



Archdiocese
of Seattle



2022 Benefits Enrollment

Laurie Manning-Benefits Communication and
Technology Specialist





Agenda

- Timeline
- Medical Plans
- HSA's and FSA's
- Voya
- Dental & Vision
- Life, AD&D and Disability
- Optional Group Life
- Additional Benefits

Timeline

- Benefit Year September 1-August 31
- May Open Enrollment





Medical Plans

Two plans to choose from Kaiser and Christian Brothers*

Each plan offers:

- Standard plan, with lower deductible and higher premium
- CDHP(Consumer Driven Health Plan) with higher deductible and lower premium.
- If you have other medical coverage, you may waive medical

*Pharmacy is attached to Christian Brothers plans. This is not an option to decline or accept.



Medical Plans



2022-2023 Medical Plan Summary

	CONSUMER DRIVEN HEALTH PLANS + HSA			
	KAISER NW (SOUTHWEST WA)	KAISER WA	CHRISTIAN BROTHERS	
	In-Network	In-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Maximum (Individual/Family)	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$9,000/\$18,000
Company HSA Contribution* (Individual/Family)	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000
Preventive Care	100% no deductible	100% no deductible	100% no deductible	50% after deductible
Natural Family Planning Services	100% no deductible	100% no deductible	100% no deductible (\$200 max)	
Office Visit	80% after deductible	80% after deductible	80% after deductible	50% after deductible
Inpatient Hospital	80% after deductible	80% after deductible	80% after deductible	50% after deductible
Outpatient Hospital/Surgery Facility	80% after deductible	80% after deductible	80% after deductible	50% after deductible
Diagnostic Test (X-ray, Blood Work)	80% after deductible	80% after deductible	100% after deductible	50% after deductible
Imaging (CT, PET Scans, MRIs)	80% after deductible	80% after deductible	80% after deductible	50% after deductible
Emergency Room	80% after deductible	80% after deductible	80% after deductible	
Prescription Drugs				
Plan pays 80% of the allowed amount for all Rx tiers (generic, brand preferred, etc.).	80% after deductible	80% after deductible	80% after deductible	
Note: The cost is usually lower for generic and preferred brand (formulary) than non-preferred brands.				

*HSA contributions are deducted on a per pay period basis.

Medical Plan Design



2022-2023 Medical Plan Summary

	STANDARD MEDICAL PLANS			
	KAISER NW (SOUTHWEST WA)	KAISER WA	CHRISTIAN BROTHERS	
	In-Network	In-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$500/\$1,500	\$500/\$1,500	\$500/\$1,500	\$500/\$1,500
Out-of-Pocket Maximum (Individual/Family)	\$3,500/\$10,500	\$3,500/\$10,500	\$3,500/\$10,500	\$3,500/\$10,500
Company HSA Contribution (Individual/Family)	Not available	Not available	Not available	Not available
Preventive Care	100% no deductible	100% no deductible	100% no deductible	50% no deductible
Natural Family Planning Services	100% no deductible	100% no deductible	100% no deductible	100% no deductible (\$200 max)
Office Visit	Primary Care: \$25/visit Specialty Care: \$25/visit Urgent Care: \$40 copay	Primary Care: \$25/visit Specialty Care: \$25/visit Urgent Care: \$25 copay	Primary Care: \$25/visit Specialty Care: \$25/visit Urgent Care: \$40 copay	50% after deductible
Outpatient Diagnostic Test (X-ray, Blood Work)	Lab Work – 100% no deductible Radiology – 80% after deductible	Lab Work – 100% no deductible Radiology – 100% no deductible	Lab Work – 100% no deductible Radiology – 80% after deductible	50% after deductible
Imaging (CT, PET Scans, MRIs)	80% after deductible	80% after deductible	80% after deductible	50% after deductible
Hospital Inpatient	80% after deductible	80% after deductible	80% after deductible	50% after deductible
Outpatient Hospital/ Surgery Facility	80% after deductible	80% after deductible	80% after deductible	50% after deductible
Emergency Room	\$100/visit and 80% after deductible	80% after deductible	\$100/visit and 80% after deductible	
Network Retail Pharmacy – 30-day supply*				
Generic Brand (Preferred) Non-Preferred	\$15 copay \$30 copay \$50 copay	\$15 copay \$30 copay Not covered	\$15 copay 20% of cost up to \$100 30% of cost up to \$150	
Mail Order – 90-day supply*				
Generic Brand (Preferred) Non-Preferred	\$30 copay \$60 copay \$100 copay	\$30 copay \$60 copay Not covered	\$37.50 copay 20% of cost up to \$250 30% of cost up to \$375	
Specialty Medications – 30-day supply*				
Generic Brand (Preferred) Non-Preferred	\$30 copay \$60 copay \$100 copay	\$15 copay \$30 copay Not covered	10% of cost up to \$150 20% of cost up to \$150 30% of cost up to \$255	

*Under the Standard Plans, prescription drugs are not subject to a deductible.



