



**CATHOLICCARE**  
AUTHENTICALLY CATHOLIC



**2024** BENEFIT  
GUIDE



# TABLE OF CONTENTS

Welcome .....	3
CatholicCare .....	3
Genesis Health Plan .....	4
UMR .....	4
Health Plan .....	5
CatholicCare Employee Advocates .....	6
Health Plan Design .....	7
Pharmacy Plan .....	8
Health Savings Account (HSA) .....	9
Continuation of Coverage .....	10
Student Verification Requirements .....	10
Life and AD&D .....	11
Long Term Disability .....	12
Dental Plan .....	13
Dental Plan Added Features .....	14
Employee Assistance Program .....	16
Contact Information .....	17
Annual Notices .....	18



Cover photo provided by  
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# WELCOME!

We welcome you as an employee in the parishes, schools and ministries of the Catholic Diocese of Sioux Falls! Your local benefit coordinator has determined that you are eligible for benefits through CatholicCare because you are working a minimum of 20 hours per week and no less than 1,040 hours per year.

This Benefit Guide provides information on the many plan options that are available allowing you to determine what benefits are best for you and your family. Additional information, federal notices and the Summaries of Benefits and Coverages for each plan are on the Diocesan website at: [www.sfcatholic.org/human-resources/catholiccare](http://www.sfcatholic.org/human-resources/catholiccare).

The benefits in which you enroll become effective on the first day of the month after 30 days of regular employment in a covered position. Health and dental premiums are deducted on a pre-tax basis. Once enrolled, you cannot make changes to, or terminate, your health or dental coverage until the next open enrollment period or you experience a qualifying life event. A qualifying life event is defined as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of a covered spouse or child
- Birth or adoption of a child
- Employment status change from part-time to full-time
- Marriage, divorce or legal separation

You have a period of 30 days from the date of the qualifying life event to enroll in or make changes to your current plan enrollment. If you miss that period, the next opportunity to make a change to your plan will be at the next open enrollment period. The annual open enrollment period typically occurs in October through November of each year with a January 1 effective date.

All benefit eligible employees are required to complete and return a CatholicCare Employee Benefits Enrollment / Change Form within 30 days of the date of hire, even if you choose to waive all benefit offerings. Failure to meet the 30-day timeline will result in forfeiture of benefits until the next open enrollment period.



CatholicCare is a business trust established to hold premium dollars contributed toward our self-funded benefit plans. When you enroll in any of the benefit plans offered by your employer, you become a part of the CatholicCare family. As a member, your monthly premium payments toward the benefit plans you are enrolled in are deposited directly into CatholicCare. When you or another CatholicCare member experiences a medical or dental situation, any payment made by 'insurance' is paid out of the CatholicCare fund.

CatholicCare facilitates the Christian mission of "Lifelong Catholic Discipleship through God's Love." By establishing CatholicCare we put into practice the Catholic social teaching to "order the world's goods to God and to fraternal charity." CCC 2401 In a sense, we are pooling our funds in order to take care of each other.

CatholicCare partners with UMR, a third party administrator, to monitor our claims and process the paperwork on our behalf. In addition, experts and professionals within the Chancery and the insurance industry conduct an annual review to evaluate each plan to ensure competitive pricing, comparable plan design and to make projections of health cost increases.

As a participant in CatholicCare you can be confident that your premium dollars are not being spent on medications or procedures that do not follow the teachings and practices of the Catholic Church. You can take comfort in knowing that if you find yourself in need, your care will come from your diocesan Catholic community.

# GENESIS



The CatholicCare Health Plan is offered through a health insurance program called Genesis. By collaborating with Catholic ethicists and medical professionals, the Genesis program is designed to be in full alignment with our Catholic faith and teachings and ensures that no services are provided that are contrary to our faith. This is made possible through a partnership between UMR, A United Healthcare Company, and the Catholic Benefits Association.

Genesis allows enrolled members access to a vast system of health care providers and a dedicated team of plan advisors by aligning with the largest health carrier in the world, United Healthcare. Year after year, Genesis continues to innovate, strengthen and enhance Catholic healthcare through their insurance plan.

## WHAT CAN YOU EXPECT?

- Dedicated service team.
- Innovative claim policies and coverages focused on Catholic employers.
- Catholic medical and ethical expert partnerships.
- Driving change from what Catholic healthcare won't do, to the richness of what Catholic healthcare should be while being in full alignment with all aspects of our faith.

# UMR



A UnitedHealthcare Company

UMR is a third party administrator (TPA) hired by CatholicCare to help ensure that your medical claims are paid correctly so that your health care costs can be kept to a minimum and you can focus on your well-being. UMR is not an insurance company. CatholicCare pays the portion of your health care costs not covered by you.

The benefit of partnering with UMR is the expansion and enhancement of the services CatholicCare can offer to you. This includes increased access to in-network physicians and health care professionals, expert support when care gets complex, and expanded resources available via on-line and mobile devices.

