work with the medical plan and provide you with exceptional care aligned with our faith. The listed providers below are approved by the United States Conference of Catholic Bishops (USCCB).



### Natural Family Planning

The program covers up to \$500 of expenses associated with the cost of an approved natural family planning (NFP) course/method and associated NFP supplies for all medical plan options (per calendar year)



### Spiritual Care

Receive up to five treatments/visits per year.



## SPIRITUAL HEALTH



### St. Raphael

Receive counseling services for you and your dependents with St. Raphael, our partner in faith.



### Bella Health + Wellness

Receive medical services for you and your dependents with Bella Health + Wellness, our partner in faith.



## Disease Management

Disease management is a program to help you or a covered dependent living with chronic condition.

**If you have one of the following conditions, you may be eligible for help:**

- Asthma.
- Coronary artery disease (CAD).
- Chronic obstructive lung disease (COPD).
- Diabetes.
- Heart failure.
- Hypertension (high blood pressure).

If you meet the qualifications, you will receive a letter in the mail and/or a phone call from UMR to enroll in the program.

If you are struggling with one of the listed conditions, you can call UMR Care Management to self-enroll. The number is listed on the back of your ID card. Or, visit [www.umar.com](http://www.umar.com) to sign up. Once you sign into [www.umar.com](http://www.umar.com), go to the "Health center" from myMenu. Under "I need to" select "Get a health coach."

## Care Management

UMR Care Management is a staff of experienced, caring nurses who help you get the most out of your health benefits. They work with you, your doctors, and other medical advisors to get the services that best meet your needs.

**Whether you're having a baby, have an emergency hospitalization, or need non-emergency care, the care management nurses can assist you by:**

- Helping negotiate treatment from the beginning of your care to recovery.
- Helping you look at treatment needs and options under the direction of your doctor.
- Serving as your advocate with your benefits administrator.
- Providing an understanding of any complex issues to your claims payer.
- Helping you better understand your health benefits.

If you have questions about your care management benefits or upcoming healthcare services, call UMR Care Management at the phone number provided on your member ID card.

## Appeal of Claim Denial

You have the option to file an appeal after receiving an adverse determination of a claim. The plan has two levels of internal appeal. All first level appeals must be made to the claims administrator and all second level appeals must be made to the plan administrator, as further explained below.

**First Level Appeal: This is a mandatory appeal level.**

If you submit a claim for plan benefits and it is initially denied, you may request a review of that denial under the procedures described in the plan document. You have 180 days after you receive notice of an initial adverse determination within which to request a review of the adverse determination. All requests for review of initially denied claims (including all relevant information) must be submitted to the claims administrator (UMR).

**Second Level Appeal: This is a mandatory appeal level.**

If you submit a first level appeal and it is denied, you may request a review of that denial under the procedures described in the plan document. You have 60 days after you receive notice of an adverse determination at the first level of appeal to request a second level appeal of the adverse determination. A request for review of the denial of a first level appeal must be submitted to the plan administrator.

If you have exhausted the plan's internal appeal process (or if you are eligible to request an external review for any other reason under the procedures outlined in the plan document), you may request an external review of the plan's final adverse determination for certain health benefit claims. More information on the external review process is outlined in the plan document.

# Prescription Coverage

Prescription drug coverage is included in each medical plan option and provided through UMR/OptumRx. The amount you pay for your prescription drugs is dependent on the type of drug (generic, preferred brand, non-preferred brand, specialty) and how you receive your drug—mail order, retail pharmacy, or Optum’s specialty pharmacy. Optum’s information can be found on your medical ID card provided by UMR.

## OptumRx Prescription Drug Formulary

The formulary is a list of drugs that have been selected from their drug class as being the most clinically effective and cost-efficient drugs for a specified condition. This formulary list changes frequently. To learn more about the formulary call 877-559-2955 or visit [www.optumrx.com](http://www.optumrx.com).

### Generic Medications

These drugs offer a safe and cost-effective alternative to brand-name drugs. Generics are widely accepted by physicians, pharmacists, and health plan providers. They typically cost about half as much as brand-name drugs. They are as safe, effective, and high in quality as brand-name drugs.

### Preferred Brand Medications

A prescription drug that is marketed with a specific brand name by the company that manufactures it. These drugs are covered at a higher copay than generic drugs but are less expensive than non-preferred brand medications.

### Non-Preferred Brand Medications

These drugs have a generic equivalent and are significantly more expensive than preferred brand-name drugs.