Health Savings Account

- Must be enrolled into a CDHP Medical Plan
- If eligible you will receive an Employer Seed into your HSA
 - Employee only coverage \$500
 - Employee and Family/Spouse/Children coverage \$1000
 - If you enroll in a CDHP but are not eligible for an HSA, your employer will make a \$500 contribution to a general Health Care Flexible Spending Account instead.
- pro-rated contributions if mid year election is made



HSA Eligibility

To be eligible to contribute to a health savings account (HSA), you must meet the following criteria:

1. Are covered under a High Deductible Health Plan (CDHP)
2. Not covered under any of the following:
 1. Medicare Coverage
 2. Coverage under a spouse's or parents health insurance coverage
 3. Access to a full health flexible spending account (FSA) (Can have Limited Purpose FSA)
 4. Access to a health reimbursement account (HRA) which covers pre-deductible medical expenses
 5. TRICARE coverage
3. Have not received any medical benefits (excluding dental, vision or preventative) during the previous three months from:
 1. The Indian Health Services (IHS)
 2. The US Department of Veterans Affairs (VA) except for treatment for a service connected, disability
4. Cannot be claimed as a dependent on someone else's tax return



Flexible Spending Account

- Three types of FSA:
 - Full Health FSA
 - Enrolled in either a Standard Plan or CDHP plan
 - \$500.00 Employer seed if enrolled in a CDHP plan and not eligible for the HSA
 - Covers Deductibles, Prescriptions, Medical equipment and many others
 - Limited Purpose FSA
 - Enrolled in a CDHP with HSA
 - Covers Dental and Vision expenses
 - Dependent Care FSA
 - Medical Plan enrollment is not required
 - Covers Dependent Care expenses such as daycare, home nursing for elder dependents, day camp, babysitter etc.



Voya

- We are excited to share we have expanded the benefits offered from Voya this year, while lowering the cost!
- Our Critical Illness benefit is still in place with a reduction to the rates.
- New this year:
 - Accident Insurance
 - Hospital Indemnity



Critical Illness

Critical Illness Insurance

You can protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.


We are excited to share that this years Critical Illness Insurance premiums are lower than they were last year.

Learn more at https://presents.voya.com/EBRC/Product/seattlearch/CriticalIllness2_1.

Covered Illnesses include:

- ✓ Heart Attack
- ✓ Stroke
- ✓ Cancer
- ✓ Major Organ Transplant
- ✓ End Stage Renal (Kidney) Failure
- ✓ Coronary Artery Bypass Surgery**
- ✓ COVID-19**

Plan Features

- ✓ **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.
- ➔ **Portable Coverage:** You can take your policy with you if you change jobs or retire.



Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and what medical services are required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- ✓ Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- ✓ Hospitalization
- ✓ Physical Therapy
- ✓ Emergency Room Treatment
- ✓ Transportation

Plan Features

- ✓ **Guaranteed Acceptance:** There are no health questions or physical exams required.
- 👤 **Family Coverage:** You can elect to cover your spouse and children.
- ➔ **Portable Coverage:** You can take your policy with you if you change jobs or retire.








Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

Plan Features

-  **Maternity Coverage:** Benefits are paid for hospital care for childbirth.
-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.



Dental and Vision Insurance

- Dental and Vision coverage cannot be waived
 - Coverage level must be the same for both plans
- Both are accepted at a wide range of providers in the Pacific Northwest



Dental Insurance

Dental Plan

Your dental health is an important part of your overall wellness – that is why we offer you dental insurance through Delta Dental.

	Delta Dental PPO	
	In-Network	Out-of-Network
Calendar Year Maximum	\$2,000	\$2,000
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Preventive Services Exams, Cleanings, X-rays	100%	100%
Basic Services Fillings, Extractions, Oral Surgery	90%	80%
Major Restorative Services Crowns, Bridgework, Dentures	50%	50%
Orthodontia (Adults and dependent children)	50%	\$50
Orthodontia Lifetime Maximum	\$1,000	\$1,000



Vision Insurance

Vision Plan

Archdiocese of Seattle offers vision coverage through VSP. Benefits include eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction.

	Laity VSP Plan	
	In-Network	Out-of-Network
Eye Examination Copay (every 12 months)	\$20	up to \$45
Lenses (every 24 months)		
Single Vision Bifocal Trifocal	\$25 copay	up to \$65
Frames (every 24 months)	\$25 copay \$130 allowance; 20% discount off cost over allowance	up to \$70
Contact Lenses (every 24 months)	Up to \$60 copay for fitting \$120 allowance for contacts	Up to \$105
Laser Vision Correction	15% discount off the regular price or 5% discount off the promotional price	Not available



Life, AD&D, and Disability

- These benefits are provided at no cost to you through the Prudential
- Basic Term Life: Benefit equal to 1 x your base annual earnings up to a maximum of \$250,000
- Accidental Death and Dismemberment: If seriously injured or die in an accident you are eligible for an additional benefit equal to your Basic Term Life coverage
- Disability: The benefit is equal to 60% of your base monthly earnings to a maximum of \$10,000 per month. There is a 90-day elimination period that applies.

Optional Group Life



Life Insurance: Supplemental Life Insurance



How Much Life Insurance Do You Need?

Many financial experts recommend you have at least five to eight times your household income in Life Insurance. To calculate the level sufficient to cover your needs, you should consider your current income and how much it costs to maintain your family's standard of living. You should also consider your current expenses and your family's future financial needs such as the following:

Current Expenses

- Home Mortgage/Rent
- Car Payments
- Credit Card Debt
- Other Debt

Future Needs

- Child Care
- College Tuition
- Spouse's Retirement
- Routine Household Expenses

After you add your financial responsibilities, how does the sum compare with your current coverage?

WHO IS COVERED?	BENEFIT
For You	You can elect coverage in increments of \$10,000 up to a max of \$750,000 or 8x your annual earnings.
For Your Spouse	You can elect coverage in increments of \$10,000 up to a max of \$100,000.
For Your Dependent Children	You can elect coverage in increments of \$1,000 up to max of \$10,000.



Additional Benefits

Identity Theft Protection through Allstate also known as Info Armor.

- Two coverage tiers
 - Individual- Employee Only
 - Family- any family members
- Two Options
 - Info Armor- one credit reporting agency (TransUnion)
 - Info Armor Plus or Buy Up- all three credit agencies (Experian, TransUnion and Equifax)

Employee Assistance Program
403(b) and Roth Options

Questions