# HEALTH PLAN

CatholicCare provides three different health plan options to choose from, with three tiers under each plan. We encourage you to review each plan to determine which plan is the best fit for you and your family. Consider your finances, family health status and the percentage of coverage that applies to the type of care you need under each plan.

## THINGS TO CONSIDER:

- Under the High Deductible Health Plan (HDHP) you must meet the full deductible before benefits are paid for any treatment except preventive service. Once you meet the deductible, benefits pay at 100% for the remainder of the calendar year. If you enroll in the Employee + Child(ren) Tier or the Family Tier you will need to meet the full \$6,000 deductible before benefits are paid on any family member.
- The parish, school or entity you are working for will provide a contribution into your Health Savings Account (HSA) if you elect the HDHP. You will receive up to \$750 if you elect a Single Tier and up to \$1,500 if you elect a Employee + Child(ren) Tier or a Family Tier.
- Under the Traditional Health Plan (TRAD) you will have a lower deductible than the HDHP, along with office visit and prescription drug copays. However, you will have a higher out of pocket maximum.
- Under the Basic Plan you will have office visit and prescription drug copays, however you will notice the out of pocket maximum is significantly higher along with a higher percentage of co-insurance.

## WHAT YOU CAN EXPECT:

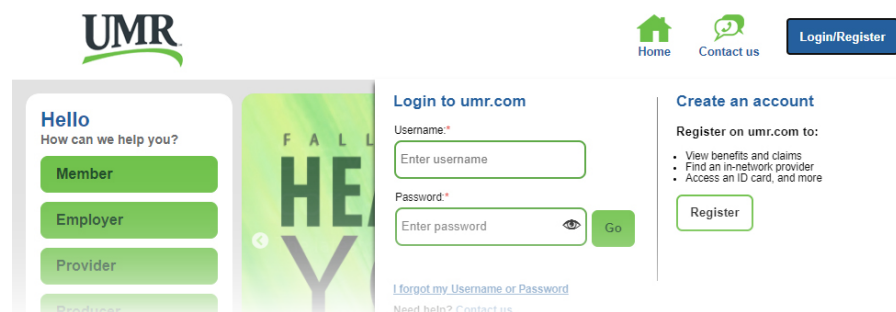
- If you are new to the health plan, or make a change, you will receive a new health ID card, listing all dependents.
- Your ID card will also be available on-line and on an app for your phone.

## VISION EXAM:

- Each covered member is eligible for one eye exam as part of the preventative benefit under your medical coverage. You may choose any vision provider and only need to present your health ID card at the time of the appointment.

## UMR ON-LINE!

Everything you need to know about your health benefits is available at your fingertips! You will find on-line health information, coverage summaries and explanation of benefits along with free tools, apps and calculators to help you meet your nutrition and fitness goals. In addition, Customer Team Members are available to answer your questions on claims and benefits 24 hours a day with just a click.



The screenshot displays the UMR website interface. At the top, the UMR logo is on the left, and navigation links for 'Home', 'Contact us', and 'Login/Register' are on the right. The main content area is divided into three sections: 'Hello' with a 'How can we help you?' prompt and buttons for 'Member', 'Employer', 'Provider', and 'Producer'; 'Login to umr.com' with fields for 'Username\*' and 'Password\*', a 'Go' button, and links for 'I forgot my Username or Password' and 'Need help? Contact us'; and 'Create an account' with a 'Register on umr.com to:' section listing benefits like viewing benefits, finding providers, and accessing ID cards, followed by a 'Register' button.

# GET ANSWERS TO YOUR BENEFIT QUESTIONS



*Call or email your questions to*

## CATHOLICCARE EMPLOYEE ADVOCATES

We know that navigating the medical and insurance world can be tricky, regardless of whether you need to find a doctor to treat a head cold, have a major medical situation or have a question on the processing of your claims through insurance.

**CatholicCare Employee Advocates** are there to help.

CatholicCare Employee Advocates can assist you with a variety of topics including:

- Benefit Plan Education
- Claims Assistance
- Enrollment Assistance
- Finding a provider
- ID Cards
- Eligibility Issues
- Healthcare Reform
- Cost Shopping

Benefit eligible employees may access this free service by phone or email.

**CatholicCare Employee Advocates**  
**888.332.2842**  
**advocates@hubinternational.com**  
**Monday - Friday 9:00 a.m. to 7:00 p.m. CT**

