

The entire Benefits Booklet series can be found at www.archindy.org/intranet/shared/hr/index.html.



Health Plans

Your Medical, Dental, Vision, and HSA Plans

2010 Benefits Booklet

Providing a new perspective on Catholic employment.

The Benefits Booklet is an interactive series of three documents:

1. Health Plans
2. Life Insurance, Disability and Work & Family Benefits
3. Retirement Plans



ARCHDIOCESE OF INDIANAPOLIS

The Church in Central and Southern Indiana



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Our Mission and Values guide us...

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Our mission reminds us that we are to “serve human needs.” We see adequate benefits as a “human need” of the employees and families of the parishes, schools and agencies of the Archdiocese. So we strive to offer benefits that are affordable and provide a “safety net” of protection for employees and their families.

We are also called by our values to be compassionate, to share responsibility, to demonstrate pro-active leadership and to be good stewards. We believe that the benefit plans offered here demonstrate these values.

We pray that each employee and family will benefit from the coverage provided. We also ask that you take time to read this information carefully and educate yourself about the options available to you. We ask that you continue to work with your parish, school or agency to be good stewards of the gifts that God has provided for us.

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The Regulations of Our Medical, Vision and Dental Plans

Health Plans



Eligibility

To be eligible for medical/vision and dental insurance coverage, a religious or lay employee of the Archdiocese of Indianapolis must be:

1. A full-time teacher or educational administrator under written contract who is paid the appropriate full-time salary used by the school;
2. A non-school or school employee who is scheduled to work for a minimum of 30 hours during the work week for the 12 months of the calendar year ;
3. A school employee who is scheduled to work for a minimum of 36 hours during the work week for at least ten months of the school year; or
4. A school employee who is scheduled to work for a minimum of 39 hours during the work week for at least nine months of the school year.

The benefit plans offered by the Archdiocese follow applicable state and federal law. There are legal documents that define and control the provisions of each plan. Here's important information that relates to your enrollment. A summary of all plan provisions can be found in your certificates of coverage documents.

When Coverage Begins

For new employees or newly eligible employees, the date your coverage becomes effective depends upon the following guidelines:

1. For teachers and educational administrators under written contract, benefits will begin on the first day of the month in which pay starts. For example, if pay begins on September 15, benefits coverage will begin on September 1.
2. For other employees, coverage will become effective the first day of the month following your hire date. If your first day of work is on the first day of the month, coverage is effective that day.

Declining Coverage

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in this plan in the future, provided that you request enrollment within 31 days after your other coverage ends.

If you do not choose medical coverage for yourself or your dependents, you agree that you will not hold the parishes, schools and agencies of the Archdiocese liable for medical expenses incurred by you or your dependents.

Eligibility of Family Members

You may be able to cover your dependents under the benefits plans. Your spouse and unmarried dependent children, who live with you or are residents in the same county, are eligible as covered dependents for the Medical/Vision and Dental Plans. Your eligible children may be covered through the end of the calendar year in which they reach age 19, or age 23 if a full-time student taking enough credit hours per semester to qualify as a full-time student at their learning institution.

If your spouse or children no longer qualify for coverage in our plans, they may be able to continue coverage under our plans. Contact Human Resources for more information about continuation of coverage.

If your spouse is also an employee within the Archdiocese and is eligible for benefits, only one of you may elect coverage for the family. You cannot cover yourself and your spouse and your dependent children twice under our plans. These plans do not allow for "double coverage."

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The Regulations of Our Medical, Vision and Dental Plans

Health Plans



What Happens If You Don't Enroll

If, for any reason, you don't complete an enrollment form and return it within 31 days of your hire date, you and your family will not be covered by our medical/vision and dental plans.

Enrollment and Payroll Deduction Authorization

Completing and returning your enrollment form authorizes the Archdiocese and its designees to enroll you for the plans you selected, at the coverage levels you want and to make the necessary deductions from your pay. By completing your enrollment form and returning it, you acknowledge that you have read and understand the benefits materials.

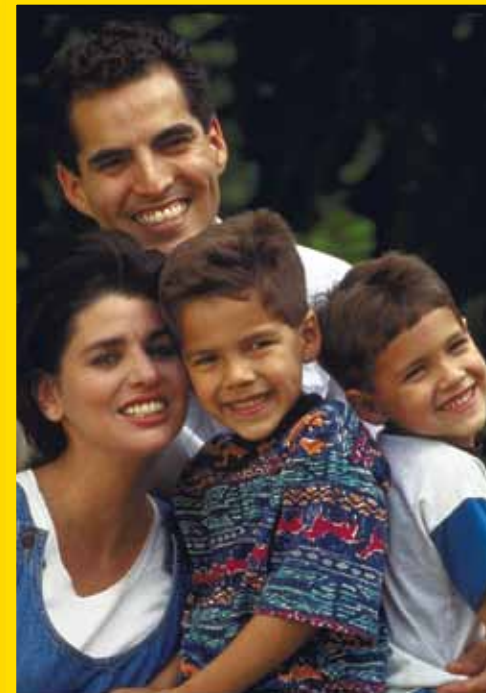
Changing Coverage, Adding Dependents or Electing Coverage During the Year

If your personal situation changes during the year, and you want to change your benefit elections, you may call Human Resources and request a change form.

For example, if you have a new dependent as a result of marriage, adoption, or placement for adoption, you may be able to enroll yourself and/or your dependents. You may also request to change or elect coverage if you become legally separated, divorced or lose coverage due to a change in your spouse's employment. In all cases, you must complete the request for change form within 31 days of the event.

Continuation of These Plans

The Archdiocese reserves the right to change or end any of the benefits plans, at any time and for any reason, to the extent allowed by law. Your participation in these plans is not a contract of employment and does not guarantee future employment with the Archdiocese.



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Health Plans

The Archdiocesan Plan features a Health Savings Account, the Blue Access PPO network and a wide range of programs and services designed to keep you healthy.

The Archdiocesan Medical and Prescription Drug Plan Health Savings Account (HSA)

The Health Savings Account is designed to help you pay for your medical expenses, particularly to help toward your deductible. The HSA can also be used to pay for other health expenses. Both you and the Archdiocese may make contributions to the HSA.

