Archdiocese of Seattle

Benefits Enrollment Guide

2025-2026

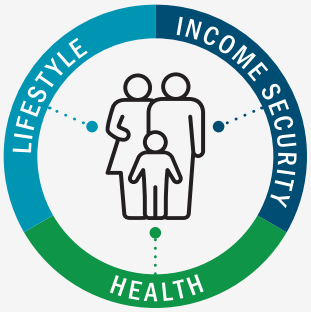
Note: If you (and/or dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Notices section for more information.

Open Enrollment Begins **May 1st**

Now is the time to focus on you.

Your physical, emotional, and financial health are important. The Archdiocese of Seattle cares about you and your overall wellbeing, that's why we offer a comprehensive benefits package that can help provide you with the stability and security to be prepared for the unexpected.

Open Enrollment is the time to add or change benefits for the 2025 – 2026 plan year. We understand how important it is to have resources to help make the best decisions for you and your family. Review your options presented in this benefits guide, compare plans, and choose what works best for you.



Take Action!

Open Enrollment will be held May 1 – 15, 2025, with your benefit elections beginning on July 1, 2025 and ending on June 30, 2026. Employees who do not make changes during Open Enrollment will default to their current coverages with new rates for 2025 – 2026.

Health Savings Account (HSA) and Flexible Spending Account (FSA) elections WILL NOT carry over and must be elected each plan year.

Covenant Teachers must also take action and enroll during Open Enrollment. If no action is taken, current FSA and HSA benefits will end on June 30, 2025.

Enroll Online:

paycom

Visit **www.paycom.com** to enroll yourself and your dependents. The enrollment system is available 24/7 during Open Enrollment.

NOTE: Your Open Enrollment elections must be completed by 10 p.m. Pacific time on Thursday, May 15th if you wish to change your benefits for 2025 – 2026.

Benefits Highlights

- **New!** Employees can use the IPBS website to access their benefit details and documents. Visit **https://app.ipbso.portal.quietpathtech.com/signin**
- **New!** Check out the HealthEquity HSA Contribution Calculator to determine your estimated contribution. Visit **https://www.comparemyhsa.com/**
- **New!** Vision and Dental plans have employee costs associated with them.
- Take advantage of the robust Employee Assistance Program (EAP) at no cost to you and your family members. Refer to **page 14** of this Benefits Enrollment Guide for more details.
- Explore additional discounts on **page 15** under the Archdiocese Hub/Discount Marketplace all year round!
- Supplemental benefits help to alleviate financial medical burdens; employees can enroll in benefits that include **Optional Life, Critical Illness Insurance, Accident Insurance, Hospital Indemnity Insurance and Identity Theft Protection.**

Meet ALEX, your personalized benefits counselor!

Note: ALEX will not enroll you in benefits. Be sure to make all of your enrollments within Paycom.

If you have questions about your benefits, talk to ALEX.

ALEX is an interactive decision-support tool that acts as an informative, virtual benefits counselor to help you learn more about Archdiocese of Seattle's comprehensive benefits in a personalized way.

https://start.myalex.com/archdioceseofseattle

The Benefits We Offer

The Archdiocese of Seattle provides a full range of coverage that protects you financially and helps you build a secure future.

HEALTH & WELLBEING

- Medical and Prescription Plans
- Health Savings Account
- Flexible Spending Accounts
- Dental Insurance
- Vision Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Critical Illness Insurance

INCOME SECURITY

- Basic Life Insurance
- Optional Life Insurance
- Long-Term Disability Insurance
- Accidental Death & Dismemberment

RETIREMENT & LIFESTYLE

- 403(b) Retirement Savings Plan
- Employee Assistance Program
- Identity Theft Protection
- Employee Discount Program

Who We Cover

Employees:

Employees who work 30 hours per week or more are eligible for the benefits described in this guide.

Dependents:

- Your legal opposite-sex spouse
- Your children up to age 26 (children may include biological, adopted, step-children, and children for whom you have legal guardianship)
- Your children over age 26 who are not able to support themselves due to a physical or mental disability

Terms to Know

Scan here for a list of medical terms.

Medical Insurance

Health care needs are different for everyone. Our medical plan offers multiple options so you can choose the coverage level best-suited to your needs and budget.

We offer two plans across three carriers that provide comprehensive health care benefits. You can choose from:

CONSUMER DRIVEN HEALTH PLANS (CDHPs) OR STANDARD (BUY–UP) PLANS

Each carrier gives you access to a different network of high quality medical providers with each plan having different premiums and out-of-pocket costs. With the Consumer Driven Health Plan (CDHP), you may be eligible to open a Health Savings Account (HSA). If you do not qualify for an HSA plan, you may enroll in the Full Health Care FSA (see **page 7** for eligibility details).

Remember, ALEX is Here to Help!
https://start.myalex.com/archdioceseofseattle

What's the Right Plan for You?

Balance your premium cost with what you expect to spend for medical services. If you're healthy and don't expect to have many doctor visits, you can greatly reduce your upfront cost by choosing a lower premium plan (CDHP). If you require a lot of care and need to limit out-of-pocket expenses, the higher premium plan (Standard) might make sense.