# 2024 HEALTH PLAN DESIGN - IN NETWORK

Covered Services	High-Deductible Health Plan (HDHP)	Traditional Health Plan	Basic Health Plan
<b>Calendar Deductible Year:</b> Individual Family	\$3,000 \$6,000	\$2,000 \$4,000	\$3,000 \$6,000
<b>Coinsurance:</b> (after Calendar Year Deductible is satisfied.)	0%	20%	50%
<b>Out of Pocket Maximum:</b> Individual Family (includes deductible, coinsurance and copay)	\$3,000 \$6,000	\$5,000 \$10,000	\$7,600 \$15,200
<b>Physician Services:</b> <ul style="list-style-type: none"><li>Office Visit</li><li>Specialist Care</li><li>Adult Routine Wellness Exams</li><li>Pediatric Routine Wellness Exams</li></ul>	0% after deductible 0% after deductible 100%: deductible waived 100%: deductible waived	\$30 copay \$60 copay 100%: deductible waived 100%: deductible waived	\$50 copay 50% coinsurance 100%: deductible waived 100%: deductible waived
<b>Hospital Services:</b> Inpatient / Outpatient Urgent Care Center Emergency Room	Deductible / 100% Deductible / 100% Deductible / 100%	80% \$50 Copay \$200 Copay / 80%	50% \$50 copay 50%
<b>Prescription Drug Coverage:</b> RX Deductible  Generic on Formulary Brand Name on Formulary Brand Name not on Non-formulary Specialty RX  RX Out-of-Pocket Maximum	  Deductible / 100% Deductible / 100% Deductible / 100% Deductible / 100%	\$100/\$200 waive Generics  \$15 copay \$40 copay \$55 copay \$70 copay  \$1,000/\$2,000	  Deductible / 30% Deductible / 30% Deductible / 30% Deductible / 30%
<b>Vision Services:</b> One eye exam per covered member per year	100%: deductible waived	100%: deductible waived	100%: deductible waived
<b>Employer dollars to HSA</b> Individual Family	Up to \$750 Up to \$1,500	Zero	Zero

# OUT OF POCKET MAXIMUM

Coverage Level	High-Deductible Health Plan with Employer HSA Contribution	Traditional Health Plan	Basic Health Plan
Single	\$3,000 - \$750 = \$2,250	\$5,000	\$9,100
Employee + Child(ren)	\$6,000 - \$1,500 = \$4,500	\$10,000 Family Maximum	\$18,200 Family Maximum
Family	\$6,000 - \$1,500 = \$4,500	\$10,000 Family Maximum	\$18,200 Family Maximum

# PHARMACY PLAN

## OPTUMRX



OptumRX administers the pharmacy plan in partnership with UMR. OptumRX is the third largest pharmacy benefit manager and contracts with over 67,000 pharmacies nationwide. They specialize in the delivery, clinical management and affordability of prescription medications and consumer health products.

### THINGS TO CONSIDER:

- Each pharmacy plan provides a listing of preferred medications, also known as a *Formulary*. The Formulary changes periodically. The current Formulary listing for OptumRX is located on the Diocesan Website under the Employee Benefit page and identifies what drugs are covered under CatholicCare.
- We encourage you to review your current medications and work with your physician to explore alternative drug options if your medications are not included in the OptumRX Formulary.

See the Plan Design on **page 7** for the pharmacy co-pay information.

### WHAT YOU CAN EXPECT:

- To promote safe and effective medication use, some medications will require prior authorization before being filled. This will effect drugs that are effective in treating specific illnesses or cost more and may be prescribed for conditions for which effectiveness has not been well established.
- Certain preventative care medications under the High Deductible Health Plan are available at a \$10.00 copay. Preventative medications under this plan include those involved with managing asthma and diabetes and for reducing the risk of stroke and heart disease.
- Newly enrolled members taking any specialty drugs will be required to get a new prescription under the OptumRX plan. Specialty medications are defined as high-cost oral or injectable medications used to treat rare and complex conditions. Applicable conditions include, but are not limited to, Crohn's Disease, Inflammatory Conditions, Multiple Sclerosis and Psoriasis.



HEALTH SAVINGS ACCOUNT

WHAT IS A HSA?

wex

A Health Savings Account (HSA) is a tax-advantaged medical savings account available to employees enrolled in the high deductible health plan. The funds contributed into the HSA are not subject to federal income tax at the time of the deposit. HSA funds may be used to pay for qualified medical expenses at any time without federal tax liability or penalty. Qualified medical expenses are those that primarily alleviate or prevent a physical or medical defect or illness, including dental and vision.

Your employer will contribute to your HSA plan based on your plan enrollment in even monthly installments during the months in which you are employed. The dollars your employer contributes are included in the total annual maximum for the year. At age 55 and until you enroll in Medicare, you can contribute an additional \$1,000 annually into your Health Savings Account. Once you are covered by Medicare, you can no longer contribute to your HSA, but you can continue to withdraw available funds from the account.

Your HSA will grow with you. HSA funds roll over allowing you to contribute up to the annual maximum amount allowed without losing money not used in the year. When your HSA balance reaches \$1,000, you can choose to start utilizing the investment options. The investment feature of the plan allows you to make deposits tax-free and the money invested grows tax-free. You get to decide how to invest the funds, and you can withdraw the funds for qualified medical expenses anytime, tax-free. When you reach the age of 65, you can withdraw your money without penalty and use it for whatever you want.

WEX Health, Inc. administers the CatholicCare Health Savings Account. Using the WEX Health, Inc. website and app, you have access to resources to help you identify eligible expenses, monitor your balance and account activity and move funds between your HSA and your bank account to cover eligible expenses.