Parish, School or Agency Contributions to Your Health Savings Account

Your parish, school or agency makes contributions as shown below:

Coverage	Parish, School or Agency Contribution
Individual Coverage For elections which are effective in the 2010 calendar year	<ul style="list-style-type: none"> • \$500 lump-sum contribution on January 29, 2010 • \$1200 contribution in monthly installments (\$100 per month for up to 12 months) • You only receive the lump-sum contributions and each monthly contribution if you are employed, eligible for benefits and participate in the HSA at the time the contribution is made.
Family Coverage For elections which are effective in the 2010 calendar year	<ul style="list-style-type: none"> • \$1,000 lump-sum contribution on January 29, 2010 • \$2,400 contribution in monthly installments (\$200 per month for up to 12 months) • You only receive the lump-sum contributions and each monthly contribution if you are employed, eligible for benefits and participate in the HSA at the time the contribution is made.

Coverage	Employer Contribution	Maximum You Can Contribute	Total HSA Contribution
Individual Coverage	Up to \$1,700 per calendar year, if you are employed, enrolled in the health plan and participate in the HSA at the time the contribution is made.	<ul style="list-style-type: none"> • Up to \$1,350 per calendar yr. • Up to \$2,350 for employees age 55 and over (includes \$1000 catch-up contribution) 	<ul style="list-style-type: none"> • \$3,050 per calendar year • \$4,050 for employees age 55 and over
Family Coverage	Up to \$3,400 per calendar year, if you are employed, enrolled in the health plan and participate in the HSA at the time the contribution is made.	<ul style="list-style-type: none"> • Up to \$2,750 per calendar yr. • Up to \$3,750 for employees age 55 and over (includes \$1000 catch-up contribution) 	<ul style="list-style-type: none"> • \$6,150 per calendar year • \$7,150 for employees age 55 and over
360° Health Condition Care (See more details on page 29)	\$500 per covered person who participates in the program	Max. amount you can contribute is reduced by any additional Condition Care contributions made by your employer	Maximum HSA contribution is reduced by any additional Condition Care contributions made by your employer

Your Contributions to the Health Savings Account Federal regulations limit the amount that can be contributed to the HSA. However, you can change your contributions at anytime during the year, as often as once a month. Please contact Human Resources for a form.

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The Archdiocesan Medical and Prescription Drug Plan Health Savings Account (HSA)

Establishing Your Health Savings Account at Teachers Credit Union (TCU)

The Archdiocese has partnered with Teachers Credit Union to provide Health Savings Accounts to parish, school and agency employees who elect our plan. Your account balances are National Credit Union Association (NCUA) insured and earn interest. **When you elect our plan and meet the eligibility requirements, you will be asked to complete two forms from TCU: an application for membership and a Health Savings Account application.** These two forms are needed to set up your account so that you can receive your employer's contributions and begin making your contributions. You can find these forms on the Archdiocese website: www.archindy.org/intranet, in the Human Resources section.

Debit Cards for your Health Savings Account

Once your account is established, you will receive a TCU Visa Check Card. The TCU Visa Check Card is also known as a debit card. When you incur a health expense that you want to pay for using your health savings account, you simply swipe your card, sign the receipt and keep a copy of the receipt for your records. Teachers Credit Union also offers a Bill Payment service through their home banking site that allows you to pay your health expenses/bills electronically. Teachers Credit Union's home banking site also allows you to run payment reports that help you meet your HSA tracking needs. If you prefer to use paper checks for your Health Savings Account, you can order them from Teachers Credit Union for a fee.

Your Account Carries Over and Grows

Your Health Savings Account works like most checking accounts – it does not end or close at the end of a calendar year – it continues to accept contributions and accrue interest year after year. Your Health Savings Account earns interest that is tax-free.

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The Archdiocesan Medical and Prescription Drug Plan Health Savings Account (HSA)

Available Funds

Like most checking accounts, you may only spend the amount of money in your account. There is no overdraft protection. If you use your TCU Visa Check Card to pay for your expenses and your expense is greater than your available funds, your expense will be denied. In these cases you can pay the expense and then reimburse yourself when your Health Savings Account balance will cover it. Or, you can ask the provider if they will accept payments in installments.

Qualified Expenses

While the money in your account is intended to cover your deductible, you may also use it to pay for other health expenses. In general, qualified expenses include medical, dental and vision expenses that are not covered by insurance. Some examples that count toward your deductible and may be paid from your account are your expenses for prescription drugs, doctor's office visits, inpatient or outpatient services, laboratory and diagnostic testing. Please see pages 25-26 for a complete listing.

You may also pay for dental procedures (fillings, extractions, root canals, etc.) and vision care (glasses, contacts, etc.) using your Health Savings Account. And, you may use your HSA to pay for adult orthodontia, corrective vision surgery, hearing aids, orthopedic shoes when medically necessary, and over-the-counter drugs. However, these expenses do not count toward your medical plan deductible.

Future Funding of the Health Savings Account

Each year the Archdiocese must weigh the expenses and needs of our entire benefits program and workforce, and then revise our budgets accordingly. We hope to be able to continue employer contributions to the HSA in future years, but cannot guarantee that contributions will be made or what the amount of those contributions will be.

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The Archdiocesan Medical and Prescription Drug Plan Health Savings Account (HSA)

It's important to keep a few things in mind when using your Health Savings Account:

- You are limited to the annual combined HSA contributions of \$3,050 (individual coverage) and \$6,150 (family coverage). Employees age 55 or over are limited to \$4,050 (individual coverage) and \$7,150 (family coverage) which includes catch-up contributions.
- If you expect to meet your deductible during the calendar year and also incur the 30% co-insurance on some medical care, you may need to save for these additional expenses using other means (see the Flexible Spending Account on pages 20-24).
- If you expect that you will not meet your deductible during the calendar year, then you can elect to contribute less than the maximum. Any funds left in your account at the end of the year will earn interest, carryover, and be available for future expenses. It is also portable when you leave employment.
- Save your receipts as well as any paperwork you receive from Anthem (Blue Access PPO, vision care and dental plan). If you pay for non-qualified expenses using your health savings account, you will be liable for taxes on the amount of the withdrawal plus a 10% penalty.
- Save money by using Anthem's preferred providers: Blue Access PPO providers, network pharmacies (CVS, Walgreen's, Wal-Mart, Meijer, Costco, K-Mart, Marsh, Sam's Club, Target and Kroger), vision care providers (Lens Crafters, Pearle Vision, Sears Optical, and Target Optical) and other Anthem preferred providers. **You can find Anthem providers at www.anthem.com.**

For employees enrolled in Medicare or receiving Veteran's Administration Benefits...

