




Catholic Diocese of Salt Lake City Employee Health Benefits Enrollment Guide for January 1, 2024– December 31, 2024





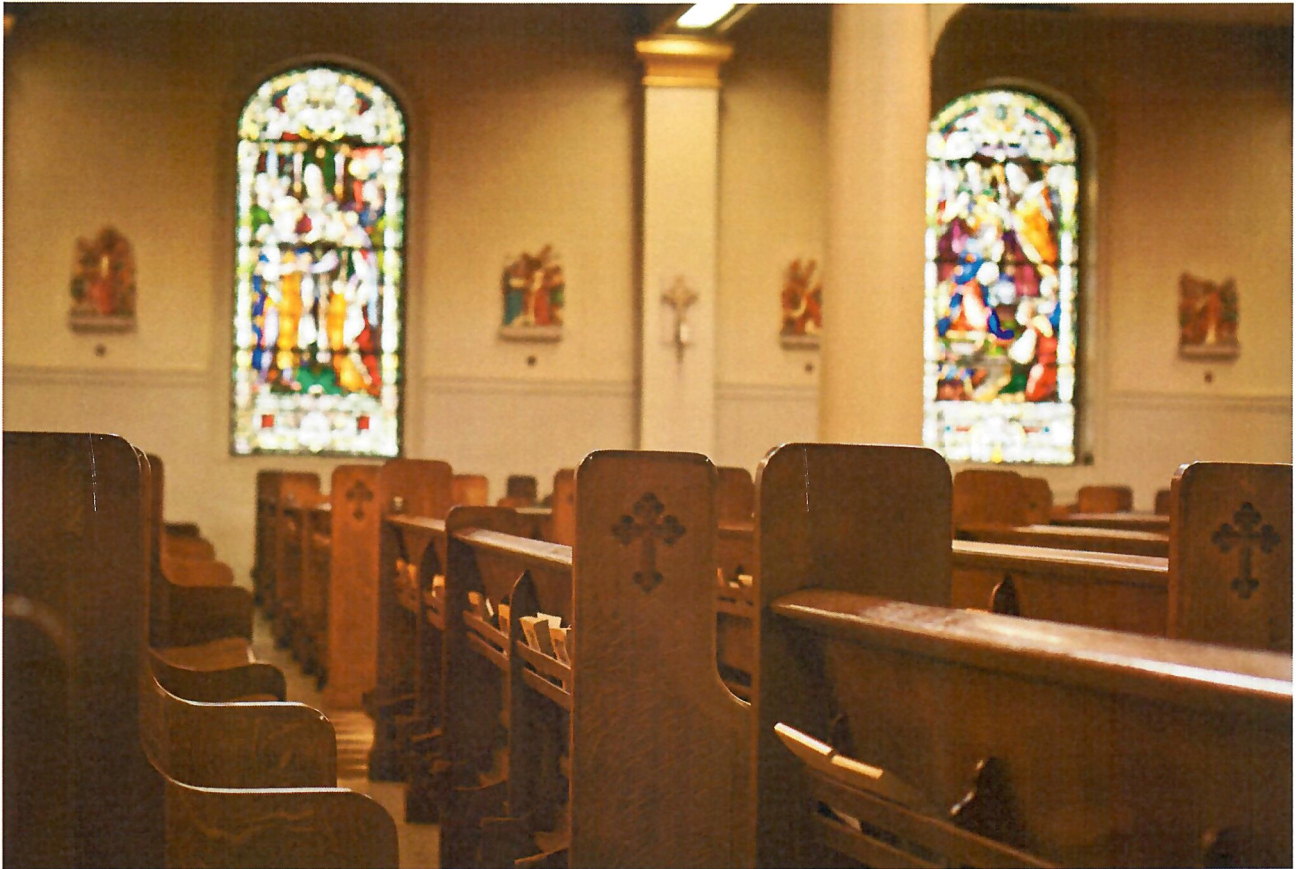
Welcome to the Open Enrollment for your January 1, 2024 through December 31, 2024 Health Benefits!

The Catholic Diocese of Salt Lake City's health plan year runs January through December to coincide with the Cafeteria plan year and the medical deductible and other health plan accumulators that also apply on a calendar year basis. Our Annual open enrollment will be held October 31st to November 15th with changes effective as of January 1, 2024. Future open enrollments for the health plan will continue to be held in the month of November.