	Single Plan	Employee + Child(ren) Plan	Family Plan
2024 IRS Annual Maximum	\$4,150	\$8,300	\$8,300
2024 Employer Contribution	Up to \$750/yr	Up to \$1,500/yr	Up to \$1,500/yr
2024 Maximum Employee Contribution	Up to \$3,400	Up to \$6,800	Up to \$6,800
Catch-up over age 55	Additional \$1,000/yr		

You are encouraged to designate a beneficiary for your HSA plan on the WEX portal and review the beneficiary information each year.

# CONTINUATION OF COVERAGE

(formerly known as COBRA)

CatholicCare Plans are intended to be “church plans” as defined in Code Section 414(e) and Section 3(33) of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). CatholicCare is not subject to Title I of ERISA, including Part 6 of Title I, which provides for continuation of health care coverage upon the occurrence of certain events. To the extent that any of the continuation of coverage provisions described in this notice are identical to the requirements of Part 6 of ERISA Title I, the inclusion of such provisions reflects the unilateral decision of CatholicCare to do so, and CatholicCare reserves the right to modify the continuation of coverage provisions of the Plan in the future, as long as the provisions so modified meet the requirements of other applicable law.

The Continuation of Coverage Administrator for this Plan is: UMR

Important: Read this entire provision to understand a Covered Person’s Continuation of Coverage rights and obligations. This summary generally explains Continuation of Coverage, when it may become available to You and Your covered Dependents, and what You and Your covered Dependents need to do to protect the right to receive it. When You become eligible for Continuation of Coverage, You may also become eligible for other coverage options that may cost less than Continuation of Coverage. This section provides a general notice of a Covered Person’s rights under Continuation of Coverage, The Plan Administrator or the Continuation of Coverage Administrator will provide additional information to You or Your covered Dependents as required.

You may have other options available to You when You lose group health coverage. For example, You may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, You may qualify for lower costs on Your monthly premiums and lower out-of-pocket costs. Additionally, You may qualify for a 30-day special enrollment period for another group health plan for which You are eligible (such as a spouse’s plan), even if that plan generally does not accept Late Enrollees.

For full details of coverage, see the Annual Notices listed at the back of this Benefit Guide.

## STUDENT VERIFICATION REQUIREMENTS

The Affordable Care Act allows a dependent child to stay on your health plan until the age of 26. South Dakota Codified Law 58-17-2.3 allows a dependent child to stay on your health plan if the dependent remains a full-time student upon attaining the age of 26, but not exceeding the age of 29, unless they have other coverage in force. Any dependent child who turns age 26 during the calendar year will be terminated from CatholicCare at the end of the month of their birthday unless full-time enrollment in an eligible institution is verified. A Student Verification Form can be obtained at [www.sfcatholic.org/human-resources/catholiccare](http://www.sfcatholic.org/human-resources/catholiccare) or by calling the Diocesan Human Resources Office at (605)988-3752.

# LIFE AND AD&D INSURANCE



Life insurance can help your loved ones with financial obligations in the event of your death. In addition to day-to-day expenses, life insurance can also help provide money to help pay for college or retirement. As part of your employment, you have the option to enroll in the CatholicCare Life Insurance Plan, which includes Accidental Death and Dismemberment Insurance. This plan, administered by UNUM Life Insurance Companies of America, offers a variety of coverage levels along with spouse and dependent coverage.

Coverage Amount			
Life Plan Type	Up to Age 65	Age 65 to 69	Age 70 and up
<b>Class 1</b>	10,000	6,500	5,000
<b>Class 2</b>	25,000	16,250	12,500
<b>Class 3</b>	35,000	22,750	17,500
<b>Class 4</b>	50,000	32,500	25,000
<b>Spouse Life</b>	2,000	2,000	2,000
<b>Dependent Life</b>	1,000	1,000	1,000

Life Insurance is offered to employees at the point of initial hire or qualifying event. You may choose the plan that best meets your needs without completing documentation regarding evidence of insurability.

Any enrollment, or increase in coverage, outside of initial eligibility, will require the completion of evidence of insurability, at your expense. Upon review of the documentation, UNUM Life Insurance Companies of America determines eligibility for coverage and reserves the right to reject such further applications.

You may complete an Evidence of Insurability Form on-line at [securehealth.unum.com/eoiaccess](https://securehealth.unum.com/eoiaccess)  
The access code for CatholicCare is **4593E9R**

You will be notified of the coverage decision within a few minutes and that decision is forwarded to the Diocesan Human Resources Office.

The amount of life insurance available when you have reached certain ages are automatically adjusted. When you reach the age of 65, your insurance level will be adjusted to 65% of the amount of life insurance you had prior to the age of 65. The amount of life insurance available when you reach age 70 or more is adjusted to 50% of the amount of life insurance you had prior to your first reduction. The monthly premium is adjusted accordingly. Requests for increases to plan level will not be approved.