Note: An employee who experiences a significant life event may change his or her health plan outside of the annual enrollment period; this change must be consistent with a qualifying life event. A Qualifying Llife Event (QLE) deemed accepted by the IRS is a life-changing situation such as a marriage, birth, or change in residence that can impact you and your health insurance.

Did You Know?

Christian Brothers PPO, allows you the ability to see almost any doctor you choose and covers you if you want to see an out-of-network provider, whereas **HMO Kaiser** is based on a network of hospitals, doctors, and other health care providers that agree to coordinate care within a network.

CDHPs

These plans help save money up front with the lowest premium but have higher out-of-pocket costs.

Best if you are...
healthy, active and rarely expect to use medical care, allowing you to maximize the premium savings.

STANDARD PLANS

These plans have the highest premium but the lowest out-of-pocket costs.

Best if you are...
going to require plenty of medical care in the coming year, which includes having a baby.

2025-2026 Medical Plan Summary

	CONSUMER DRIVEN HEALTH PLANS + HSA*			
	CHRISTIAN BROTHERS (PPO)		KAISER NW (SOUTHWEST WA) (HMO)	KAISER WA (HMO)
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Annual Deductible (Individual/Family)	$2,000/$4,000	$4,000/$8,000	$2,000/$4,000	$2,000/$4,000
Out-of-Pocket Maximum (Individual/Family)	$4,500/$9,000	$9,000/$18,000	$4,500/$9,000	$4,500/$9,000
HSA Employer Contribution** (Individual/Family)	$1,000/$2,000	$1,000/$2,000	$1,000/$2,000	$1,000/$2,000
Full FSA Employer Contribution** (Individual/Family)	$500	$500	$500	$500
Preventive Care	100% no deductible	50% after deductible	100% no deductible	100% no deductible
Natural Family Planning Services	100% no deductible ($200 max)		100% no deductible	100% no deductible
Office Visit Inpatient Hospital Outpatient Hospital/Surgery Facility	80% after deductible	50% after deductible	80% after deductible	80% after deductible
Diagnostic Test (X-ray, Blood Work)	100% after deductible	50% after deductible	80% after deductible	80% after deductible
Imaging (CT, PET Scans, MRIs)	80% after deductible	50% after deductible	80% after deductible	80% after deductible
Emergency Room	80% after deductible		80% after deductible	80% after deductible
Prescription Drugs				
Plan pays 80% of the allowed amount for all Rx tiers (generic, brand preferred, etc.).	80% after deductible		80% after deductible	80% after deductible
	Note: The cost is usually lower for generic and preferred brand (formulary) than non-preferred brands.			

*Christian Brothers uses a network of doctors contracted with the Blue Cross Blue Shield Association Network.
**All deductions are taken from the first two paychecks for each month.

Note: *Medical deductibles renew every calendar year: January 1st; unlike Medical Plans which renew every fiscal year: July 1st.*

To find a provider in Christian Brothers' (PPO) expansive network, visit www.mycbs.org/ppo-hcsc.

To choose a personal doctor to be your partner in care for Kaiser NW (HMO), visit https://healthy.kaiserpermanente.org/oregon-washington/doctors-locations and for Kaiser WA (HMO), visit https://healthy.kaiserpermanente.org/washington/doctors-locations.

Remember: Getting care from an In-Network medical provider always saves you money.

Please see Page 16 for information on employee contributions for all benefit plan options.

2025-2026 Medical Plan Summary

	STANDARD MEDICAL PLANS*			
	CHRISTIAN BROTHERS (PPO)		KAISER NW (SOUTHWEST WA) (HMO)	KAISER WA (HMO)
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Annual Deductible (Individual/Family)	$500/$1,500	$500/$1,500	$500/$1,500	$500/$1,500
Out-of-Pocket Maximum (Individual/Family)	$3,500/$10,500	$3,500/$10,500	$3,500/$10,500	$3,500/$10,500
HSA Employer Contribution (Individual/Family)	Not available	Not available	Not available	Not available
Full FSA Employer Contribution** (Individual/Family) See pages 5 and 8 for contribution details. Subject to IRS limits.	FSA employee contribution**	FSA employee contribution**	FSA employee contribution**	FSA employee contribution**
Preventive Care	100% no deductible	50% no deductible	100% no deductible	100% no deductible
Natural Family Planning Services	100% no deductible	100% no deductible ($200 max)	100% no deductible	100% no deductible
Office Visit	Primary Care: $25/visit Specialty Care: $25/visit Urgent Care: $40 copay	50% after deductible	Primary Care: $25/visit Specialty Care: $25/visit Urgent Care: $40 copay	Primary Care: $25/visit Specialty Care: $25/visit Urgent Care: $25 copay
Outpatient Diagnostic Test (X-ray, Blood Work)	Lab Work – 100% no deductible Radiology – 80% after deductible	50% after deductible	Lab Work – 100% no deductible Radiology – 80% after deductible	Lab Work – 100% no deductible Radiology – 100% no deductible
Imaging (CT, PET Scans, MRIs)	80% after deductible	50% after deductible	80% after deductible	80% after deductible
Hospital Inpatient	80% after deductible	50% after deductible	80% after deductible	80% after deductible
Outpatient Hospital/ Surgery Facility	80% after deductible	50% after deductible	80% after deductible	80% after deductible
Emergency Room	$100/visit and 80% after deductible		$100/visit and 80% after deductible	80% after deductible
Network Retail Pharmacy – 30-day supply * **				
Generic **Brand (Preferred)** **Non-Preferred**	$15 copay 20% of cost up to $100 30% of cost up to $150		$15 copay $30 copay $50 copay	$15 copay $30 copay Not covered
Mail Order – 90-day supply * **				
Generic **Brand (Preferred)** **Non-Preferred**	$37.50 copay 20% of cost up to $250 30% of cost up to $375		$30 copay $60 copay $100 copay	$30 copay $60 copay Not covered
Specialty Medications – 30-day supply * **				
Generic **Brand (Preferred)** **Non-Preferred**	10% of cost up to $150 20% of cost up to $150 30% of cost up to $255		$30 copay $60 copay $100 copay	$15 copay $30 copay Not covered