Open Enrollment: October 31st – November 15th, 2023

New Hire Enrollment: Enrollment Application Forms must be completed and returned within 30 days from date of hire in a benefits eligible position.

The current group prescription drug coverage is considered Creditable Coverage (on average, at least as good as the Medicare Part D standard prescription drug coverage.) Please refer to Creditable Coverage Disclosure Notice included with this letter.



Este paquete contiene información breve en inglés de su beneficios bajo el Plan Médico de Catholic Diocese of Salt Lake City. Si usted tiene dificultad en comprender cualquier parte de este información, o tiene preguntas, favor contactar al administrador de reclamos en Regence BlueCross BlueShield of Utah, quien con gusto le ayudara, telefono 1-866-240-9580. Las horas de oficina son de Lunes a Viernes de 7:30 a.m. a 6:00 p.m. MST. Tambien, puede llamar al administrador del Plan al telefono 1-801-328-8641.

The Diocese is pleased to announce that we will continue to offer the option to choose between the current 'General' plan and 'High Deductible Health Plan (HDHP)'.

- NETWORK choices for the General plan option and the HDHP plan option:
 - Two network options will be offered: ValueCare (PVC) or Participating (PAR) so you have the choice of four enrollment options:
 - GENERAL plan option with the Preferred ValueCare (PVC) network, or Participating (PAR) network
 - or
 - HDHP plan option with the Preferred ValueCare (PVC) network, or Participating (PAR) network

- **Out-of-pocket maximum for the GENERAL plan option: there will continue to be separate out-of-pocket maximums for in and out-of-network services. The two-party and family out-of-pocket maximums are two (2) and three (3) times the single out-of-pocket maximum.**
- **Out-of-pocket maximum for the HDHP plan option: the out of pocket maximum will be a combined out-of-pocket maximum for both in-network and out-of-network.**
- **Out-of-Network care: all services are subject to balance billed charges.**

Benefit Highlights:


- **Both the GENERAL plan option and the HDHP option will cover preventive services at 100% in-network with no cost sharing for the member, when services are billed as preventive care services by the in-network provider, in accordance with age limits and frequency guidelines according to and as recommended by the United States Task Force (USPSTF), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) or Health Resources and Services Administration (HRSA).**
- **A Two-Party rate tier will continue to be offered so employees will have the option to make premium contributions based on single, two-party, or family coverage.**

Note: Please see your Human Resource department for contribution guidelines if you and your spouse both work for the Diocese.

- **Employees electing the HDHP plan option will be offered an option to contribute to a Health Savings Account (HSA) through Accrue CMS.**
- **The 2024 maximum annual HSA contribution for the individual option is \$4,150 and the maximum contribution for the family option is \$8,050.**
- **The 2024 maximum annual FSA Health contribution limit is \$3,200 and the maximum carryover amount is \$640.**
- **Employees enrolled in first dollar coverage through their own employment or their spouse's employment or employees with Medicare entitlement (eligible and enrolled in Medicare) are not eligible to contribute to an HSA.**
- **An HSA is compatible with Dependent Care FSA, but NOT Medical FSA.**
- **Employees that enroll in the GENERAL plan option will continue to be offered a Flexible Spending Account (FSA).**

Medical and Prescription Drugs:

- The following chart briefly summarizes the GENERAL plan and the HDHP options. Carefully review the attached Summary of Benefits and Coverage (SBC) and your Medical Benefits Booklet for actual benefits, limitations, and exclusions.

	Catholic Diocese of Salt Lake City 2024 Medical Plan Options			
	General		HDHP	
*members pay for balance billed amounts out of network				
Benefit	In Network	*Out of Network	In Network	*Out of Network
Deductible <u>Individual</u> – Calendar Year	\$1,800	\$3,600	\$2,000	
Deductible <u>Two Party</u> – Calendar Year	\$3,600	\$7,200	See Family	
Deductible <u>Family</u> – Calendar Year	\$5,400	\$10,800	\$4,000	
Medical Out of Pocket <u>Individual</u> – Calendar Year	\$5,500	\$11,000	\$5,500	
Medical Out of Pocket <u>Two-Party</u> – Calendar Year	\$11,000	\$22,000	See Family	
Medical Out of Pocket <u>Family</u> – Calendar Year	\$11,000	\$22,000	\$11,000	
Office Visit - Primary	\$40 deductible waived	45% AD	30% AD	45% AD
Office Visit Specialist	\$55 deductible waived	45% AD	30% AD	45% AD
Expanded Office Visit	Included	45% AD	30% AD	45% AD
Preventive Services	*Paid at 100%	45% AD	*Paid at 100%	45% AD
Diagnostic Lab & X- Ray	\$400 benefit then deductible and coinsurance	\$400 benefit then deductible and coinsurance	30% AD	45% AD
Inpatient Hospital Services	30% AD	45% AD	30% AD	45% AD
Outpatient Hospital Services	30% AD	45% AD	30% AD	45% AD
Ambulatory Surgical Center	20% AD	45% AD	20% AD	45% AD
Emergency Room	\$250 deductible waived	\$250 deductible waived	30% AD	30% AD
Ambulance	30% AD	30% AD	30% AD	30% AD
Urgent Care	\$55	45% AD	30% AD	45% AD
Regence Customer Service Number: Phone: 866-240-9580 Website: www.regence.com				