### Specialty Medications

These high-cost drugs are used to treat chronic diseases. Optum is our preferred specialty medications provider and the only pharmacy covered under the plan options for these medications. **Specialty medications purchased anywhere other than Optum will not be covered.** To begin utilizing the program, you or your physician must call Optum’s customer service line at 855-427-4682.

## How to Purchase a Prescription

### Retail Network Pharmacies

Retail network pharmacies are a great way to pick up your prescription drugs when you need them right away. For a listing of network pharmacies, call OptumRx at 877-559-2955 or visit [www.optumrx.com](http://www.optumrx.com).

### Mail Order

This is the best way to receive your ongoing medications and enrolling in mail order is easy. Have your doctor electronically send your prescription to OptumRx or fax to 800-491-7997. You may also mail your completed mail order enrollment form and original prescription to: OptumRx, P.O. Box 2975, Mission, KS 66201.

Prescriptions are delivered directly to your home with free standard shipping. For an additional charge, OptumRx can have your prescriptions sent overnight. For new prescriptions, allow four weeks for processing.

## Pre-Authorization

Certain drugs, such as compound drugs, opioids, and some specialty medications require pre-authorization. Please call OptumRx at 877-559-2955 to discuss.



## Dental Insurance

The Archdiocese of Denver Welfare Benefits Trust offers three dental insurance plan options through Guardian. Your local benefits manager has a generic ID card or you can personalize a card on [www.guardiananytime.com](http://www.guardiananytime.com).

- The Platinum plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. The Platinum option includes major and orthodontia treatment in- and out-of-network but has lower in-network benefit maximums than the Gold option.
- The Gold plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. The Gold option includes major and orthodontia treatment in the Guardian provider network.
- The Silver plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. The Silver option offers comprehensive coverage for preventive and basic services with a low deductible.

Locate a Guardian network provider at [www.guardiananytime.com](http://www.guardiananytime.com).

The table below summarizes the key features of the dental plan options. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan document or contact Human Resources for additional information on coverage and exclusions.

Summary of Covered Benefits	Platinum		Gold		Silver	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Calendar Year Deductible</b> Individual/Family	\$50/\$150	\$50/\$150	\$25/\$75	\$50/\$150	\$25/\$75	
<b>Calendar Year Benefit Max</b>	\$1,500		\$2,000	\$750	\$750	
<b>Preventive Care</b> (ded. waived) Oral exams, cleanings, bitewings	Plan pays 100%	20%	Plan pays 100%	20%	Plan pays 100%	Plan pays 100%
<b>Basic Services</b> Fillings, root canals, full mouth x-rays, periodontal services	20% after ded.	20% after ded.	20% after ded.	40% after ded.	20% after ded.	20% after ded.
<b>Major Services</b> Bridges, crowns, dentures	40% after ded.	50% after ded.	50% after ded.	Not covered	Not covered	
<b>Orthodontia Services</b>	50%		40%	Not covered	Not covered	
<b>Orthodontia Lifetime Max</b>	\$1,500		\$1,500	N/A	N/A	



# Vision Insurance

The Archdiocese of Denver Welfare Benefits Trust offers a vision insurance plan through VSP. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP network provider at [www.vsp.com](http://www.vsp.com). No ID card is needed for VSP; however, you can personalize an ID card on the VSP website.

The table below summarizes the key features of the vision plan. Please refer to the official plan document or contact Human Resources for additional information on coverage and exclusions.

Summary of Covered Benefits	Vision	
	In Network	Out of Network
<b>Eye Exam</b> (every 12 months)	\$15 copay	Up to \$35 allowance
<b>Standard Plastic Lenses</b> (every 12 months) Single/Bifocal/Trifocal	\$15 copay	Up to \$25/\$40/\$55 allowance
<b>Frames</b> (every 24 months)	\$150 allowance + 20% off balance	Up to \$45 allowance
<b>Contact Lenses</b> (every 12 months in lieu of standard plastic lenses)	\$150 allowance	Up to \$105 allowance





# Flexible Spending Accounts

The Archdiocese of Denver Welfare Benefits Trust offers two flexible spending account (FSA) options—the healthcare FSA and the dependent care FSA—which allow you to pay for eligible healthcare and dependent care expenses with pre-tax dollars. The FSAs are administered by UMR. Log into your account at [www.umar.com](http://www.umar.com) to: submit claims, view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

## How an FSA Works

You decide how much to contribute to each FSA on a plan year basis up to the maximum allowable IRS-regulated amounts. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year.