**Christian Brothers uses a network of doctors contracted with the Blue Cross Blue Shield Association Network.*
***All deductions are taken from the first two paychecks for each month.*
****Under the Standard Plans, prescription drugs are not subject to a deductible.*

Note: *Medical deductibles renew every calendar year: January 1st; unlike Medical Plans which renew every fiscal year: July 1st.*
To find a provider in Christian Brothers' (PPO) expansive network, visit www.mycbs.org/ppo-hcsc.
To choose a personal doctor to be your partner in care for Kaiser NW (HMO), visit https://healthy.kaiserpermanente.org/oregon-washington/doctors-locations and for Kaiser WA (HMO), visit https://healthy.kaiserpermanente.org/washington/doctors-locations.

Remember: Getting care from an In-Network medical provider always saves you money.

Please see Page 16 for information on employee contributions for all benefit plan options.

Health Savings Account (HSA)

REMINDER: Employees must re-enroll to continue their HSA coverage.

IRS Requirements for HSA eligibility

- You are not covered by any other non-CDHP health plan, such as a spouse's plan, that provides any benefits covered by your CDHP.
- You are not enrolled in Medicare Part A or B.
- You do not receive health benefits under TRICARE.
- You have not received medical benefits from Veterans Administration (VA) for any non-service connected disabilities at any time during the previous three months.
- You cannot be claimed as a dependent on another person's tax return.
- You are not covered by a general-purpose Health Flexible Spending Account (FSA) or Health Reimbursement Account (HRA). Please contact HealthEquity **(page 18)** to inquire about exception.
- HealthEquity Contribution HSA Calculator, **https://www.comparemyhsa.com/seattlearch**

Save for future medical costs and reduce your tax bill with this special savings account available to CDHP plan participants.

Out-of-pocket medical expenses can add up quickly. Over time, health care likely will be your largest household expense. A Health Savings Account allows you to build up protection for future health care expenses.

Along with the Archdiocese of Seattle contributions, you can contribute money to your HSA and use it any time for qualified health care expenses.

Whatever you don't use rolls over for future years and earns interest. Better yet, HSAs provide tax advantages.

For more details about how your Health Savings Account works, see Resources on page 18.

Keys to Growing Your HSA:

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone so that they can grow for when you need them in the future.
- Monitor your fund's growth. Like a 403(b), your HSA funds over $1,000 earn interest through investments. Make sure your money is growing at an acceptable and safe pace.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries and ensure they don't wipe away the money in your HSA.

HSAs Deliver Triple Tax Savings

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn in your account.
3. You don't pay taxes when you use the money to pay for qualified medical, dental, and vision services.

How much can you contribute in the fiscal year?	Annual IRS Contribution Limit (July 1, 2025 - June 30, 2026)	Annual Employer Contribution Christian Brothers/ Kaiser CDHP	Annual Maximum Employee Contribution Christian Brothers/ Kaiser CDHP	Annual 55 or Older Contribution Catch Up Allowed	Annual Maximum 55 or Older Contribution Catch Up Allowed
Individual Coverage	$4,300*	$1,000**	$3,300	$1,000	$5,300
Family Coverage	$8,550*	$2,000**	$6,550	$1,000	$7,550

**Total IRS contribution limits for 2024-2025 are cumulative of employee and employer contributions.*
*** Annual contributions are distributed first two paychecks of each month.*

Flexible Spending Accounts (FSAs)

REMINDER: Employees must re-enroll to continue their FSA coverage.

Reduce your income taxes while putting aside money for health and dependent care needs.

Flexible Spending Accounts (FSAs) allow you to set aside money for important expenses and help you reduce your income taxes at the same time. The Archdiocese of Seattle offers three types of accounts – a Full Health Care FSA, a Limited Purpose FSA, and a Dependent Care FSA.

FULL HEALTH CARE FSA

Deductibles, copays, prescription drugs, medical equipment, etc.

LIMITED PURPOSE FSA

Works with HSA eligible medical plans to cover dental and vision expenses.

DEPENDENT CARE FSA

Babysitters, daycare, day camp, home nursing care, adult care, etc.