Federal regulations prohibit you from participating in a Health Savings Account. However, the Archdiocese can set up a Health Reimbursement Account for you. The Health Reimbursement Account allows your parish, school or agency to contribute to the HRA account to help pay for your deductible and out-of-pocket medical expenses. Our contributions will follow the same rules as outlined under the HSA. You are not allowed to contribute to a Health Reimbursement Account – it is set up for employer contributions only. Employees may contribute to the Health Care Flexible Spending Account for persons not contributing to a HSA (see page 20 for more information).

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The Archdiocesan Medical and Prescription Drug Plan

The Basics of How Our Plan Works

Our plan is a new style of health insurance. It combines a high deductible health plan with a savings account that both your employer and you contribute to. Your contributions **are made on a pre-tax basis**. The Health Savings Account is used to pay the expenses that apply toward your deductible, as well as other eligible health expenses. Any money left in your Health Savings Account at the end of the plan year remains in the account to be used in future years (and gain interest).

Eligibility

Employees of the parishes, schools and agencies of the Archdiocese who are scheduled to work at least 1,500 hours per calendar year are eligible for the health plan. However, participation in Health Savings Accounts has some restrictions. You may not participate in the Health Savings Account if you are covered by other insurance that provides “first dollar” coverage (plans that include copays for doctor’s visits or prescription drugs) and has an annual deductible less than the amount established by the IRS. You also cannot participate in the Health Savings Account, if you are enrolled in Medicare, receive Veteran’s Administration benefits, or if you are listed as a dependent on someone else’s tax return.

To help manage the costs of medical care, we have partnered with Anthem to offer the Blue Access PPO network. Although you do not have to use providers in the Blue Access network, **when you use a Blue Access provider, you’ll benefit from discounted rates** – as much as a 40% discount!

Because there are tax benefits associated with our plan, there are **some limitations to participation** in the Health Savings Account. You’ll want to review this booklet and Anthem’s website carefully to make sure that you get the most from your participation in this plan.



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* The in-network and out-of-pocket deductibles and OOP maximums do not cross-reduce.

The Archdiocesan Medical and Prescription Drug Plan High Deductible Plan

Plan Feature	Your Responsibility In-Network	Your Responsibility Out-of-Network
Annual Deductible*	Individual \$2,400 Family \$4,800	Individual \$4,800 Family \$9,600
Co-insurance	30% of expense for service (paid after deductible is satisfied)	50% of expense for service (paid after deductible is satisfied)
Out-of-Pocket (OOP) Maximum* OOP maximum is the combined costs of your deductible and co-insurance	Individual \$4,800 Family \$9,600	Individual \$9,600 Family \$19,200
Preventive Care Services	\$0 - No copayments or co-insurance, not subject to deductible and does not count toward your OOP maximum	50% after your deductible is satisfied
Urgent Care and Emergency Services	30% after your deductible is satisfied	30% after your deductible is satisfied
In-patient, Outpatient, Laboratory, Diagnostic, Maternity and Physician Office Visits and Services	30% after your deductible is satisfied	50% after your deductible is satisfied
Prescription Drugs	30% after your deductible is satisfied	50% after your deductible

Your Out-of-Pocket Costs

Under our plan, you will be responsible for paying the deductible and your 30% co-insurance. If your expenses reach the out of pocket maximum (\$4,800 individual or \$9,600 family, in-network, or \$9,600 and \$19,200 out-of-network) the plan begins to cover the cost of your care at 100%.

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The Archdiocesan Medical and Prescription Drug Plan High Deductible Plan

Managing Your Expenses: Use the Blue Access PPO

Our plan is administered and supported by Anthem and its Blue Access PPO. You can use any doctor or facility, but you save money by using Blue Access PPO providers. These providers have contracted with Anthem to provide their services to participants in the Archdiocesan plan at a discounted rate. You'll receive a BlueCard® which gives you access to both local and national Blue Cross Blue Shield providers. So whether you are traveling or at home, Blue Access and the BlueCard® have you covered.

To view a list of the doctors and facilities participating in the Blue Access PPO network, go to www.anthem.com.

NOTE: If you choose an out-of-network provider, precertification is required for any procedures you elect. See your BlueCard® for the precertification phone numbers.

Preventive Services: FREE to Plan Participants

If you elect our plan, you and your covered family members are eligible for many free preventive services from Anthem providers. **The following preventive care is not subject to any copayments, deductibles or co-insurance:**

- Routine exams including diagnostic studies
- Well baby care
- Pelvic exams and pap tests
- Routine mammograms
- PSA test (prostate screening)
- Immunizations (flu shots, tetanus shots, etc.)
- Annual diabetic eye exams
- Annual vision and hearing exams
- Diabetic education
- Medical Nutritional Therapy
- Prescription drugs for smoking cessation up to \$1,000 per year
- Prescription drugs for weight loss up to \$1,000 per year

Preventive services do not apply toward your deductible, co-insurance or out-of-pocket maximum.

Payroll Deductions

Medical and Prescription Drug Plan

Coverage	Monthly Deductions
Individual	\$74.00
Family	\$401.00

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The Archdiocesan Medical and Prescription Drug Plan

Prescription Drug Coverage

Using your BlueCard® at participating network pharmacies (CVS, Walgreen's, Wal-Mart, Meijer, Costco, K-Mart, Marsh, Sam's Club, Target and Kroger) assures that you will benefit from the lowest negotiated rates for prescription drugs. **You should also request generic drugs whenever possible (about half the drugs on the market are also available in generic form).**

And Anthem also offers a mail order pharmacy that may be the most economical choice for convenient refills of routine medications for ongoing medical conditions such as arthritis, asthma, diabetes and high blood pressure. **Before using the mail order pharmacy, be sure to compare the costs of your prescriptions through the mail order pharmacy and your local pharmacy.** We encourage you to purchase your prescriptions where you find the "best deal."