To pay for your eligible expenses, you must submit a claim form and a bill or itemized receipt from the provider to UMR. Keep all receipts in case UMR requires you to verify the eligibility of a purchase.

## Healthcare FSA

The healthcare FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses that are not paid by the medical, dental, or vision plan options.

**The healthcare FSA maximum contribution is \$2,750 for the 2021–2022 plan year (July 1, 2021 through June 30, 2022).**

## Dependent Care FSA

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider).

**You may contribute up to \$5,000 to the dependent care FSA for the 2021–2022 plan year (July 1, 2021 through June 30, 2022) if you are married and file a joint return or if you file a single or head of household return.** If you are married and file separate returns, you can each elect \$2,500 for the 2021–2022 plan year.

## An FSA Can Save You Money and Increase Your Take-Home Pay

When you fund an FSA, your premiums for the medical, dental, and vision plans will be automatically deducted from your paycheck before taxes are taken out. This will decrease your taxable income and will increase your take-home pay.

Amounts are automatically calculated and deducted based on your benefit elections for the 2021–2022 plan year.

## Post-Tax Premiums

A post-tax election means that all the premiums associated with your elected benefits will be deducted from your paycheck AFTER taxes are calculated and are deducted from your take-home pay.

## Things to Consider Before Contributing to an FSA:

- **FSA dollars are use it or lose it (no roll over allowed). You must submit all reimbursement request forms before September 28, 2022. Any contributions remaining in your account after September 28, 2022, will be forfeited.**
- You cannot take income tax deductions for expenses you pay with your FSA(s).
- You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying event/life status change/special enrollment.

# Life and AD&D Insurance

Life and accidental death and dismemberment (AD&D) insurance is an important element of your income protection planning—especially for those who depend on you for financial security. For your peace of mind, the Archdiocese of Denver Welfare Benefits Trust provides basic life and AD&D insurance to all benefits-eligible employees **at no cost**. You have the option to purchase supplemental life and AD&D insurance.

## Beneficiary Designations

Please be sure to keep your beneficiary designations up-to-date.

## Basic Life and AD&D Insurance

The Archdiocese of Denver Welfare Benefits Trust automatically provides basic life and AD&D insurance through Cigna to all benefits-eligible employees **at no cost**. If you die as a result of an accident, your beneficiary will receive both the life benefit and the AD&D benefit. Benefits will reduce to 65% at age 65 and to 50% at age 70.

As an added bonus, the Archdiocese of Denver Welfare Benefits Trust automatically provides basic life insurance through Cigna to your spouse and dependent children **at no cost**.

- **Employee life and AD&D benefit:** \$50,000
- **Spouse life benefit:** \$2,000
- **Dependent children life benefit:** \$2,000 (from birth up to age 26)

## Supplemental Life and AD&D Insurance

The Archdiocese of Denver Welfare Benefits Trust provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Cigna. You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded (listed on page 23). Benefits will reduce to 65% at age 65 and to 50% at age 70. These costs are deducted post-tax and can be dropped at any time.

If you elect coverage when first eligible, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Cigna.

- **Employee life and AD&D benefit:** \$10,000 increments up to \$500,000 or 5x salary, whichever is less  
Guarantee issue: \$200,000
- **Spouse life benefit:** \$5,000 increments up to \$50,000 or 100% of the employee's election, whichever is less  
Guarantee issue: \$50,000
- **Spouse AD&D benefit:** \$500
- **Dependent children life benefit:** Birth to 6 months: \$2,000; 6 months to age 26 if unmarried: \$2,000 increments up to \$10,000  
Guarantee issue: \$10,000
- **Dependent children AD&D benefit:** \$500

## How much life and AD&D insurance do you need?

The Archdiocese of Denver Welfare Benefits Trust provides basic life and AD&D insurance as part of your benefits, but depending on your personal situation, that might not be enough coverage for your needs. Use the calculator at [www.cigna.com/healthwellness/tools/life-needs](http://www.cigna.com/healthwellness/tools/life-needs) to find the right amount of coverage for you.



## Disability Insurance

### Short-Term Disability Insurance

The Archdiocese of Denver Welfare Benefits Trust automatically provides short-term disability (STD) insurance through Cigna to all full-time lay employees **at no cost**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

- **Benefit:** 60% of base weekly pay up to \$1,000 per week
- **Elimination period:** 30 days
- **Benefit duration:** Up to 26 weeks

### Long-Term Disability Insurance

The Archdiocese of Denver Welfare Benefits Trust automatically provides long-term disability (LTD) insurance through Cigna to all full-time lay employees **at no cost**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the short-term disability period.