Beneficiary designations are made on the CatholicCare Enrollment Form. Beneficiary updates, corrections, and additions, can be made on the CatholicCare Enrollment Form provided annually at Open Enrollment. You are encouraged to verify your beneficiaries during this time.

The CatholicCare Life Insurance and AD&D Plans also offer you the option of portability if your employment status changes due to reduction in hours or termination. Portability provides you with the option to convert your term life and AD & D coverage to an individual plan at the portability group rate. Your current age and health status may be a consideration in determining eligibility.

# LONG TERM DISABILITY

You are offered the option to enroll in Long Term Disability (LTD) Insurance at the point of your initial hire or qualifying life event. Our LTD Plan is administered by UNUM Life Insurance Companies of America and provides financial protection by replacing up to 60% of your income in the event you become disabled. The level of coverage in which you can enroll is determined by your current monthly gross income. A salary review is conducted annually to review eligibility levels and adjustments to level and premium cost may be made accordingly.

LTD Level	Monthly Gross
Level 1	0 - 2,000
Level 2	2,001 - 3,000
Level 3	3,001 - 5,000
Level 4	5,001 - 8,335
Level 5	8,335 & up

Any request for enrollment outside of initial eligibility will require evidence of insurability, completed at your expense. Upon review of the documentation, UNUM Life Insurance Companies of America determines eligibility for coverage and reserves the right to reject such further applications.

You may complete an Evidence of Insurability Form on-line at [securehealth.unum.com/eoiaccess](https://securehealth.unum.com/eoiaccess)  
The access code for CatholicCare is **4593E9R**

You will be notified of the coverage decision within a few minutes and that decision is forwarded to the Diocesan Human Resources Office.



# DENTAL PLAN



The CatholicCare Dental Plan, administered by Delta Dental of South Dakota, is provided to offer financial assistance to meet general dental care needs and is focused on preventative care. Participation in the CatholicCare Dental Plan is at the discretion of each individual employment entity within the Diocese. Your local benefit coordinator can provide you with information regarding location participation and personal cost.

	Single Dental Plan	Family Dental Plan
<b>Calendar Year Deductible</b>	\$25.00	\$25.00 per person \$75.00 Maximum
<b>Preventive Care:</b> Routine Exams and Cleanings Bitewing X rays Full Mouth/Panoramic x-ray Fluoride Applications Space Maintainer Dental Sealants	100%  Some Restrictions Apply See Summary of Benefits on Diocesan Website	100%  Some Restrictions Apply See Summary of Benefits on Diocesan Website
<b>Fillings and Extractions:</b> Silver and Tooth Colored Fillings Stainless-Steel Crowns Extractions & other Oral Surgery Emergency treatment for pain relief	80%	80%
<b>Root Canals and Gum Disease Treatment:</b> Root Canals Tissue Disease Treatment Periodontal Maintenance Cleaning	80%	80%
<b>Crowns and Prosthetics</b> Crowns, bridges, dentures and implants	50%	50%
<b>Braces and Teeth Alignment</b> Lifetime Orthodontic Benefit: \$1,500 per person	50%	50%
<b>Annual Maximum Benefit:</b>	\$1,500	\$1,500 per person enrolled

## THINGS TO CONSIDER:

- You must be enrolled in the Dental Plan for 12 consecutive months before major services, such as crowns, bridges and implants will be covered.
- Once you enroll in a Dental Plan, you are required to remain enrolled as a covered employee until the next open enrollment period, a qualifying event, or until termination of employment. If you enroll in a single plan, even though you are eligible for family coverage, you cannot change your policy until the next open enrollment or qualifying event.

## WHAT YOU CAN EXPECT:

- If you are new to the Dental Plan, you will receive a dental ID Card in the mail.
- Dependent children are covered until age 26.
- Preventive Care services to not apply to the Annual Maximum Benefit
- The Orthodontic Benefit has a life time maximum of \$1,500 per person. Delta Dental will make an initial payment of \$1,000 on an approved orthodontic treatment plan. A second payment of up to \$500 will be made one year after the initial payment if coverage under the group plan still exists.

# DENTAL PLAN

## ADDED FEATURES

### PREVENTION PAYS

The CatholicCare Dental Plan has an 'annual maximum benefit' which is the total dollar amount the plan will pay for covered services during each plan year. With the addition of the Prevention Pays program, diagnostic and preventative services are not included in the calculation of the annual maximum! This means preventive services like exams, cleanings, and x-rays are covered, even if you have reached your annual maximum benefit, giving you more benefits for treatment procedures like cavity fillings, crowns and root canals if needed.

### MAXIMUM BONUS ACCOUNT (MBA)

Enrolled employees who pay attention to their oral health, with an emphasis on diagnostic, preventive and simple restorative procedures, traditionally leave unused benefits behind. With the Maximum Bonus Account (MBA), \$250 of your unused benefit may be placed in a special MBA account and can be carried over and added to the benefits available in future years. This feature offers flexibility and help if more extensive and costly dental treatment is needed later.