Under our medical plan, you will pay the cost of the prescription until your deductible is satisfied. (Remember, all non-preventive care is subject to the deductible.) Once your deductible is satisfied, you will pay 30% of the cost of your prescription, and the plan will cover the remaining 70%. If your medical expenses for the year reach the out-of-pocket maximum, the plan then covers your medical expenses at 100% including your prescription drugs. **The Health Savings Account is available to help pay for your medical expenses, including prescription drugs.**



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The Archdiocesan Medical and Prescription Drug Plan

Vision Coverage

Health Plans



If you elect the health plan, you and your covered family members are eligible for an annual eye exam free of charge from any eye doctor (both optometrists and ophthalmologists) in the Anthem network. In addition, you are eligible for discounts on eyeglasses, contact lenses and laser vision correction when you use selected providers:

- Up to 30% savings on prescription eyeglasses, sunglasses and accessories
- 15-20% savings on top-selling brand name contacts through mail order
- Pay lower fees per eye for LASIK or PRK laser vision correction

To view a list of network eye doctors, simply go to www.anthem.com, select Indiana, and click on “Find a Doctor.”

Under Select a Plan, choose Blue Access PPO and under Select a Provider Type, click on “Other Health Professionals and Vision Specialists.”

To find a list of providers offering a 30% discount on eyeglasses, please go to www.anthem.com, select Indiana, click on “Answers @ Anthem” and then “Special Offers at Anthem.” You can pay for eye care including eyeglasses, contact lenses and corrective eye surgeries (LASIK or PRK) using your Health Savings Account (or your Flexible Spending Account or Health Reimbursement Account for those not electing the HSA).



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We have partnered with Anthem for the discounts available through their networks and also for the vast resources they bring to parish, school and agency employees.

Here are just a few of the opportunities available to you.

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The Archdiocesan Medical and Prescription Drug Plan

Additional Resources Available Through Anthem

MyAnthem

MyAnthem offers a wealth of information for your health and for your family. MyAnthem is the “doorway” to:

- MySpecialOffers@Anthem which offers discounts on health clubs, weight management programs, smoking cessation programs, eyeglasses, laser vision correction, teeth whitening and so much more
- MyHealth@Anthem® which provides health management tools that help you with chronic and acute conditions, fitness, health information, health risk assessments, disease prevention, pregnancy tracking and early childhood development
- Decision support tools provided by Subimo including
 - Healthcare Advisor® which helps you understand your illness, know what to expect, research treatment options, and find appropriate care/facilities for your illness
 - Treatment Cost Advisor™ which helps you estimate your medical costs before you receive care
 - PharmaAdvisor™ which helps you better understand your prescription medications from learning how the drug works to understanding side effects and drug interactions.

To register for MyAnthem, go to anthem.com, click on the Members tab. Then click on your state and click on the “Enter” button. On the Member Welcome screen, click on the “Register” button and complete the registration form.

Health Promotion

Anthem takes a proactive approach to health. Anthem’s programs provide health information, immunization reminders, health screening reminders and the Anthem Healthy Solutions member newsletter.

Disease Management

To help participants in our plan lead healthier lives and manage chronic illness, Anthem also provides programs for cardiac care, chronic kidney care, diabetes care and pulmonary care. These programs provide information and reminders to help you manage any chronic illnesses you or a family member may have.



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When you elect our medical plan, you and your covered family members are eligible for many FREE preventive services.

Free to Plan Participants!

- Routine exams including diagnostic studies
- Well baby care
- Pelvic exams and pap tests
- Routine mammograms
- PSA test (prostate screening)
- Immunizations (flu shots, tetanus shots, etc.)
- Annual diabetic eye exams
- Annual vision and hearing exams
- Diabetic education
- Medical Nutritional Therapy
- Prescription drugs for smoking cessation up to \$1,000 per year
- Prescription drugs for weight loss up to \$1,000 per year

Preventive services do not apply toward your deductible, co-insurance or out-of-pocket maximum.



Health Plans

Issues to Consider: Medical and Prescription Drug Plan Leaving Employment and Continuing Coverage



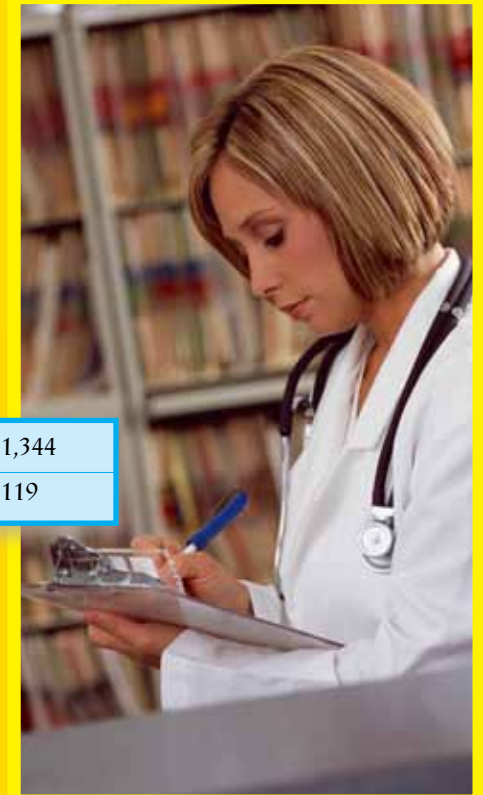
If you leave employment and you are covered under our high deductible medical plan, you may elect to continue your coverage for up to 18 months. If you are age 60 or over and have worked for the Archdiocese for 10 years or more, you can continue your coverage for up to five years.

This “continuation” coverage allows you to continue your current coverage under the current plan. If you are contributing to the HSA, you may also continue to contribute to the Health Savings Account directly through Teachers Credit Union (TCU). However, the Archdiocese will not be making contributions to your Health Savings Account.

Your monthly premiums for continuing coverage under the Archdiocesan Plan in 2010:

Medical Plan Continuation	Individual cost per month: \$501	Family cost per month:\$1,344
Dental Plan Continuation	Individual cost per month: \$44	Family cost per month:\$119

If you wish to continue your coverage, please contact Human Resources about two weeks after receiving your last paycheck.