How Flexible Spending Accounts Work

1. Each year during Open Enrollment, you decide how much to set aside for FSA expenses. Your full contribution amount will be available for use on your benefit effective date. This is valid for the Full Health Care and Limited Purpose FSAs only. Dependent Care FSA funds are only available as they accrue.
2. Your contributions are then deducted from the first two paychecks each month on a pre-tax basis in equal installments throughout the calendar year for use on qualified expenses.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.
4. You must use your Full Health Care FSA and Limited Purpose FSA in the plan year or you will forfeit the balance left at the end of the plan year. You must use your Dependent Care FSA by the end of the plan year or forfeit the balance left at the end of the plan year. The deadline is June 30 of the roll over year. You may only carry over $640 at the end of the plan year.

For more details about the Flexible Spending Accounts please see Resources on page 18.

The Archdiocese of Seattle will contribute $500 to a Full Health Care Flexible Spending Account if you enroll in one rather than an HSA and are enrolled in a CDHP plan.

You can elect a Full Health Care FSA if you are on the Standard plan but there is not an employer contribution.

Items You Might Not Realize are Health Care FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts
- Travel pillows
- Motion sickness bands

ANNUAL MAXIMUM CONTRIBUTION FROM ALL SOURCES INCLUDING THE ARCHDIOCESE OF SEATTLE	
Full Health Care Flexible Spending Accounts	$3,300
Dependent Care Flexible Spending Accounts	$5,000 ($2,500 if married and filing separate tax returns)
Limited Purpose Health Care FSA	$3,300

Please note that these accounts are separate. You cannot use money from the Full Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

Why We Offer Additional Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. The Archdiocese of Seattle offers Critical Illness Insurance, Accident Insurance, and Hospital Indemnity Insurance.* Please see Resources on page 18 for additional information.

Did You Know?

One-third of adults say, they or a family member have skipped recommended medical treatment due to cost, while four-in-ten say, they have delayed needed care.

KFF Health Care Debt Survey 2023

Critical Illness Insurance

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

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

Covered Illnesses include:

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

Plan Features

Guaranteed Acceptance: There are no health questions or physical exams required.

Family Coverage: You can elect to cover your spouse and children. Coverage must be equal to or less than employee coverage.

Portable Coverage: You can take your policy with you if you change jobs or retire.

Health Screening Wellness Benefit
The plan provides a $100 benefit for covered employees and spouses if you complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel and more. The annual benefit for child coverage is $50, with an annual maximum of $200 for all children.

Receive your health screening benefit by going to **voya.com/claims** and completing the online claims form. No documentation or forms are generally needed.

How Critical Illness Insurance Works

When Marco had a heart attack, he was grateful his doctors were able to stabilize his condition. He learned there was some permanent damage to his heart. He began to see his costs adding up quickly. The good news is Marco received a lump sum payment of $10,000 to help cover these expenses from the Critical Illness coverage he elected during Open Enrollment.

**The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits. The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable.*

***The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery and COVID-19.*

Accident Insurance

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

Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage. **Please note: This plan is not a replacement for medical insurance.**

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

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

Plan Features

Guaranteed Acceptance: There are no health questions or physical exams required.

Family Coverage: You can elect to cover your spouse and children. Coverage must be equal to or less than employee's coverage.

Portable Coverage: You can take your policy with you if you change jobs or retire.

Health Screening Wellness Benefit

The plan provides a $100 benefit for covered employees and spouses if you complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel and more. The annual benefit for child coverage is $50, with an annual maximum of $200 for all children.

Receive your health screening benefit by going to **voya.com/claims** and completing the online claims form. No documentation or forms are generally needed.

How Accident Insurance Works

Sam trips playing basketball. He breaks his upper arm and chips a tooth which require a trip to the emergency room, physician follow-up visits, and physical therapy.

Fortunately, Sam has Accident Insurance which helps cover his medical plan coverage costs including his deductible and coinsurance.

How Sam's Accident* Benefit Was Calculated:

Medical Service	Sample Benefit
Emergency Room	$ 225
Fracture Benefit (Upper Arm)	$ 2,100
Broken Tooth Benefit	$ 350
Physician Follow-Up Visit	$ 90
Physical Therapy Visits (6)	$ 270 *($45 per visit)*
TOTAL SAMPLE BENEFIT	**$3,035**

**This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.*

Hospital Indemnity Insurance

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

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

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation. **Please note: This plan is not a replacement for medical insurance.**

Plan Features

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

Health Screening Wellness Benefit

The plan provides a $75 benefit for covered employees and spouses if you complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel and more. The annual benefit for child coverage is $37.50, with an annual maximum of $150 for all children.

Receive your health screening benefit by going to **voya.com/claims** and completing the online claims form. No documentation or forms are generally needed.

How Hospital Indemnity Insurance Works

Mike and Diane are excited to welcome a new addition to their family. Diane is admitted to the hospital where she gives birth to a healthy baby girl. Mom and baby stay in the hospital for two days. Luckily, the couple has Hospital Indemnity Insurance to help cover their medical bills. Diane receives a benefit for being admitted to the hospital and an additional benefit for each day of her and her baby's inpatient stay.

How Diane's Hospital Indemnity* Benefit Was Calculated:

Medical Service	Sample Benefit	Total
Hospital Admission	$1,200 per admission	$1,200
Hospital Confinement	$250 per day (2 days)	$500
TOTAL SAMPLE BENEFIT		**$1,700**

**This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.*

Dental and Vision Plans

Remember: Dental and Vision coverage are no longer mandatory, and do not require that you enroll with the same coverage levels.