Who is eligible?

- Employees enrolled in the dental plan for at least one full benefit year.
- Employees must have submitted at least one claim for a covered service (non-orthodontic) during the benefit year.
- The total cost of the claim applied to the employees' annual maximum must be less than half of the annual maximum.
- The total amount available in the MBA can grow to an amount equal to the \$1,500 (plan annual maximum).
- Each covered family member will have his/her own MBA account.

MBA does not apply to orthodontic benefits, which are still based on the plan's lifetime orthodontic benefit.

# HEALTH THROUGH ORAL WELLNESS

Health through Oral Wellness® is a unique, patient-centered program that adds benefits to our Delta Dental plan based on individual oral health needs. A Delta Dental network dentist trained in Health through Oral Wellness will conduct a clinical risk assessment during a regular preventive visit. The assessment measures the risk and severity of periodontal (gum) disease, and the risk of tooth decay.

If the assessment determines you are at risk for tooth decay, additional benefits include fluoride treatments, sealants, and oral hygiene instruction. If you are at risk for periodontal (gum) disease, have periodontal disease or have had periodontal surgery, you will be eligible for two additional cleanings and two fluoride treatments.

If you have any of the following health conditions, you are eligible for additional benefits.

- Diabetes
- High-risk cardiac care
- Kidney failure or dialysis
- Cancer-related treatment - chemotherapy or radiation
- Suppressed immune system
- Rheumatoid arthritis
- Stroke
- Pregnancy

Let your dentist know and he/she will note the condition on your claim form. If you have questions regarding this program call Delta Dental Customer Service at 1-877-841-1478.

**MORE NEW  
SERVICES!**



## OPTUM EAP

### EMPLOYEE ASSISTANCE PROGRAM AND WORKLIFE SERVICES

CatholicCare now offers all benefit eligible employees and every member of their household access to an Employee Assistance Program (EAP) and WorkLife Services provided through Optum.

Optum EAP will work with the employee to find a provider within the CatholicCare behavioral health network giving the member the option to continue with the same provider when their EAP sessions are exhausted.

#### EMPLOYEE ASSISTANCE PROGRAM - EAP

The EAP program will help employees and their families tackle whatever life sends their way including job stress, relationship and parenting issues, anxiety, depression, plus much more.

- Face to Face Counseling - Five (5) free goal-oriented mental health counseling visits per event, per year.
- Financial Coaching - Up to 60 minutes of free consultation with a credentialed financial coach for each financial issue.
- Legal Counseling and Mediation Services - Free 30 minute consultation (video or in-person) with an attorney or qualified mediator per separate legal issue.
- Digital Self Care Tools - Website to access digital suite of tools and resources to help employees manage stress, anxiety and other concerns.
- Talkspace - Access to a licensed network EAP provider 24/7.
- Virtual Visits - Video EAP services with a licensed health provider in the privacy and comfort of the employee's home.

#### WORKLIFE SERVICES

In addition to the EAP, CatholicCare offers the WorkLife Services, which can help employees manage the challenges of daily life by providing consultation, education, advocacy and referrals for various services including

- Adult care and eldercare support - Retirement planning, Adult daycare programs, in-home/nurse care options
- Child and family support - Childcare options, adoption resources, day/summer camps, emergency/sick-child care, parent/family support groups
- Chronic illness and condition support - Respite services, Assisting technology, Affordable housing resources, meal and transportation resources
- Convenience services - pet services, traveling needs, car and home repair, shopping, dining and recreation recommendations
- Educational Resources - homeschooling, career consulting, adult education classes, individual educational plans, school and college recommendations

**Easy access to confidential help 24 hours a day.**

**Call - 866-248-4096 | Visit - [liveandworkwell.com](https://liveandworkwell.com)**  
enter company access code: catholic



# CONTACT INFORMATION

## CatholicCare

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Fax: (605) 988-3852 | [sfcatholic.org](http://sfcatholic.org)

### Twila Roman

Executive Director  
[troman@sfcatholic.org](mailto:troman@sfcatholic.org)  
Phone: (605) 988-3741

### Renee Leach

Administrative Assistant  
[rleach@sfcatholic.org](mailto:rleach@sfcatholic.org)  
Phone: (605) 988-3752

### UMR:

800-207-3172 | [www.umar.com](http://www.umar.com)

### Delta Dental of SD:

877-841-1478 | [www.deltadentalsd.com](http://www.deltadentalsd.com)

### OptumRX:

877-559-2955 | [www.optumrx.com](http://www.optumrx.com)

### UNUM:

877-225-2712 | [www.unum.com](http://www.unum.com)

### WEX Health, Inc:

866-451-3399 | [www.wexinc.com](http://www.wexinc.com)

### EAP:

866-248-4096 | [www.liveandworkwell.com](http://www.liveandworkwell.com)

### CatholicCare Employee Advocacy:

888.332.2842 | [advocates@hubinternational.com](mailto:advocates@hubinternational.com)

All enrollment forms and the Summaries of Benefits and Coverages are located  
on the Diocesan website at [sfcatholic.org/human-resources/catholiccare](http://sfcatholic.org/human-resources/catholiccare)

Information regarding the HIPPA Privacy Notice, CHIP, Medicare D and the WHCRA Notice are located on the Diocesan website at: [sfcatholic.org/human-resources/catholiccare](http://sfcatholic.org/human-resources/catholiccare).  
To obtain a paper copy of these notices contact your local benefit coordinator or call the Diocesan Human Resources Office at (605) 988-3741.