Prescription Drug Benefits				
	GENERAL Plan Option		HDHP Option	
	In Network	*Out of Network	In Network	*Out of Network
Deductible	\$300 Individual /\$600 Two-Party /\$900 Family		70%/30% AMD	
Rx Out of Pocket Maximum	Applied to medical OOP		Applied to medical OOP	
Generic Preferred	\$10 deductible waived	*Members will usually have to pay for prescription and submit to Regence for processing	30% AMD 50% Non-Preferred Specialty and Compound up to the OOP maximum AMD	*Members will usually have to pay for prescription and submit to Regence for processing
Generic Non-Preferred	20% up to \$150 deductible waived			
Brand Preferred	25% up to \$100 APD			
Brand Non-Preferred	35% up to \$150 APD			
Specialty Preferred	25% up to \$250 Generic & Preferred APD			
Specialty Non-Preferred	25% up to \$300 Non-Preferred APD			
Compound Drugs	50% up to the medical OOP maximum APD			
Regence Customer Service: Phone: 866-240-9580 Website: www.regence.com				
Expressions Dental				
	Included with both the GENERAL plan option and the HDHP plan option			
	In Network	*Out of Network		
Deductible	\$50 (3x family)			
Preventive Services	100%	100% of Allowed Amount		
Basic Services	80%	80% of Allowed Amount		
Major Services	50%	50% of Allowed Amount		
Annual Maximum	\$1,000			
Regence Customer Service Number: Phone: 866-240-9580 Website: www.regence.com				

- ***Members pay all balance billed charges for care rendered at all medical, prescription drug and dental non-participating providers**
- **APD – After Pharmacy Deductible / AMD – After Medical Deductible / OOP – Out of Pocket**
- **Disclaimer: This is intended as a brief summary only. Please refer to Regence plan documents for actual benefits, limitations, and exclusions. In the event of a discrepancy, the plan documents are the governing documents.**

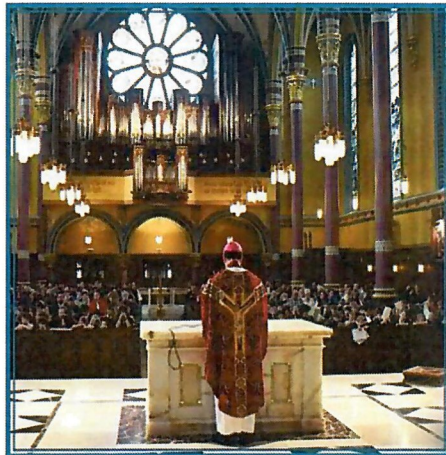


Who is Eligible?

If you are a Diocesan employee (working 30 or more hours per week), you are eligible to enroll yourself and your eligible dependent spouse and your eligible dependent children in the benefits described in this guide. New hires are eligible the 1st of the month following 30 days of employment. 1099 contracted individuals and employees working under 30 hours per week are NOT eligible to enroll.

How to Enroll

All eligible employees MUST enroll in the Paylocity system during open enrollment.



Employees wanting to enroll or are already enrolled and want to change plan or network options, will be required to complete a new enrollment application in its entirety AND online in Paylocity.

If you are eligible and not currently enrolled or if you are a new hire or newly eligible, your first step is to review the medical benefit options being offered. You should also review whether you're going to cover your eligible dependents (legal spouse and/or children to age 26). Make your benefit and network election and complete both an enrollment application **and** enroll online in Paylocity. Once you have made your election, you will not be able to change until the next Cafeteria plan open enrollment period to be effective the following January 1st unless you have a qualifying life change event.