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Issues to Consider: Medical and Prescription Drug Plan Leaving Employment and Continuing Coverage

Over Age Dependents

If your children are covered by our medical or dental plans, remember that their coverage ends at the end of the calendar year in which they turn age 19 or turn age 23, if they are full-time students. If your child becomes ineligible for coverage, the child may purchase continuation coverage under our plan for up to 18 months.

You must fill out a benefit change form in order to receive continuation coverage for your dependents. Contact Human Resources to receive a benefit change form and a coverage continuation packet.

Medical Coverage Issues for College Students

Here are some issues to keep in mind if you have children attending college and want to cover them under our medical plan:

- You may cover your children who attend college under the medical plan as long as they are attending school as a full-time student up to the end of the calendar year in which they turn 23.
- Our plan uses the Anthem Blue Access network which means that you can find in-network providers in most states where your child might attend college. Our plan also covers out-of-network providers, which means your child is covered no matter where he/she goes to school.
- For the sake of convenience of care, many members elect to purchase medical coverage through plans offered by their child's university. These programs typically provide routine and immediate care through a student health services center with comprehensive coverage for other services.

BlueCard® ID Cards

After you enroll for medical coverage by completing and returning your enrollment form, Anthem will take your information and enter it into their computer system. Then they will issue BlueCard® ID cards for you and your spouse (if you elect family coverage). College-age dependents can receive an ID card of their own, if you request it from Anthem. It is very important to complete your enrollment form so that preparation of your ID card will not be delayed.

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Dental Plan: Anthem Dental PPO

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Our dental plan takes advantage of network cost savings while continuing to offer a high-quality benefit. You may see any dentist you choose either in or out of the network. However, if you choose a network dentist you are assured your dentist will bill you for services at negotiated, discounted rates.

About the Network

Anthem is the administrator for our dental plan network and claims payment. Anthem offers a large network of providers in Indiana. **To find a network dentist, use the provider directory on the anthem.com home page or you can call Anthem Dental customer service (for Indiana: 800-627-0004 or for Kentucky and Ohio: 800-367-5897.**

Seeing a Network Dentist

When you select a network dentist, he or she has agreed to charge both the plan and the member at a discounted rate. This rate is a fair and appropriate fee in keeping with the average fees charged for this service provided. This discounted rate means that you and your covered family members will incur lower out-of-pocket costs. It's important to remember – this is your choice – you are not required to use a network dentist to receive coverage.

Seeing an Out-of-Network Dentist

You can see any dentist you choose. But you should also know that out-of-network dentists are not bound by the Anthem fee schedule of discounted rates.

Based on the average costs for dental services in our area, our plan has set a fee schedule that generally represents the “going rate” for dental services. If you see a dentist outside the network, you could be subject to fees that are higher than our fee schedule. When you have dental work done, you are responsible for the deductible and your co-insurance (a percentage of the fees). The dentist submits the bill to Anthem and receives payment for the portion of the bill up to the fee schedule amount. If the dentist's fees exceed the fee schedule, he or she may bill you for the amount over the fee schedule. This is called balance billing.

If you are balance billed by your dentist, it's a good idea to contact the dentist's office and question the bill. In some cases, the dentist may be willing to waive these “balance billed” charges to keep a valued patient. It never hurts to ask.

Payroll Deductions Dental Plan

Coverage	Monthly Deductions
Individual	\$8.00
Family	\$44.00

*Your payroll deductions are tax-free and are deducted from your pay before your taxes are calculated and deducted.

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Dental Plan: Anthem Dental PPO

Health Plans



Brief Summary

Plan Feature	Your Responsibility*
Deductible	\$50 per person, \$100 per family
Co-insurance – Preventive Services 2 exams per calendar year 2 cleanings per calendar year 1 fluoride application for children under age 15 per calendar year 1 set bitewing x-rays per calendar year 1 set full mouth x-rays per calendar year Space maintainers for children age 12 and under	The deductible. (Plan pays 100% after you satisfy your deductible.)
Co-insurance – Basic Services Extractions Anesthetic Root canals Relining of dentures (once every 2 years) Emergency palliative treatment Restorative fillings Treatment of gum disease Recementing of crowns, inlays or bridgework	20% after deductible is satisfied
Co-insurance – Major Services Inlays, onlays, crowns and gold fillings Initial and replacement bridgework and crowns Initial and replacement partial and full removable dentures	50% after the deductible
Orthodontia – for dependents up to age 19	50% after the deductible

*The plan pays a calendar year maximum benefit per covered person of \$750. Lifetime Orthodontia Maximum is \$1,500.

You can see any dentist you choose.

If you choose an Anthem network dentist, you'll save money! Anthem has negotiated lower rates for employees and their families who enroll for coverage and receive dental services within the network. You can access the provider directory on the anthem.com home page or by calling Anthem Dental Customer Service at 800-627-0004 in Indiana or 800-367-5897 in Kentucky and Ohio.

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Flexible Spending Accounts: Read Carefully

Health Plans



Maximum Contributions to the Health Care FSA

The maximum annual contribution you can make to the Health Care FSA for persons not contributing to the Health Savings Account is \$3,000.

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Health Care Flexible Spending Account - for Persons NOT Contributing to a Health Savings Account

This spending account is designed for employees who are not eligible for the Health Savings Account such as employees who are covered by Medicare, receive Veteran's Administration benefits, or who are covered by a non-high-deductible health plan. This spending account is also available to employees who are eligible but choose not to elect the Health Savings Account.

This spending account recognizes these allowable expenses:

- medical plan expenses that apply toward your medical plan deductible, co-insurance and out-of-pocket maximum,
- other medical expenses not covered by the medical plans such as over-the-counter medications
- expenses not covered by the dental plan (deductibles, co-insurance, balance billing for out of network fees, adult orthodontia, expenses over the annual maximum)
- expenses not covered by our vision coverage (eyeglasses, contacts, LASIK surgery, prescription sunglasses)
- other allowable expenses such as transportation, hearing care, diabetic supplies, over the counter drugs, therapy, and certain medical equipment.

The "Use It or Lose It" provision also applies to this Flexible Spending Account.

Federal regulations govern the rules for our Flexible Spending Accounts to allow for the use of the Health Savings Account. Please consider these limitations before you elect to contribute to any of these accounts.