**CATHOLICCARE**  
AUTHENTICALLY CATHOLIC

# COMPLIANCE NOTICES

Provided by: SilverStone Group  
10/01/2023

## Medicare Part D Creditable Coverage Notice

### Important Notice from CatholicCare About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CatholicCare (the “Plan Sponsor”) and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

- (1) Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- (2) The Plan Sponsor has determined that the prescription drug coverage offered by the CatholicCare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with the Plan Sponsor and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information about This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Plan Sponsor changes. You also may request a copy of this notice at any time.

## **For More Information about Your Options under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.



For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	October 1, 2023
Name of Entity/Sender:	CatholicCare
Contact-Position/Office:	Twila Roman, Executive Director
Address:	523 N Duluth Ave Sioux Falls, SD 57104
Phone Number:	605-988-3741

## CHIPRA/CHIP Notice

### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility -**

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
INDIANA – Medicaid	MINNESOTA – Medicaid

<p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone: 1-800-457-4584</p>	<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>MISSOURI – Medicaid</b>
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<b>KANSAS – Medicaid</b>	<b>MONTANA – Medicaid</b>
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>	<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HHSHIPProgram@mt.gov">HHSHIPProgram@mt.gov</a></p>
<b>KENTUCKY – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPROGRAM@ky.gov">KIHIPPROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<b>LOUISIANA – Medicaid</b>	<b>NEVADA – Medicaid</b>
<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<b>MAINE – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>SOUTH DAKOTA - Medicaid</b>
<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<b>NEW YORK – Medicaid</b>	<b>TEXAS – Medicaid</b>
<p>Website:  <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>	<p>Website: <a href="http://www.healthinsurancetexas.com/HealthInsurancePremiumPaymentProgram.aspx">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>  Phone: 1-800-440-0493</p>
<b>NORTH CAROLINA – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>

<b>NORTH DAKOTA – Medicaid</b> Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825	<b>VERMONT– Medicaid</b> Website: <a href="https://dvha.vermont.gov/members/medicaid/hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access (https://dvha.vermont.gov/members/medicaid/hipp-program)</a> Phone: 1-800-250-8427
<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>VIRGINIA – Medicaid and CHIP</b> Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075	<b>WASHINGTON – Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>PENNSYLVANIA – Medicaid and CHIP</b> Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx">Children's Health Insurance Program (CHIP) (pa.gov) (https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx)</a> CHIP Phone: 1-800-986-KIDS (5437)	<b>WEST VIRGINIA – Medicaid and CHIP</b> Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>RHODE ISLAND – Medicaid and CHIP</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	<b>WYOMING – Medicaid</b> Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

**Employee Benefits Security Administration**  
U.S. Department of Labor  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**Centers for Medicare & Medicaid Services**  
U.S. Department of Health and Human Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



## General Notice of Continuation of Coverage Rights

**Note:** CatholicCare is intended to be a “church plan” as defined in Code Section 414(e) and Section 3(33) of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). CatholicCare is not subject to Title I of ERISA, including Part 6 of Title I which provides for continuation of health care coverage upon the occurrence of certain events. To the extent that any of the continuation of coverage provisions described in this notice are identical to the requirements of Part 6 of ERISA Title I, the inclusion of such provisions reflects the unilateral decision of CatholicCare to do so. CatholicCare reserves the right to modify the continuation of coverage provisions of the Plan in the future, as long as the provisions so modified meet the requirements of other applicable law.

The Continuation of Coverage Administrator for this Plan is: UMR

This summary generally explains Continuation of Coverage, when it may become available to You and Your covered Dependents, and what You and Your covered Dependents need to do to protect the right to receive it. When You become eligible for Continuation of Coverage, You may also become eligible for other coverage options that may cost less than Continuation of Coverage. This section provides a general notice of a Covered Person’s rights under Continuation of Coverage, The CatholicCare Administrator or the Continuation of Coverage Administrator will provide additional information to You or Your covered Dependents as required.

You may have other options available to You when You lose group health coverage. For example, You may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, You may qualify for lower costs on Your monthly premiums and lower out-of-pocket costs.

Additionally, You may qualify for a 30-day special enrollment period for another group health plan for which You are eligible (such as a spouse’s plan), even if that plan generally does not accept Late Enrollees.