Dental Plan

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

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

Vision Plan

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

	VSP Plan	
	In-Network	Out-of-Network
Eye Examination Copay (every 12 months)	$20	Up to $45
Lenses (every 24 months) **Single Vision** **Bifocal** **Trifocal**	$25 copay	Up to $65
Frames (every 24 months)	$25 copay $150 allowance; 20% discount off cost over allowance	Up to $70
Contact Lenses (every 24 months)	Up to $60 copay for fitting $120 allowance for contacts	Up to $105
Laser Vision Correction	15% discount off the regular price or 5% discount off the promotional price	Not available

NOTE: When enrolled in a HSA with a Limited Purpose FSA, both can be used to pay for Dental and Vision expenses.

Please see Page 16 for information on employee contributions for all benefit plan options.

Life and AD&D Insurance

Always be there financially for your loved ones.

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Life Insurance ensures your family's future is financially secure if you're no longer there to provide for them.

The Archdiocese of Seattle provides Basic Term Life Insurance and Accidental Death and Dismemberment Insurance to give you the ability to assemble a complete Life Insurance portfolio.

Basic Term Life and Accidental Death and Dismemberment Insurance

The Archdiocese of Seattle provides Basic Term Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you and enrollment is automatic.

BASIC TERM LIFE	The benefit is equal to 1x your base annual earnings to a maximum of $250,000.
ACCIDENTAL DEATH AND DISMEMBERMENT	If you are seriously injured or lose your life in an accident, you will be eligible for an additional benefit equal to your Basic Term Life coverage.

NOTE: Age restrictions apply

Optional Life Insurance

You may also choose to purchase Optional Life Insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

EMPLOYEE	You can elect coverage in increments of $10,000 up to a max of $750,000 or 8x your annual earnings. Initial coverage may be up to $100,000 at initial election within first 30 days without the need for any Evidence of Insurability (EOI).*
SPOUSE	You can elect coverage in increments of $10,000 up to a max of $100,000. Coverage amount must be equal to/or less than employee's coverage amount. Spouse must be under age 70.*
CHILDREN	You can elect coverage in increments of $1,000 up to a max of $10,000. Coverage amount must be equal to/or less than employee's coverage amount. Children up to age 26 may be covered.*

***NOTE: Age restrictions apply**
If you did not enroll during the initial eligibility period, Evidence of Insurability (EOI) is required. For more information, visit **www.prudential.com/personal/workplace-benefits.**

Disability Insurance

Your ability to bring home a paycheck is one of your most valuable assets. We help you protect it.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability Insurance provides income protection, paying benefits you can use to offset out-of-pocket expenses and make up for lost wages.

Long-Term Disability Insurance

Long-Term Disability Insurance helps protect your finances if an accidental disability or sickness occurs. This benefit is also fully paid for by the company and enrollment is automatic. The benefit is equal to 60% of your monthly pre-disability earnings to a maximum of $10,000 per month, less deductible sources of income from the date of injury or illness. If you meet the definition of disabled, your benefits will begin following 90 days.

We offer a variety of additional benefits that give you options beyond health care and income protection.

Financial Benefits

403(b) Retirement Plan

Building a healthy financial future is just as important as taking care of your health needs today. Setting money aside for your future is easy with the 403(b) plan. Choose how to invest your contributions among the plan's multiple investment options.

Visit Transamerica at **https://seattlearch.tsretire.com** to set up or change contribution elections. You can enroll at anytime!

Employee Assistance Program (EAP)

Balancing the demands of work, family, and personal needs can be challenging, especially during uncertain times. The Archdiocese of Seattle knows how important it is to have access to support when you need it most. Our Employee Assistance Program is available at no cost to you and your family members and provides confidential counseling and resources to help you with concerns such as:

- Anxiety and depression
- Grief and loss
- Substance abuse
- Financial and legal concerns
- Relationship and family matters
- Parenting
- Work-related issues
- Child and elder care

Plan Features

- Provided at no cost to you and your household members
- Confidential services provided by licensed professionals
- Available 24/7/365

To access the EAP, call **1-800-311-4327** or visit **www.guidanceresources.com** (Company Web ID: ASEAP).

Identity Theft Protection

We offer comprehensive Identity Theft Protection through Allstate Identity Protection. It monitors multiple gateways into your identity and credit, and alerts you of fraudulent activity.

Protect your privacy, identity, and finances with Allstate Identity Protection®.

Services Include:

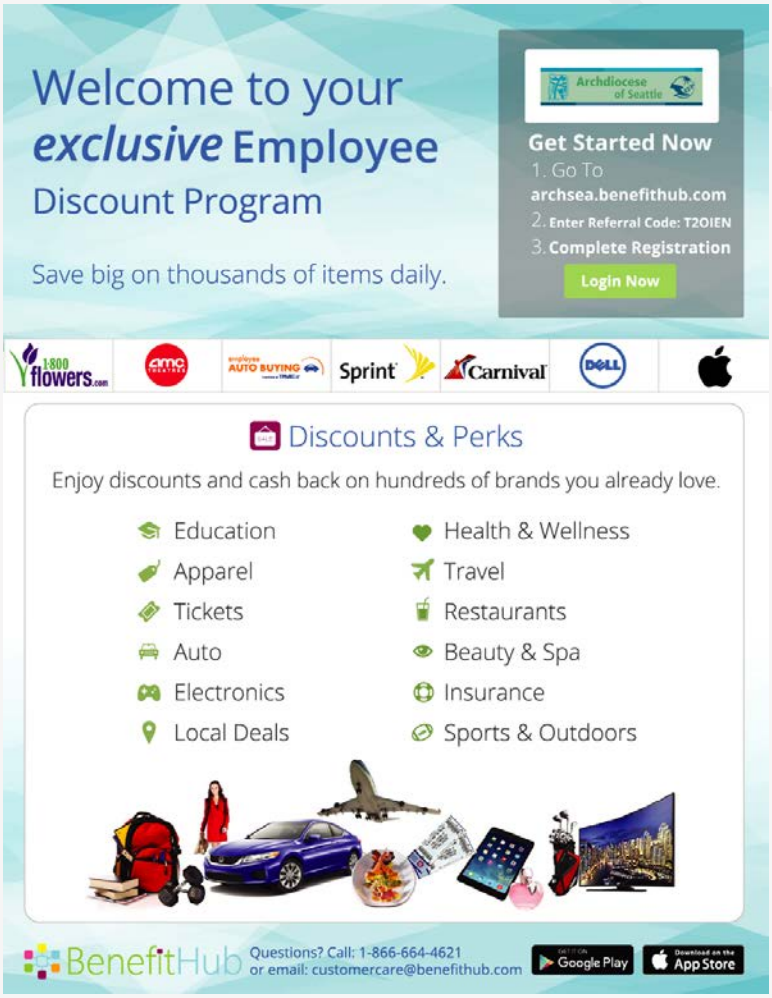
- Identity and Credit monitoring
- Dark web monitoring
- Financial transaction monitoring
- Social media reputation monitoring
- Accounts secured with two factor authentication
- 24/7 privacy advocate remediation
- $1 Million identity theft insurance policy

Allstate Plans and Pricing

Allstate Identity Protection plans, keep members one step ahead of bad actors by providing real-time, personalized content about heightened security risks that may affect them.

Semi-Monthly Rates	Allstate Identity Protection Pro	Allstate Identity Protection Pro+
Employee Only	$3.97	$4.97
Employee + Family	$6.97	$8.97

Employee Discount Program



2025–2026 Benefits Plan Premiums

Below are the employee contribution amounts for benefits effective July 1, 2025.

Medical Plans

Semi-Monthly Rates	CONSUMER DRIVEN HEALTH PLANS + HSA			STANDARD MEDICAL PLANS		
	Christian Brothers (PPO)	Kaiser NW (Southwest WA) (HMO)	Kaiser WA (HMO)	Christian Brothers (PPO)	Kaiser NW (Southwest WA) (HMO)	Kaiser WA (HMO)
Employee Only	$25.00	$62.50	$62.50	$100.00	$187.50	$187.50
Employee + Spouse	$125.00	$487.50	$487.50	$500.00	$875.00	$875.00
Employee + Child(ren)	$62.50	$362.50	$362.50	$250.00	$662.00	$662.50
Employee + Family	$187.50	$775.00	$775.00	$750.00	$1,100.00	$1,100.00

To find a provider in Christian Brothers' (PPO) expansive network, visit www.mycbs.org/ppo-hcsc.

To choose a personal doctor to be your partner in care for Kaiser NW (HMO), visit https://healthy.kaiserpermanente.org/oregon-washington/doctors-locations and for Kaiser WA (HMO), visit https://healthy.kaiserpermanente.org/washington/doctors-locations.

Dental Plan

Semi-Monthly Rates	Delta Dental
Employee Only	$4.00
Employee + One Dependent	$25.00
Employee + Two Dependents	$49.50

Vision Plan

Semi-Monthly Rates	VSP
Employee Only	$0.50
Employee + One Dependent	$1.00
Employee + Two Dependents	$2.50

Optional Life Insurance

Employee & Spouse Monthly Rates per $1,000 of Coverage										
Age	<30	30–34	35–39	40–44	45–49	50–54	55-–59	60–64	65–69	70+
Employee Rates	$.45	$.50	$.60	$1.00	$1.50	$2.70	$4.50	$7.10	$12.44	$27.50
Spouse Rates	$.98	$1.10	$1.34	$2.08	$3.56	$5.88	$9.18	$14.32	$25.06	N/A

Child(ren) Monthly Rates	
Child(ren) Rates Up to 26 years only	$.10 per $1,000 in coverage

Accident Insurance

	Semi-Monthly Rates
Employee Only	$6.74
Employee + Spouse	$11.35
Employee + Child(ren)	$13.07
Employee + Family	$17.68

Hospital Indemnity Insurance

	Semi-Monthly Rates
Employee Only	$9.98
Employee + Spouse	$18.69
Employee + Child(ren)	$17.25
Employee + Family	$23.97

Critical Illness Insurance

Semi-Monthly Rates
Rates are calculated based on age, tobacco use, amount of coverage elected, and other such factors, which will be provided at the time of enrollment.

