



Diocese
of Toledo

2016 Healthcare Plan Open Enrollment

Diocese of Toledo Office of Human Resources

May 2016



April 20, 2016

Dear Diocese of Toledo Healthcare Plan Member:

People often say the “only constant thing in life is change”, and that “change is good”. We know that both of those things are true – the weather in Northwest Ohio constantly changes, we try to make healthy changes to bad habits, and we see the change from death to life in the Resurrection. Some of the healthy changes that our employees have made in their lives have had a positive impact that will allow us to NOT have to make changes to our healthcare plan. Thanks to strides our employees continue to take to monitor and improve their health through our Wellness Works programming, and the care they continue to take to make smart choices regarding their healthcare plan utilization, we are able to experience a very moderate rate increase of 2% this year. We will continue to maintain our relationship with Medical Mutual, and we will once again offer both the Premium and the Standard healthcare plan options, with no benefit changes to either plan.

Open Enrollment is your annual opportunity to make a plan choice (Premium Plan or Standard Plan) or make a change to your policy. If you are satisfied with your current plan choice and want to keep that plan, no action is required at this time. If you want to make a change to your benefits, including adding/cancelling coverage for yourself, a spouse, or dependent(s) OR if you would like to change benefit plan options (from the Premium to the Standard plan, or vice versa), you must contact the person at your employment location who handles health insurance benefits for an enrollment form. Enrollment forms must be received by May 31, 2016 and changes will be effective July 1, 2016.

The following materials are intended to provide you with important information about this open enrollment period, your healthcare benefits in general, and some disclosures that we are required to make under federal law. Since we have made no plan changes, most of this information is the same as last year. However, it is good to refresh your memory about your plan benefits and policies. Please review the enclosed information, especially if you are considering making a change during this open enrollment period, and keep it on file for reference throughout the upcoming plan year.

Thank you for your service to the people of the Diocese of Toledo. If you have any questions about the materials contained in this packet, please contact Meghan Reed, Diocesan Benefits Administrator, at 419.244.6711 ext. 4936 or mreed@toledodiocese.org.

Sincerely,

Greg C. Reed PHR, SHRM~CP
Director of Human Resources



Diocese
of Toledo

Diocese of Toledo Healthcare Plan **2016 Open Enrollment** May 1 – May 31, 2016

Employees enrolled in the Diocese of Toledo Healthcare Plan have two different benefit designs to choose from, the **Premium Plan** and the **Standard Plan**. Open Enrollment is your annual opportunity to make a plan choice (Premium Plan or Standard Plan) or make a change to your policy.

For the 2016 Healthcare Open Enrollment:

- ✓ If you are not making any changes to your benefits, you do NOT need to complete an enrollment form. Your coverage will remain the same beginning July 1, 2016.
- ✓ If you would like to change from the Premium Plan to the Standard Plan (or vice versa), you will need to complete a new enrollment form and change your plan choice. This change will be effective July 1, 2016.
- ✓ If you are not currently enrolled in the healthcare plan, if you wish to cancel coverage on the healthcare plan, or if you wish to enroll/cancel coverage for your spouse/dependent(s) you will need to complete a new enrollment form. These changes will be effective July 1, 2016.

If you are making a change and need to complete an enrollment form, you can obtain this from the person at your employment location who is responsible for your benefits (usually your business manager or bookkeeper).

This document is intended to answer some questions you may have about this year's open enrollment, and aid you in deciding which benefit plan option is best for you. If you have any additional questions, please contact Meghan Reed, Diocesan Benefits Administrator, at 419.244.6711 ext. 4936 or mreed@toledodiocese.org.

Benefits and Plan Designs

For the 2016-2017 plan year, the Diocese of Toledo Healthcare Plan will continue to offer two benefit plan designs to choose from: the Premium Plan and the Standard Plan.

Why does the Diocese offer two different benefit plan options?

We feel that employees are capable of making their own decisions regarding their benefit needs and costs. We regularly review our healthcare plan benefits in order to provide our employees with a high level of coverage, while striving to maintain costs. Offering two different plans allows employees to make the decision about which plan best suits their needs and budgets.

What are the differences between the two plans?

Employees who are interested in the highest level of benefits we offer can enroll in the **Premium Plan**. For single coverage, employees will pay 10% of the monthly premium for this plan, and the employer will pay 90% of the monthly premium. **For the 2016-2017 plan year, the monthly employee contribution for single coverage on the Premium Plan will be \$76.20.** Please consult with the contact person at your employment location who is responsible for benefits to find out the premium cost for two-party or family coverage since that premium calculation continues to be the option of the school/parish/institution.