- **Benefit:** 60% of base monthly pay up to \$6,000 per month
- **Elimination period:** 26 weeks
- **Benefit duration:** Social Security normal retirement age



## Voluntary Benefits

The Archdiocese of Denver Welfare Benefits Trust provides you the option to purchase voluntary critical illness and accident insurance through Colonial Life. These costs are deducted post-tax and can be dropped at any time.

To learn more about your plan options and costs, visit Paycom at [www.paycomonline.com](http://www.paycomonline.com) (Archdiocese of Denver and Catholic Charities of Denver only), contact Janet Hutchinson at 719-866-6462, or visit [www.myenroll.com](http://www.myenroll.com) (Diocese of Colorado Springs only).

### Critical Illness

While medical insurance can help with the cost of critical illness, you may still have out-of-pocket expenses that are not covered by your medical insurance, including travel, food, lodging, child care, and household help. Critical illness insurance may help preserve your financial security.

### Accident Insurance

Accident insurance helps you pay for the medical and out-of-pocket costs that you may have after an accidental injury.

#### **Features include:**

- Benefits paid directly to you.
- Benefits paid regardless of any other insurance you may have with other insurance companies.
- You can take your coverage with you if you change jobs or retire.

#### **Benefits are paid for initial care due to an accident such as:**

- Emergency room treatment.
- Ambulance.
- X-rays.
- Hospital admission and daily stay.

#### **Additional benefits are paid based on the type of accidental injury diagnosed including:**

- Lacerations.
- Broken Bones.
- Burns.





## Life Assistance Program

Your life assistance program can help you and your family establish balance. The Archdiocese of Denver Welfare Benefits Trust provides the life assistance program to you and your family members **at no cost**.

**An advocate is just a phone call away and ready to help you find practical solutions through:**

- Assistance for you and your household members (even a roommate).
- Phone or online consultation.
- Three face-to-face sessions per issue, per year covered under the life assistance program plan at no cost.

**The program can also suggest online or community services to help you and your family with issues like:**

- Legal concerns including buying a home, divorce, or adoption.
- Parenting and child care.
- Senior care.
- Pet care.
- Identity theft.
- Financial consultation for retirement, budgets, saving for college, debt, and more.
- Emotional and work-life counseling.
- Stress, family, or marital conflicts.
- Major life changes.
- Depression.
- Chronic illness.

Call the LAP 24/7/365 at 800-538-3543 or visit [www.signalap.com](http://www.signalap.com).

### Coverage for mental health and substance abuse

The Archdiocese of Denver Welfare Benefits Trust medical plan options provide coverage for mental health and substance use disorders. Contact UMR at 800-207-3172 for more information.



## **& Additional Benefits**

### **Travel Assistance**

The Archdiocese of Denver Welfare Benefits Trust provides a travel assistance program through Cigna Assistance Services, Inc. to you and your family **at no cost**. Learn more or request a contact card by calling 888-226-4567.

### **Legal Support Program**

The Archdiocese of Denver Welfare Benefits Trust provides online legal tools and resources through Cigna to you and your family **at no cost**. Register at [www.cigna.mysecureadvantage.com](http://www.cigna.mysecureadvantage.com) or call 800-901-7534.

### **Healthy Rewards Program**

Cigna Healthy Rewards can make staying healthy easier and more affordable, with up to 60% off a variety of health and wellness products and services.

#### **Save on these member discount health areas:**

- Weight and nutrition
- Alternative medicine
- Healthy life products
- Wellness products
- Dental care
- Vision and hearing care
- Fitness
- Tobacco cessation

Visit [www.cigna.com/rewards](http://www.cigna.com/rewards) (password: savings) for more information.



# Benefit Plan Option Costs

## Medical, Dental, and Vision Insurance

Listed below are the monthly costs for medical, dental, and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis unless you request post-tax deductions.