Flexible Spending Accounts allow you to pay for certain out-of-pocket health and dependent care expenses with money you set aside tax-free. Through these plans, you can save a little each pay period to cover the expenses not covered by the medical, dental and vision coverage and to pay for your dependent day care expenses.

Flexible Spending Accounts: Read Carefully

Limited Purpose Dental and Vision Flexible Spending Account – for Persons Contributing to the Health Savings Account

If you are electing the high deductible medical plan and the Health Savings Account, but you expect that your HSA account balance will not be enough to cover your medical, dental and vision expenses for the year, you may want to consider making contributions to the Limited Purpose FSA.

Under this plan, you can make contributions and receive reimbursement for dental and vision expenses such as:

- expenses not covered by the dental plan (deductibles, co-insurance, balance billing for out of network fees, adult orthodontia, expenses over the annual maximum)
- expenses not covered by our vision coverage (eyeglasses, contacts, LASIK surgery, prescription sunglasses)

This spending account recognizes the allowable dental and vision expenses (see pages 25-26 for a list) and the “Use It or Lose It” provision.

Health Plans



Maximum Contributions to the Limited Purpose Health Care FSA

The maximum annual contribution you can make to this account is \$3,000.

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Flexible Spending Accounts: **Read Carefully**

Health Plans



Maximum Contributions to the Post Deductible Health Care FSA

The maximum Contribution is \$3,000 per calendar year.

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Post Deductible Health Care Flexible Spending Account – for expenses incurred above the amount of the deductible for persons contributing to the Health Savings Account

If you elect to participate in the Health Savings Account and you expect your health expenses to be greater than the amount of your deductible, then you can contribute to a Post Deductible Health Care Flexible Spending Account. You can request reimbursement from this flexible spending account only after you have reached your annual deductible.

This flexible spending account may be used to reimburse:

- medical plan expenses that apply toward your medical plan co-insurance and out-of-pocket maximum,
- expenses not covered by the dental plan (deductibles, co-insurance, balance billing for out of network fees, adult orthodontia, expenses over the annual maximum)
- expenses not covered by our vision coverage (eyeglasses, contacts, LASIK surgery, prescription sunglasses)
- other allowable expenses such as transportation, hearing care, diabetic supplies, over the counter drugs, therapy, and certain medical equipment.

This spending account recognizes the allowable health care expenses with the exception of expenses that are applied toward your medical plan deductible (see pages 25-26 for a list) and also recognizes the “Use It or Lose It” provision.

Flexible Spending Accounts: Read Carefully

Dependent Care Flexible Spending Account

Health Plans



The Dependent Care Flexible Spending Account is available for the reimbursement of your child care expenses.

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Eligibility for Dependent Care FSA

This plan is designed to help pay for expenses related to caring for your dependents while you are at work. To be eligible, you must be single, or married with a spouse who works, is actively seeking work or is a full-time student.

Using the Dependent Care FSA

You pay your dependent care provider and submit a reimbursement form to BASIC along with your documentation. You are reimbursed from your account. Reimbursement requests are generally processed within two business days of receipt by BASIC.

Maximum Contributions to the Dependent Care FSA

If you are single or married filing a joint tax return, you may put up to \$5,000 in the account each year. If you are married and filing separate tax returns, you may put up to \$2,500 in the account each year.

Eligible Expenses

Dependent care expenses include the cost of:

- care in someone's home, including a neighbor's or relative's home
- daycare centers
- nursery school or preschool (as of 2008, kindergarten expenses are no longer reimbursable)
- care in your home

To be eligible, expenses must be for a dependent under age 13 whom you claim as an exemption on your income taxes.

This plan also reimburses you for care of a mentally or physically handicapped spouse or other dependent that requires care while you are working. You cannot pay someone in your immediate family from this account.

Documentation and Reimbursement for the Dependent Care FSA

To receive reimbursement under this account, you must have custody of the child(ren) and submit a short form along with an itemized bill. Your canceled checks are not acceptable documentation. An itemized bill should include:

- The name and the taxpayer identification number (TIN) or Social Security number of the person or organization who provides care
- The name of the person receiving the care
- The dates care was provided
- The total charges for the care

If you elect the Dependent Care FSA, you will need to submit a reimbursement request along with your documentation to BASIC, the administrator for the Archdiocesan FSA plans. BASIC processes most reimbursement requests within two business days of receipt.

Flexible Spending Accounts: Issues To Consider

Health Plans



Use It or Lose It It's important to use any money in your accounts by the end of the calendar year. Because of the tax benefits associated with FSAs, federal regulations require that you forfeit any money left in your account at the end of the year. The "Use It or Lose It" regulation applies to FSAs and does not apply to the Health Savings Account or Health Reimbursement Account.

Reimbursement Forms

Reimbursement request forms are available online at www.basichr.nu. You then have the option to mail, fax or email your reimbursement request form and documentation to BASIC.

Time Limit for Filing Flexible Spending Account Reimbursement Requests

You may file reimbursement claims until March 31, 2011 for services provided during 2010, provided the expenses were incurred prior to the end of the 2010 plan year or prior to the time your contributions ceased, whichever comes first.

Mail to:
BASIC
9246 Portage Industrial Drive
Portage, MI 49024

Fax to:
1-800-391-6562 or 1-269-327-0716
(You may go online to check the receipt of your fax within two days of faxing at doyouhavemyfax.com.)

Email to:
Claims@basicflex.com

Reimbursement Requests: Problems to Avoid

- Credit care receipts and personal checks are not acceptable documentation. You must attach a receipt.
- Balance statements are also not acceptable documentation.
- Remember to sign your reimbursement form. If you do not sign your form, your reimbursement cannot be processed.
- Some documentation does not fax well. If BASIC can't read the information, then they will not process your reimbursement. If your receipt/documentation is on colored paper or on transparent paper, it may not fax well – it's probably best to mail it.

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Health Plans

Allowable Health Care Expenses

The Health Savings Accounts, Health Reimbursement Accounts and Flexible Spending Accounts allow certain expenses to be reimbursed. Consider the following list and the limitations outlined on the previous pages when paying for or requesting reimbursement for health care expenses.