Identity Theft Protection

Semi-Monthly Rates	Allstate Identity Protection Pro	Allstate Identity Protection Pro+
Employee Only	$3.97	$4.97
Employee + Family	$6.97	$8.97

NOTE: Every effort has been made to ensure the information in this document is accurate. However, if there is any inconsistency between this document and the applicable plan documents, the official plan documents will always govern.

Contact Information

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE
Medical	Christian Brothers	1-800-807-0100	www.myCBS.org/health
	Kaiser	1-888-901-4636	www.kp.org/wa
Prescription	Christian Brothers	1-800-807-0100	www.myCBS.org/health
	Kaiser	1-888-901-4636	www.kp.org/wa
Supplemental Medical (Critical Illness, Accident and Hospital Indemnity Insurance)	Voya Financial	1-800-955-7736	https://presents.voya.com/EBRC/seattlearch
Health Savings Account	Health Equity	1-866-346-5800	https://learn.healthequity.com/seattlearch/hsa
Flexible Spending Accounts	Health Equity	1-866-346-5800	https://learn.healthequity.com/seattlearch/fsa
Dental	Delta Dental	1-800-554-1907	www.deltadentalwa.com
Vision	VSP	1-800-877-7195	www.vsp.com
Life and AD&D Insurance	Prudential	1-800-524-0542	www.prudential.com/personal/workplace-benefits
Supplemental Life Insurance	Prudential	1-800-562-9874	www.prudential.com/personal/workplace-benefits
Long-Term Disability Insurance	Prudential	1-800-842-1718	www.prudential.com/personal/workplace-benefits
Employee Assistance Program	ComPsych GuidanceResources	1-800-311-4327	www.guidanceresources.com
403(b) Retirement Plan	Transamerica	1-800-755-5801	https://seattlearch.trsretire.com
Identity Theft Protection	Allstate	1-800-789-2720	www.myaip.com

Integrated Payroll & Benefits Services (IPBS)

Archdiocese of Seattle
1-206-382-4566 or **1-800-950-4904**
IPBS@seattlearch.org

Benefits Details/Documents: **https://app.ipbso.portal.quietpathtech.com/signin**

Paycom

enroll online at www.paycom.com

Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at ***https://app.ipbso.portal.quietpathtech.com/signin***; you may also request a copy free of charge by calling the Archdiocese of Seattle Human Resources Office 1-206-382-4566 or 1-800-950-4904.

Enclosed are important notices about your rights under your health and welfare plan, ***Catholic Archdiocese of Seattle Health and Welfare Plan*** , the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of July 1, 2025 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Archdiocese of Seattle reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Archdiocese of Seattle, ***Catholic Archdiocese of Seattle Health and Welfare Plan*** (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Archdiocese of Seattle ***Catholic Archdiocese of Seattle Health and Welfare Plan***. Privacy Notice upon your written request to the Human Resources Department, at the following address:

Archdiocese of Seattle, Human Resources
710 9th Avenue
Seattle, WA 98104

If you have any questions, please contact the Archdiocese of Seattle Human Resources Office at 1-206-382-4566 or 1-800-950-4904.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at the Customer Service phone number on your Medical ID card.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying the full amount of premiums.

Contact Archdiocese of Seattle Human Resources for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from Archdiocese of Seattle About Your Prescription Drug Coverage and Medicare - Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Archdiocese of Seattle 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. Archdiocese of Seattle has determined that all prescription drug coverage offered through Christian Brothers and Kaiser are, 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 through December 7th.

However, if you lose (or are losing) 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 Archdiocese of Seattle coverage will be affected.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

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 Archdiocese of Seattle 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 19 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 Archdiocese of Seattle 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**
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- 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.ssa.gov**, or
- Call **1-800-772-1213**. TTY users should call **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: May 1, 2025
Name of Entity/Sender: Archdiocese of Seattle
Contact: Benefits Services Office
Address: 710 9th Avenue, Seattle, WA 98104
Phone Number: 1-206-382-4566 or 1-800-950-4904

Summaries of Benefits and Coverage (SBCs)

Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: ***https://app.ipbso.portal.quietpathtech.com/signin***. A paper copy is also available, free of charge, by calling the Archdiocese of Seattle Human Resources Office at 1-206-382-4566 or 1-800-950-4904.

HIPAA 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 the Archdiocese of Seattle group health 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 within [30 days] [***except for birth and adoption which are 60 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 within [30 days] [***except for birth and adoption which are 60 days***] after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Archdiocese of Seattle Human Resources Office at 1-206-382-4566 or 1-800-950-4904.

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**.

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** 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** 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, 2024. Contact your State for more information on eligibility –