IT IS YOUR RESPONSIBILITY TO GET YOUR ENROLLMENT APPLICATION TO YOUR EMPLOYER TO ENSURE PROPER & TIMELY PROCESSING



Regence Dental: Expressions Dental: The dental plan design is not changing for the 2024 plan year. The dental option is included with the medical option and cannot be purchased separately.

Prescription Drug Benefits: Both the GENERAL plan option and the HDHP plan option include prescription drug benefits. The prescription drug plan design is changing under both plan options. Prescriptions under the HDHP are subject to the medical deductible. Please refer to the Summary of Benefits and Coverage (SBC) for additional information.



When to Enroll

The open enrollment period runs from October 31st to November 15th, 2023. The benefits you elect during open enrollment will be effective from January 1, 2024, through December 31, 2024.

Please carefully review all notices in this guide and contact the Diocesan Human Resources office for any questions.



How to Make Changes

Unless you have a qualifying special enrollment event, you cannot make changes to the pre-tax benefits you elect for the 2024 plan year. Qualified changes in status include: marriage, divorce, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

Who Pays for Benefits?

<u>BENEFIT</u>	<u>WHO PAYS</u>	<u>TAX STATUS</u>
Health plan	Catholic Diocese and You	Pre-Tax

The Catholic Diocese contributes to the premium. The employee pays the remaining balance of premium. Employees may also purchase coverage for their eligible legal spouses and eligible dependent children to age 26. Your premium portion is paid pre-tax through payroll deduction.



Please see your Human Resource department for contribution questions if you are adding dependents at open enrollment or if you and your spouse both work for the Diocese and you both wish to enroll under one Two-Party contract or one Family contract.



Catholic Diocese of Salt Lake City 2024 Medical Plan Options

Monthly Premiums	30+ hours General Plan		30+ hours HDHP Plan	
	Valuecare Network	Participating Network	Valuecare Network	Participating Network
	SINGLE COVERAGE			
Employee Contribution	\$ 61.00	\$ 89.00	\$ 7.00	\$ 37.00
Employer Contribution	\$ 851.00	\$ 851.00	\$ 851.00	\$ 851.00
Total Billed Premium	\$ 912.00	\$ 940.00	\$ 858.00	\$ 888.00
TWO-PARTY COVERAGE				
Employee Contribution	\$ 418.00	\$ 460.00	\$ 348.00	\$ 388.00
Employer Contribution	\$ 868.00	\$ 868.00	\$ 868.00	\$ 868.00
Total Billed Premium	\$ 1,286.00	\$ 1,328.00	\$ 1,216.00	\$ 1,256.00
FAMILY COVERAGE				
Employee Contribution	\$ 1,004.00	\$ 1,070.00	\$ 882.00	\$ 951.00
Employer Contribution	\$ 1,051.00	\$ 1,051.00	\$ 1,051.00	\$ 1,051.00
Total Billed Premium	\$ 2,055.00	\$ 2,121.00	\$ 1,933.00	\$ 2,002.00

Please see your HR department when both spouses work for the Diocese.

DISCLAIMER: THESE EMPLOYER/EMPLOYEE CONTRIBUTIONS HAVE BEEN PROVIDED AS AN ESTIMATE BASED ON DIOCESAN POLICY. IF THERE IS A DISCREPANCY IN THESE RATES, THE DIOCESE INFORMATION WILL PREVAIL.



Notice:

B3PA has merged with Accrue CMS for all your FSA/HSA/HRA/DCAP and Transit Benefits. This merger provides you with a lot of new features and enhancements to your benefits. Your new plan year will have some slight changes going forward.

- 1 – You will get a new login portal and new login credentials for the new plan year. Watch for a portal guide in your open enrollment packet with that information.
- 2 – You will be receiving a new set of debit cards for the new plan year. Please watch for those cards in the mail and **DO NOT THROW THEM AWAY**. The new cards will be from Accrue CMS instead of B3PA.
- 3 – Your rollover balances will be transferred to your new account as quickly as possible. This should be within the first week of the new plan year. Please be patient as we make those transfers.
- 4 – Your previous plan year(s) information will remain on your B3PA portal for one year. If you have any questions on your old year account, please login to your B3PA portal for that information.
- 5 – Your current account manager, Tym Gilbertson, will stay your account manager for the time being. You can still contact him directly at tym@b3pa.com or tgilbertson@accruemacs.com.