Medical Coverage Level	Copay			Choice			Security Plus		
	Total Cost	Employer Pays	You Pay	Total Cost	Employer Pays	You Pay	Total Cost	Employer Pays	You Pay
<b>Employee Only</b>	\$712	\$641	<b>\$71</b>	\$658	\$592	<b>\$66</b>	\$361	\$325	<b>\$36</b>
<b>Employee + Spouse</b>	\$1,485	\$1,114	<b>\$371</b>	\$1,375	\$1,031	<b>\$344</b>	\$755	\$566	<b>\$189</b>
<b>Employee + Child(ren)</b>	\$1,452	\$1,089	<b>\$363</b>	\$1,342	\$1,006	<b>\$336</b>	\$728	\$546	<b>\$182</b>
<b>Employee + Family</b>	\$2,508	\$1,881	<b>\$627</b>	\$2,315	\$1,736	<b>\$579</b>	\$1,246	\$934	<b>\$312</b>

Dental Coverage Level	Platinum	Gold	Silver
	Total Cost	Total Cost	Total Cost
<b>Employee Only*</b>	<b>\$59</b>	<b>\$44</b>	<b>\$23</b>
<b>Employee + Spouse*</b>	<b>\$88</b>	<b>\$62</b>	<b>\$34</b>
<b>Employee + Child(ren)*</b>	<b>\$88</b>	<b>\$62</b>	<b>\$34</b>
<b>Employee + Family*</b>	<b>\$134</b>	<b>\$100</b>	<b>\$55</b>

\*Employee contributions vary. Please contact Human Resources for your specific cost.

Vision Coverage Level	Vision		
	Total Cost	Employer Pays	You Pay
<b>Employee Only</b>	\$7	\$6	<b>\$1</b>
<b>Employee + Spouse</b>	\$14	\$11	<b>\$3</b>
<b>Employee + Child(ren)</b>	\$15	\$12	<b>\$3</b>
<b>Employee + Family</b>	\$21	\$16	<b>\$5</b>

## Supplemental Life/AD&D Insurance Costs

Listed below are the monthly rates for supplemental life/AD&D insurance. The costs listed below include the automatic \$0.03 cost for AD&D coverage. The amount(s) you pay for supplemental life/AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse life rates are based on the employee's age.

Age	Employee and Spouse Rate Per \$1,000 of coverage	Child Rate Per \$1,000 of coverage
<20	<b>\$0.08</b>	<b>\$0.25</b>
20-24	<b>\$0.08</b>	
25-29	<b>\$0.09</b>	
30-34	<b>\$0.11</b>	
35-39	<b>\$0.12</b>	
40-44	<b>\$0.14</b>	
45-49	<b>\$0.21</b>	
50-54	<b>\$0.35</b>	
55-59	<b>\$0.55</b>	
60-64	<b>\$0.69</b>	
65-69	<b>\$1.31</b>	
70-74	<b>\$3.27</b>	
75+	<b>\$9.08</b>	

# EMPLOYEE BENEFITS

Benefit plans effective July 1, 2021–June 30, 2022

## Important Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact your local benefits manager at your location.

Provider/Plan	Policy Number	Contact Number	Website/Email
<b>Medical and Prescriptions—</b> UHC Choice Plus OptumRx	7670-00-412838	800-207-3172 877-559-2955	www.umar.com www.optumrx.com
<b>Dental—</b> Guardian	424146	800-541-7846	www.guardiananytime.com
<b>Vision—</b> VSP	12287661	800-877-7195	www.vsp.com
<b>Flexible Spending Accounts—</b> UMR	N/A	800-207-3172	www.umar.com
<b>Life and AD&amp;D Insurance—</b> Cigna	Life: FLX960819 AD&D: OK960723	800-362-4462	www.cigna.com
<b>Supplemental Life and AD&amp;D Insurance—</b> Cigna	Life: FLX0966686 AD&D: OK0968208	800-362-4462	www.cigna.com
<b>Disability Insurance—</b> Cigna	STD: LK750155 LTD: LK960704	800-362-4462	www.cigna.com
<b>Life Assistance Program—</b> Cigna	N/A	800-538-3543	www.cignalap.com
<b>Voluntary Accident and Critical Illness Insurance—</b> Colonial Life	1123195640	800-325-4368	www.coloniallife.com
<b>Archdiocese of Denver Human Resources—</b> Beth Link, Executive Director, Human Resources	N/A	N/A	benefitssupport@archden.org
<b>Catholic Charities of Denver Human Resources—</b> Human Resources	N/A	303-742-0828	HR@ccdenver.org
<b>Diocese of Colorado Springs Human Resources—</b> Janet Hutchinson, Benefits Administrator	N/A	719-866-6462	jhutchinson@diocs.org

This summary of benefits is not intended to be a complete description of the terms and the Archdiocese of Denver Welfare Benefits Trust insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although the Archdiocese of Denver Welfare Benefits Trust maintains its benefit plans on an ongoing basis, the Archdiocese of Denver Welfare Benefits Trust reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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