1. **ALABAMA** – Medicaid Website: http://myalhipp.com/
   Phone: 1-855-692-5447
2. **ALASKA** – Medicaid The AK Health Insurance Premium Payment Program
   Website: http://myakhipp.com/
   Phone: 1-866-251-4861
   Email: CustomerService@MyAKHIPP.com
   Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
3. **ARKANSAS** – Medicaid Website: http://myarhipp.com/
   Phone: 1-855-MyARHIPP (855-692-7447)
4. **CALIFORNIA** – Medicaid Health Insurance Premium Payment (HIPP) Program
   Website: http://dhcs.ca.gov/hipp
   Phone: 916-445-8322
   Fax: 916-440-5676
   Email: hipp@dhcs.ca.gov
5. **COLORADO** – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/
   Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
   CHP+: https://hcpf.colorado.gov/child-health-plan-plus
   CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
   HIBI Customer Service: 1-855-692-6442
6. **FLORIDA** – Medicaid Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
   Phone: 1-877-357-3268
7. **GEORGIA** – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
   Phone: 678-564-1162, Press 1
   GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
   Phone: 678-564-1162, Press 2
8. **INDIANA** – Medicaid Health Insurance Premium Payment Program
   All other Medicaid
   Website: https://www.in.gov/medicaid/
   http://www.in.gov/fssa/dfr/
   Family and Social Services Administration
   Phone: 1-800-403-0864
   Member Services Phone: 1-800-457-4584
9. **IOWA** – Medicaid and CHIP (Hawki)
   Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid Phone: 1-800-338-8366
   Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
   Hawki Phone: 1-800-257-8563
   HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
   HIPP Phone: 1-888-346-9562
10. **KANSAS** – Medicaid Website: https://www.kancare.ks.gov/
    Phone: 1-800-792-4884
    HIPP Phone: 1-800-967-4660
11. **KENTUCKY** – Medicaid
    Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
    Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
    Phone: 1-855-459-6328
    Email: KIHIPP.PROGRAM@ky.gov
    KCHIP Website: https://kynect.ky.gov
    Phone: 1-877-524-4718
    Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
12. **LOUISIANA** – Medicaid
    Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
    Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. **MAINE** – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
    Phone: 1-800-442-6003
    TTY: Maine relay 711
    Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
    Phone: 1-800-977-6740
    TTY: Maine relay 711
14. **MASSACHUSETTS** – Medicaid and CHIP
    Website: https://www.mass.gov/masshealth/pa
    Phone: 1-800-862-4840
    TTY: 711 Email: masspremassistance@accenture.com

15. **MINNESOTA** – Medicaid Website: https://mn.gov/dhs/health-care-coverage/
    Phone: 1-800-657-3672
16. **MISSOURI** – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
    Phone: 573-751-2005
17. **MONTANA** – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
    Phone: 1-800-694-3084
    Email: HHSHIPPProgram@mt.gov
18. **NEBRASKA** – Medicaid Website: http://www.ACCESSNebraska.ne.gov
    Phone: 1-855-632-7633
    Lincoln: 402-473-7000
    Omaha: 402-595-1178
19. **NEVADA** – Medicaid Website: http://dhcfp.nv.gov
    Medicaid Phone: 1-800-992-0900
20. **NEW HAMPSHIRE** – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
    Phone: 603-271-5218
    Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
    Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. **NEW JERSEY** – Medicaid and CHIP
    Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
    Phone: 1-800-356-1561
    CHIP Premium Assistance Phone: 609-631-2392
    CHIP Website: http://www.njfamilycare.org/index.html
    CHIP Phone: 1-800-701-0710 (TTY: 711)
22. **NEW YORK** – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/
    Phone: 1-800-541-2831
23. **NORTH CAROLINA** – Medicaid Website: https://medicaid.ncdhhs.gov/
    Phone: 919-855-4100
24. **NORTH DAKOTA** – Medicaid Website: https://www.hhs.nd.gov/healthcare
    Phone: 1-844-854-4825
25. **OKLAHOMA** – Medicaid and CHIP
    Website: http://www.insureoklahoma.org
    Phone: 1-888-365-3742
26. **OREGON** – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx
    Phone: 1-800-699-9075
27. **PENNSYLVANIA** – Medicaid and CHIP
    Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
    Phone: 1-800-692-7462
    CHIP Website: https://www.pa.gov/en/agencies/dhs/resources/chip.html
    CHIP Phone: 1-800-986-KIDS (5437)
28. **RHODE ISLAND** – Medicaid and CHIP
    Website: http://www.eohhs.ri.gov/
    Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
29. **SOUTH CAROLINA** – Medicaid Website: https://www.scdhhs.gov
    Phone: 1-888-549-0820
30. **SOUTH DAKOTA** – Medicaid Website: http://dss.sd.gov
    Phone: 1-888-828-0059
31. **TEXAS** – Medicaid Website: https://wwww.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
    Phone: 1-800-440-0493
32. **UTAH** – Medicaid and CHIP Medicaid Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/
    Email: upp@utah.gov
    Phone: 1-888-222-2542
    Adult Expansion Website: https://medicaid.utah.gov/expansion/
    Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
    CHIP Website: https://chip.utah.gov/
33. **VERMONT** – Medicaid Website: https://dvha.vermont.gov/members/medicaid/hipp-program
    Phone: 1-800-250-8427
34. **VIRGINIA** – Medicaid and CHIP Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
    https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
    Medicaid/CHIP Phone: 1-800-432-5924
35. **WASHINGTON** – Medicaid Website: https://www.hca.wa.gov/
    Phone: 1-800-562-3022
36. **WEST VIRGINIA** – Medicaid and CHIP
    Website: https://dhhr.wv.gov/bms/
    http://mywvhipp.com/
    Medicaid Phone: 304-558-1700
    CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. **WISCONSIN** – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
    Phone: 1-800-362-3002
38. **WYOMING** – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
    Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

NOTE: Actual plan provisions for Archdiocese of Seattle ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of the plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.