### What is Continuation of Coverage?

Continuation of Coverage is a continuation of CatholicCare coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are

listed later in this notice. After a qualifying event, Continuation of Coverage may be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under CatholicCare is lost because of the qualifying event. Under CatholicCare, qualified beneficiaries who elect Continuation of Coverage must pay for Continuation of Coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under CatholicCare because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

### When is Continuation of Coverage available?

The Plan will offer Continuation of Coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying

event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee is becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify CatholicCare within 30 days after the qualifying event occurs. You must provide this notice to:

**CATHOLICCARE,  
523 N DULTUH AVE,  
SIOUX FALLS, SD 57104**

### **How is Continuation of Coverage provided?**

Once CatholicCare receives notice that a qualifying event has occurred, Continuation of Coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect Continuation of Coverage. Covered employees may elect Continuation of Coverage on behalf of their spouses, and parents may elect Continuation of Coverage on behalf of their children.

Continuation of Coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of Continuation of Coverage can be extended:

- Disability extension of 18-month period of Continuation of Coverage - If you or anyone in your family covered under CatholicCare is determined by Social Security to be disabled and you CatholicCare in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of Continuation of Coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of Continuation of Coverage and must last at least until the end of the 18-month period of Continuation of Coverage.
- Second qualifying event extension of 18-month period of continuation coverage - If your family experiences another qualifying

event during the 18 months of Continuation of Coverage, the spouse and dependent children in your family can get up to 18 additional months of Continuation of Coverage, for a maximum of 36 months, if CatholicCare is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting Continuation of Coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under CatholicCare as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under CatholicCare had the first qualifying event not occurred.

### **Are there other coverage options besides Continuation of Coverage?**

Yes. Instead of enrolling in Continuation of Coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than Continuation of Coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **Can I enroll in Medicare instead of Continuation of Coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect Continuation of Coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect Continuation of Coverage and later enroll in Medicare Part A or B before the Continuation of Coverage ends, the Plan may terminate your

continuation coverage. However, if Medicare Part A or B is effective on or before the date of the Continuation of Coverage election, Continuation of Coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of Continuation of Coverage.

If you are enrolled in both Continuation of Coverage and Medicare, Medicare will generally pay first (primary payer) and Continuation of Coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit:  
<https://www.medicare.gov/medicare-and-you>.

### **If you have questions**

Questions concerning CatholicCare or your Continuation of Coverage rights should be addressed to *CatholicCare*,  
523 N Duluth Ave, Sioux Falls, SD 57104

For more information about your rights under the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the CatholicCare Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the CatholicCare Administrator.

## **Annual Notice of Women's Health and Cancer Rights Act**

Do you know that your plan, as required by the Women's Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 800-207-3172 for more information.

## **Notice of Availability of HIPAA Notice of Privacy Practices**

To: Participants in the CatholicCare Health and Flexible Spending Account Plans

From: CatholicCare -Twila Roman, Executive Director

Re: Availability of Notice of Privacy Practices

The CatholicCare Health and Flexible Spending Account Plans (each a "Plan") maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Twila Roman at (605)988-3741.

## **Notice of Marketplace Coverage Options**

### **PART A: General Information**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2023 for coverage starting January 1, 2024.

#### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax

credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% (as adjusted annually) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Twila Roman at (605)988-3741.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to some employees. Eligible employees are any employee working 1,040 hours or more in a year.
- With respect to dependents, we do offer coverage. Eligible dependents include a spouse and/or any child under the age of 26.

- This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

3. Employer name CATHOLIC DIOCESE OF SIOUX FALLS	4. Employer Identification Number (EIN) 46-6000424
5. Employer address, 7. City, 8. State, 9. Zip Code 523 N DULUTH AVE, SIOUX FALLS SD 57104	6. Employer phone number (605)334-9861
10. Who can we contact about employee health coverage at this job? TWILA ROMAN, DIRECTOR OF HUMAN RESOURCES	
11. Phone number (if different from above) (605)988-3741	12. Email address TROMAN@SFCATHOLIC.ORG

*Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.*

## Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no later than 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment no later than 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have 60 days after the date of the event to request enrollment in your employer's plan:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state's premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event *and* provide the employer plan with timely notice of the event and your enrollment request.

To request special enrollment or obtain more information, contact Twila Roman, Director of Human Resources at (605)988-3741.

## Michelle's Law Notice

*Note: Pursuant to Michelle's Law, you are being provided with the following notice because the CatholicCare group health plan provides dependent coverage beyond age 26 and bases eligibility for such dependent coverage on student status. Please review the following information with respect to your dependent child's rights under the plan in the event student status is lost.*

When a dependent child loses student status for purposes of CatholicCare group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the CatholicCare group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the CatholicCare group health plan, whichever is earlier.

In order to be eligible to continue coverage as a dependent during such leave of absence:

- The CatholicCare group health plan must receive written certification by a treating physician of the dependent child which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change of enrollment) is medically necessary; and
- The dependent was enrolled in the plan immediately prior to the first day of the medically necessary leave of absence.

To obtain additional information, please contact: Twila Roman, Director of Human Resources at (605)988-3741.



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