Medical Expenses including copayments (under your spouse's plan), deductibles, co-insurance, out-of-pocket costs



Doctor's Fees:	Diagnostic Services:	Inpatient and Outpatient Care:	Prescription Drugs:	Other:
<ul style="list-style-type: none">• Primary care doctor• Specialist such as gynecologist/ OB, dermatologist, etc.• Chiropractor• Podiatrist	<ul style="list-style-type: none">• Laboratory services• X-rays and ultrasounds• Scans (MRI, CT, etc.)	<ul style="list-style-type: none">• Room and board• Surgery• Other procedures	<ul style="list-style-type: none">• In-network pharmacies• Out-of-network pharmacies• Mail order pharmacies	<ul style="list-style-type: none">• Acupuncture• Diabetic Supplies such as insulin, glucometer, syringes, needles, test strips• Hearing care such as hearing exams, hearing aids, and special batteries• Therapy such as physical (including massage), learning, psychological• Medical equipment such as wheelchair, crutches, walkers, etc.• Specialty programs for smoking cessation or weight loss• Mileage to/from doctor or hospital

Have Questions About Your Benefits?

- Call Human Resources at 317-236-1594 or 1-800-382-9836, ext. 1594.
- Or email us at hr@archindy.org.

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Allowable Health Care Expenses

The Health Savings Accounts, Health Reimbursement Accounts and Flexible Spending Accounts allow certain expenses to be reimbursed. Consider the following list and the limitations outlined on the previous pages when paying for or requesting reimbursement for health care expenses.

Over-the-Counter Medication and Supplies

Allergy and Cold	Stomach/Digestive	Rash/Cut/Scrape/Itch	Muscle and Joint Aches/ Injuries	Other
<ul style="list-style-type: none"> • Allergy medication such as Claritin or Benadryl • Cold medicines • Sinus medicines • Cough drops and cough suppressants • Nasal sinus sprays • Nasal strips 	<ul style="list-style-type: none"> • Antacids • Anti-diarrhea medicine • Laxatives • Pills for lactose intolerance • Hemorrhoid medication • Pedialyte for sick child's dehydration 	<ul style="list-style-type: none"> • Bactine • Band-aids • Bug bite treatments • Calamine Lotion • Diaper rash ointment • First aid creams • Liquid adhesive for small cuts • Rubbing alcohol • Ointment/cream for sunburn treatment 	<ul style="list-style-type: none"> • Carpel tunnel wrist supports • Cold/hot packs for injuries • Products for muscle pain or joint pain • Pain relievers 	<ul style="list-style-type: none"> • Home pregnancy tests • Incontinence supplies • Menstrual cycle products for pain and cramp relief • Motion sickness pills • Nicotine gum or patches for smoking cessation • Reading glasses • Sleeping aids for treating occasional insomnia

Dental and Vision

including copayments, deductibles, co-insurance, out-of-pocket costs

Dental services such as:	Vision services such as:
<ul style="list-style-type: none"> • Cleanings and fillings • Fluoride treatments and seals • Extractions • Dentures, bridges and crowns • Root canals • Orthodontia, including adult orthodontia 	<ul style="list-style-type: none"> • Eye exams • Eyeglasses and contact lenses • Contact lens solutions • Prescription sunglasses • LASIK or other corrective surgery

Have Questions About Your Benefits?

- Call Human Resources at 317-236-1594 or 1-800-382-9836, ext. 1594.
- Or email us at hr@archindy.org.

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What You Can Do Online...

Health Plans



To register for MyAnthem, go to anthem.com

MyAnthem Web Page

Looking for a doctor?
Click here. →

Lost your ID Card?
Click here. →

Need help making
health care decisions?
Click here. →

- Archibald David Employee
- Edith D. Employee
- Archibald D. Employee, Jr.
- Gloria Employee
- Michael D. Employee
- Louise J. Employee
- George J. Employee



! This is the most current information available. Our records are updated nightly for claims, benefits and eligibility information.

WebMD
WebMD Personal Health Manager®
Health Information Resources provided by WebMD to meet your individual and specific health needs.

subimo
Subimo's Healthcare Advisor® Health information and tools on a wealth of topics.

Need information about a specific health condition? Click here. →

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Health Plans



To Contact Best Doctors,
call 1-866-904-0910.

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Best Doctors

Imagine you or one of your family members was diagnosed with a serious illness. You would want a second opinion from the best physicians in that field. Now, employees and family members covered by our medical plan can get that second opinion from Best Doctors.

With Best Doctors, participants in our medical plan and their treating doctors can **consult with some of the world's top specialists** for their conditions. Best Doctors provides additional insight and information to help confirm diagnosis and recommend appropriate treatment.

Best Doctors has pioneered a worldwide database of 50,000 top medical specialists in more than 400 subspecialties.

These doctors are chosen by their peers for one simple reason: They are among the best.

The Right Diagnosis The process begins when you contact Best Doctors directly or when a serious medical situation is identified by Best Doctors. The Best Doctors team of Harvard-affiliated doctors are skilled in the assessment of serious cases. They perform an exhaustive analysis of your or your covered family member's medical information. The thorough analysis of information allows them to identify medical issues that could have been missed during the initial evaluation of a patient.

The Right Expertise Next, Best Doctors consults the expertise of the exclusive Best Doctors in America® database. These world-class experts bring their clinical knowledge to the problems of people with serious illnesses. They provide specific diagnosis and treatment recommendations. You and your treating physician gain valuable insights from top experts and constant guidance and support from Best Doctors dedicated nurses – without leaving home.

The Right Outcome Best Doctors works with the patient's treating doctor to ensure that recommendations are followed. By making sure you and your family get the right care, Best Doctors reduces complications and helps avoid ineffective treatments. Our results:

- Treatment modified 61% of the time
- Diagnosis changed 22% of the time
- \$21,689 average per case reduction of inappropriate medical costs

360° Health: Anthem's Condition Care Program

Health Plans



How to Access Condition Care

You can access Condition Care by calling 1-800-279-5449. This is a dedicated phone system for Anthem's 360° Health program. Or Anthem may contact you, if your medical claims indicate that you or a covered family member could benefit from the 360° Health program. This program is completely voluntary, but if you take advantage of these benefits you will receive an extra \$500 in your Health Savings Account.