Contact information for the new plan year accounts:

Accrue CMS Portal Login: [Login For Accrue](#)

Accrue 24/7 phone system: 469-384-7600

Contact information for previous plan year accounts:

B3PA Portal Login: [Login for B3PA](#)

B3PA phone number: 833-237-2236

Flexible Spending Account

Why should I choose a flexible spending account (FSA)?

A flexible spending account (FSA) lets you save money by setting aside pre-tax dollars to pay for eligible medical, dental, vision and dependent care expenses incurred by you, your spouse or your eligible dependents.



Take home more money

Putting money into an FSA decreases your taxable income, which means you'll take home more money.



Plan better for health expenses

Spend your funds on the eligible health expenses you incur throughout the year. The IRS has a "use it or lose it" rule for FSAs, which means funds must be spent by the end of the plan year unless your employer offers a grace period or carryover.



Flexibility

You can use your funds for eligible expenses occurred by you, your spouse, or your eligible dependents. Thousands of products and services are FSA eligible. (Eligible expenses are determined by the IRS.)



Funds on Day 1

All of your FSA dollars are available on the very first day of the plan year. For example, if you choose to contribute \$1,200 to your FSA, your contributions will be deducted evenly across all of your paychecks for the year, but you have access to all \$1,200 on Day 1.



Can I enroll?

Yes, as long as you or your spouse aren't actively enrolled and contributing to a Health Savings Account (HSA).

Contribution limits + IRS regulations

The IRS sets the maximum dollar amount you can elect to contribute to a medical FSA. The annual contribution limit for 01/01/2024-12/31/2024 is \$3,050.00.

Tip: Review how much you spend on eligible healthcare expenses every year to determine how much to elect.

Changing your election

In order to make changes to your election after open enrollment, you need to experience a qualifying life event. These events include:

- Change in marital status or in the number of dependents
- Increase due to birth, adoption, or marriage
- Decrease due to death, divorce, or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse, or dependent employment status

If you experience a qualifying life event, contact your employer to make changes to your election.

Carryover

A carryover allows you to transfer up to \$610 of your remaining balance at the end of the plan year into the following year.

If you end up spending less than you anticipated when you made your elections during open enrollment, you can tap into those funds next year.

- Carryover funds become available to you after the run-out (claim filing) period.
- You're able to carry over up to \$650 while still electing the full maximum annual election in the new plan year.
- If you have the benefits debit card, it will continue to work as normal, using your carryover funds first.



ACCRUE CMS

Dependent Care FSA

Contribution Limits & IRS Regulations

The IRS sets the maximum dollar amount you can elect and contribute to a dependent care eligible spending account (dependent care FSA). The annual contribution limit for is:

- **Per household: \$5000**
- **Per person (if married and filing separately): \$2500**

Although most people incur more than the limit per year, we recommend reviewing how much you spend on eligible dependent care expenses every year to determine your election.



Funds available as you contribute

Funds will be available to you as they're deducted from your paycheck and contributed to the plan. This means when payroll is processed and your paycheck is available to you, your dependent care FSA contributions will be applied to your account and available for reimbursement.



Use-or-lose

Don't forget to spend your FSA dollars. If you have not used all of your FSA dollars before the end of the plan year, you will forfeit any money left in your account. (Check with your employer to confirm how many days you have to submit claims for reimbursement after the plan year ends.)

Changing your dependent care FSA election

In order to make changes to your election after open enrollment, you need to experience a qualifying life event. (If you experience a qualifying life event, contact your employer to make changes to your election.) These events include:

- Change in marital status
- Change in the number of dependents
- Increase due to birth, adoption or marriage
- Decrease due to death, divorce or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse or dependent employment status
- Change in daycare providers
- Child turning age 13
- Increase or decrease in the cost of qualifying daycare expenses
- Judgement, decree or order requiring a change in coverage



Fast Fact

A great way to set it and forget it is to use our Recurring Dependent Care Form that allows you to submit one claim for the entire year and you will be reimbursed after each payroll.



Health Savings Account

Why should I choose a health savings account (HSA)?

An HSA allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses or use as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA don't, making it a powerful option for diversifying your retirement portfolio.



It's yours

An HSA isn't a "use it or lose it" account. Unspent funds roll over every year, and the account remains yours even when you switch employers. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.