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The best way to avoid illness and costly medical expenses is to stay healthy. That seems obvious, right? The Archdiocese recognizes the importance of staying healthy and managing any chronic conditions you or a covered family member may face. Our medical plan now offers new tools to help you manage and maintain your health and the health of your family.

24/7 NurseLine

Not sure if you need to see a doctor? Have a minor illness or injury you aren't sure how to treat? Want some guidance in caring for a sick child? Call the 24/7 NurseLine anytime, 24 hours a day, seven days a week. These highly-experienced nurses are available to answer general health questions and offer guidance with critical health concerns. You also have access to a library of confidential, recorded messages about hundreds of health topics. **The 24/7 NurseLine number is 1-800-337-4770. There are bilingual nurses (Spanish or English) and translators on call to help you.**

Condition Care

Anthem's 360° Health program also offers Condition Care to participants in our medical plans. Through Anthem, our plan provider, you and any covered dependents who may be managing one of the following conditions are eligible for free condition care services:

- Asthma
- Cancer
- Diabetes
- Coronary Artery Disease
- Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Pregnancy

Condition Care enhances your physician's plan of care through the use of a dedicated nurse plus a team of dietitians, exercise physiologists, pharmacists and other health professionals. You and your covered family members can gain a better understanding of your health, receive help in following your doctor's care plan and learn how to better manage your overall health.

We'll add \$500 to your Health Savings Account!

If you or a covered dependent has been diagnosed with one of the conditions listed above, then you are eligible for the Condition Care Program. And if you or your covered family member completes the Condition Care program, you will receive an additional \$500 contribution to your Health Savings Account (HSA). This additional contribution applies to each covered participant in the Archdiocesan Medical Plan. You should also know that if you qualify to receive additional HSA contributions, your employee contribution limits to the HSA are reduced by the amount of the additional Archdiocese contributions. (See page 5 for HSA contribution limits.)

Health Plans



Don't Forget These Additional Features:

Don't forget our plan's Preventive Care benefits (outlined on page 15). This feature of our medical plan covers most of your basic annual care needs, such as your annual exam, well-baby care and immunizations. These benefits are the foundation for our commitment to your family's wellness!

Free Flu Shots

Your annual flu shots are an important way to stay healthy. You and any members of your family covered by the Archdiocese Medical Plan can **get a seasonal flu shot and it will be covered at 100%**. Please take advantage of this benefit to protect yourself and your loved ones from the misery of the flu!

You may receive your flu shot from any health care professional—your family doctor, a locally-sponsored flu clinic or walk-in health care center (like Minute Clinic, Target Clinic, Walmart clinic).

Weight Watchers: Archdiocese pays half

Most doctors agree that Weight Watchers is a safe, healthy approach to weight management. Whether you have a lot or a little to lose, you can find a plan that works for you. Weight Watchers offer meetings in most areas or you can choose to participate online.

If you or a family member wants to join Weight Watchers and participate in either the local meetings or online, the Archdiocese will pay 50% of the sign-up fees and weekly costs for participating.

Simply send a copy of your receipts to Human Resources and you will be reimbursed for half your participation costs. Your participation will be treated confidentially and no one will ask you about your weight or your weight loss progress. Our goal is simply to support you and your family in living healthier lives!

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Health Plans



Don't Forget These Additional Features:

YMCA Discounts

The Archdiocese has negotiated reduced membership fees for full-time employees with the YMCA of Greater Indianapolis, the YMCA of Southern Indiana, the YMCA of Louisville, the Monroe County YMCA and other local YMCA associations.

These discounts apply to both new and existing members. Discounts can also be arranged with other YMCAs that you belong to or would like to join. Please contact Human Resources to get a letter to take to your YMCA to verify your eligibility for the discount.



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Health Plans



You will receive more information in the fall of each year about how to participate and earn your \$50 incentive.

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Free Health and Wellness Screenings

We believe that wellness begins with awareness. We invite you to participate in a free annual Health and Wellness screening and receive a \$50 cash incentive just for taking part! Last year, almost 2,000 people participated in this wellness program and earned the \$50 incentive.

Convenient

Each fall, we partner with CHC Wellness to offer free Health and Wellness Screenings at about 50 locations around the Archdiocese. All employees and employees' spouses are eligible to participate whether they are on our health plan or not.

Confidential

CHC Wellness complies with all current HIPAA requirements, ensuring each individual's confidentiality. Neither your employer nor your insurance carrier receives any information pertaining to your personal tests and has no access to your personal information.

Free

The wellness screening will be billed to the preventive portion of your medical plan. There is no out-of-pocket cost.

Annual

Even if you got a clean bill of health last year, a lot can happen in 12 months. Getting an annual screening is an important part of remaining aware of your own health in order to prevent illness and disease. Your screening results can be sent to your personal physician so he or she can partner with you in achieving and maintaining optimal health.

Thorough

You sign up online and complete a Health Risk Appraisal (HRA), a questionnaire that incorporates family history and lifestyle choices. CHC Wellness couples your HRA results, with the biometric blood draw results in order to give a big picture of your overall health. The Blood Draw tests the following:

Anemia, Infections & Certain Cancers

Iron
CBC (Complete Blood Count)
White Blood Count (WBC)
Red Blood Count (RBC)\
Hemoglobin
Hematocrit
Platelet Count
Albumin/Globulin Ratio
Globulin, Calculated
Mean Cellular Volume (MCV)
Mean Corpuscular Hemoglobin (MCH)
Mean Corpuscular Hemoglobin Concentration
Red Cell Distribution Width (RDW)
Mean Platelet Volume (MPV)

Diabetes

Blood Glucose

Heart Disease & Stroke

Cholesterol
Percentile Cholesterol
Triglycerides
HDL
LDL
HDL/Cholesterol-Risk Ratio
Blood Pressure Check

Kidney Disease

BUN/ Creatinine Ratio
Creatinine
Calcium
Phosphorus
Sodium
Potassium
Chloride
Urea Nitrogen
Carbon Dioxide

Nutritional & Gastrointestinal Disorders

Total Protein
Albumin
Uric Acid
Calcium
Iron

Liver & Gallbladder Abnormalities

Total and Direct Bilirubin
Alkaline Phosphatase
AST (SGOT)
ALT (SGPT)
GGT
Albumin
Total Protein
LDH