Spend, save, and invest

Your funds can be spent on current eligible healthcare expenses, saved for future healthcare needs, or invested for retirement. Want to do all three? Set your investment threshold to mirror your deductible amount and invest any contributions above it to build your retirement nest egg.



Flexibility

You can adjust your payroll deductions or contributions at any time, no questions asked.



Save on taxes 3 ways

The money you contribute, your earnings from investments, and withdrawals for eligible expenses, are all tax-free.

What does it cover?

There are thousands of eligible items. The list includes but is not limited to:

- Copays, coinsurance, insurance premiums
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental, orthodontia, and vision expenses, such as frames, contacts, prescription sunglasses, etc.

Can I enroll?

You must be enrolled in a high-deductible health plan (HDHP) in order to enroll in the HSA. You're not eligible for an HSA if:

- You're claimed as a dependent on someone else's taxes.
- You're covered by another plan that conflicts with the HDHP, such as Medicare, a medical FSA, or select HRAs.
- You or your spouse are contributing to a medical FSA.

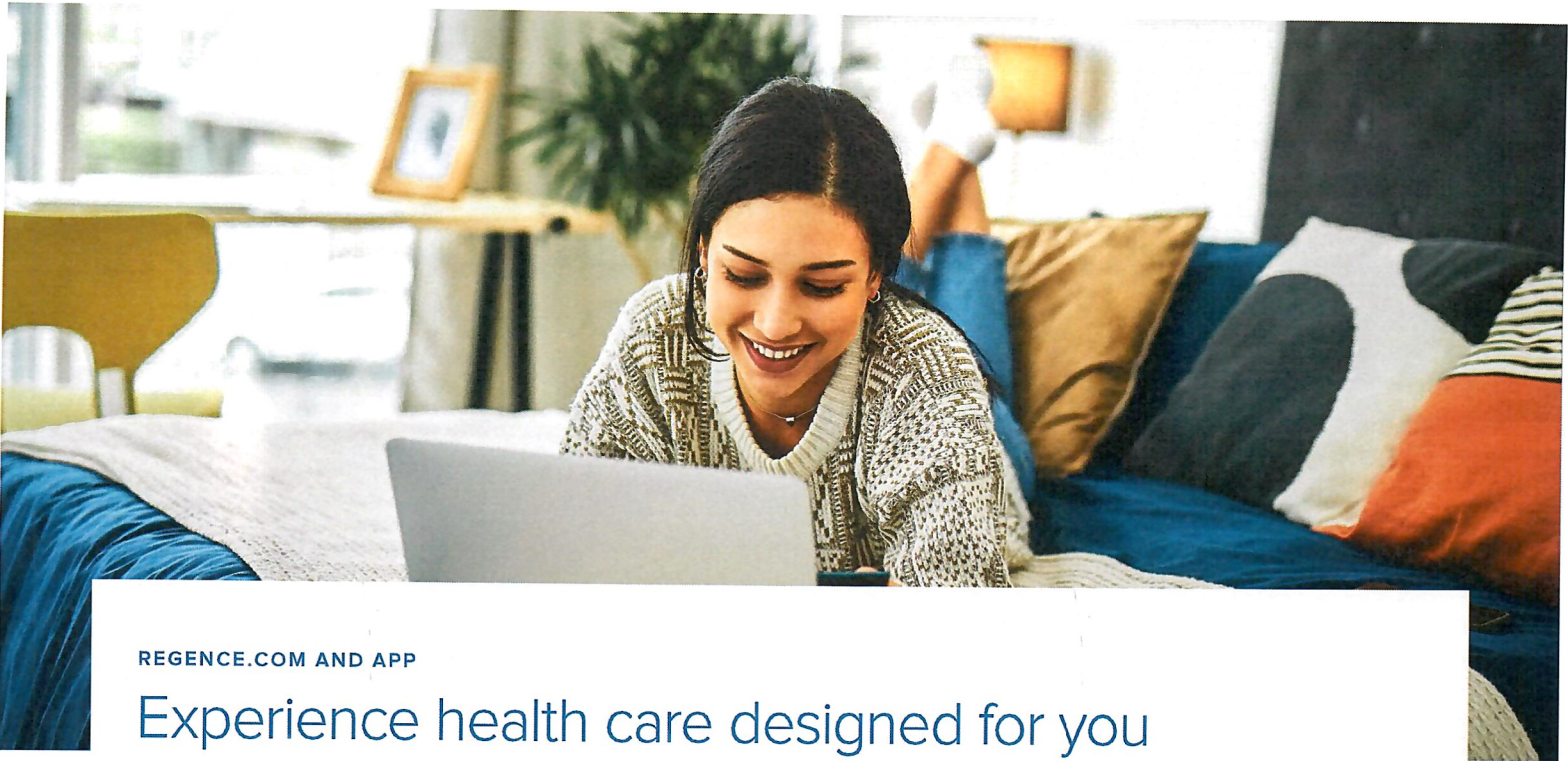
Contribution Limits & IRS Regulations

The IRS sets the maximum dollar amount you can elect and contribute to an HSA. The annual contribution limit is:

Single coverage – \$4,150

Family coverage – \$8,300

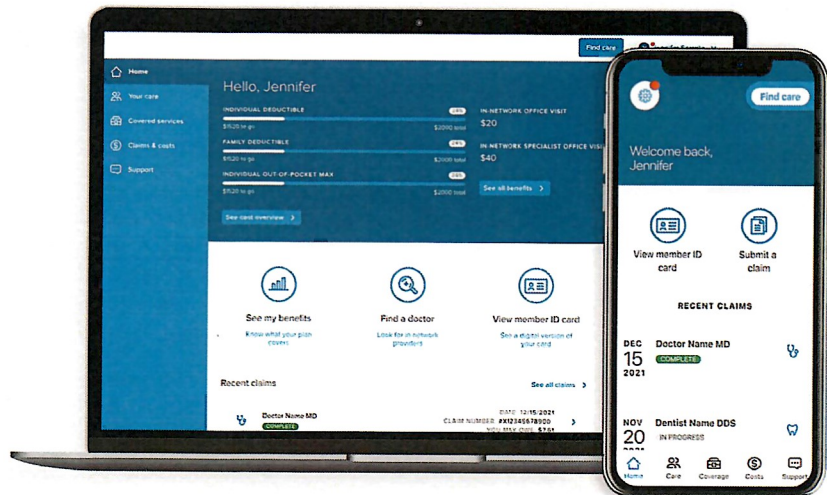
Please note: If you're 55 years of age or older, you are eligible to make an annual catch-up contribution, which lets you contribute an additional \$1,000 on top of the above annual contribution limits. To determine your contribution, we recommend setting a goal on what you plan to use your HSA for. Keep in mind you're not locked in to that decision and can change your contribution amount at any time.



REGENCE.COM AND APP

Experience health care designed for you

Your Regence health plan comes with lots of digital tools that make managing your health easy and convenient. Best of all? All the information you need is in one place, personalized to you.



Get started!

Download the Regence app or go to [regence.com](https://www.regence.com) to create an account. All you need is your member ID card to get started.



Regence BlueCross BlueShield of Utah
Is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Utah
2890 E Cottonwood Parkway | Salt Lake City, UT 84121

REG-UT-730076-22/01
©2022 Regence BlueCross BlueShield of Utah

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711).

Welcome to MDLIVE!

With MDLIVE, you can visit with a doctor or counselor 24/7 from your home, office or on-the-go.



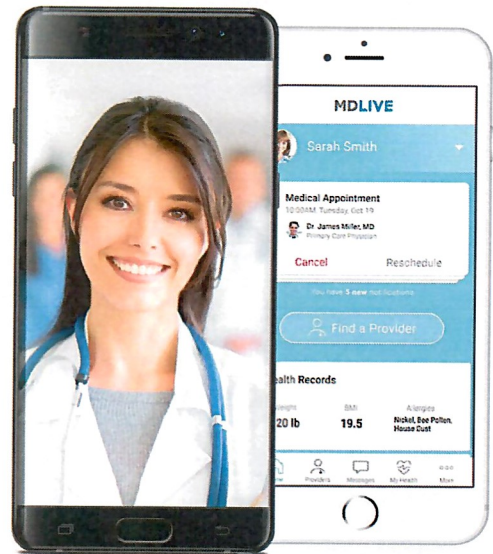
You have a telehealth benefit giving you virtual care, anywhere. At a price you can afford.

- Board-certified doctors
- Available anytime, day or night
- Consults by mobile app, video or phone
- Prescriptions can be sent to your nearest pharmacy if medically necessary

We treat over 50 routine medical conditions including:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- And More

Your virtual doctor is here. Join for free today!



Download the app.
Join for free. Visit a doctor.

MDLIVE.com/regence-ut
1-888-725-3097