Check with your local benefits administrator for information about the employee contribution for two-party or family coverage.

The second plan option is the **Standard Plan**. Although this plan does not have the same level of benefits as the Premium Plan, it still has very good benefits that are standard (or above standard) to many employer plans. This plan has a higher deductible, co-pays, and out of pocket costs. In return, this plan also has lower monthly premiums. **Employees enrolled in this plan pay no monthly premium for single coverage; the employer is responsible for 100% of the cost of single coverage.** Please consult with the contact person at your employment location who is responsible for benefits to find out the premium cost for two-party or family coverage since that premium calculation continues to be the option of the school/parish/institution.

Enclosed in this packet are Summary of Benefits and Coverage (SBC) documents for both the Premium Plan and the Standard Plan. The Affordable Care Act requires all group health plans to provide their employees with this standard SBC document. The following chart will give you a general idea of the differences between the two plans.

Summary of In-Network Plan Benefits

	"Premium Plan"	"Standard Plan"
Deductible	Single- \$250 Family-\$500	Single - \$750 Family - \$1,500
Coinsurance (The Plan pays)	90% after Deductible	70% after Deductible
Coinsurance Out of Pocket Maximum (does not include deductible and co-payments)	Single- \$1,500 Family-\$3,000	Single - \$2,500 Family- \$5,000
Deductible plus Coinsurance Maximum	Single - \$1,750 Family - \$3,500	Single - \$3,250 Family- \$6,500
Primary Care Physician Office Visit	\$20 copayment	\$30 copayment
Specialist Office Visit	\$30 copayment	\$40 copayment
Emergency Room	\$100 copayment	\$150 copayment
Prescription Drugs	Generic - \$5.00 Brand - 30%	Generic - \$10.00 Brand - 30%

What are the similarities between the two plans?

Both plans are administered by Medical Mutual. Regardless of the plan you choose, you have access to Medical Mutual's extensive provider network and wide range of wellness tools.

Both plans have a total in-network out-of-pocket limit of \$6,600 for single, and \$13,200 for family. These limits, established by the Affordable Care Act, include all in-network medical and prescription deductibles, coinsurance, and copays. In addition, regardless of which plan you choose, many preventive services remain covered at 100% with no co-pay requirement.

How do I choose which plan is best for me?

You will need to take some time to evaluate your personal situation and compare the two plans to decide which plan is best for you. Consider questions such as:

- What are your healthcare needs during a typical year? How often do you (and your family members, if applicable) go to the doctor? Do you have a chronic health condition that you receive ongoing treatment for? Do you anticipate any elective surgeries in the upcoming year? Do you anticipate becoming pregnant and having a baby this year?
- If you have a serious illness or injury, what out-of-pocket maximum can you afford?
- What is the difference in the monthly premium? If you choose the Standard Plan in order to save on the monthly premium, are you disciplined enough to set that money aside to use in the event of a serious illness or injury?

We are confident that the Standard Plan is a good fit for some of our employees, and that it will save them money. However, we are also aware that it is not for everyone. Please consider both plans carefully before arriving at a decision.

Can I change my mind and switch plans mid-year?

Once this year's Open Enrollment period closes, you cannot change the plan you are enrolled in until the next annual open enrollment period. If you experience a qualifying event, you can enroll in or cancel coverage for yourself or your dependents in conjunction with that qualifying event, but you cannot change plans.



Open Enrollment is your annual opportunity to choose a benefit plan. Choose carefully! Your next opportunity to change plans is the 2017 Open Enrollment.

Enrollment

Whether you are currently enrolled in the plan or not, it is important to pay attention to these enrollment details.

I am happy with the plan I am enrolled in and do not wish to make any changes this year. What do I do now?

Nothing! If you are not making any plan changes, you do not need to complete an enrollment form this year. Your current coverage will remain in place when the new plan year starts on July 1, 2016.

I have considered my plan options and I would like to change the plan I am enrolled in. What do I do now?

You need to complete an enrollment form in order to change from the Premium Plan to the Standard Plan (or vice versa). The contact person responsible for the administration of healthcare benefits at your employment location (usually your Business Manager or Bookkeeper) can give you an enrollment form to complete. **You must complete this form and return it by May 31, 2016.** The plan change will be effective July 1, 2016.



Making a change? See your local benefits administrator to complete an enrollment form.

Can I enroll or drop coverage for my spouse or dependent(s) during Open Enrollment?

Yes! Open Enrollment is your opportunity to make these types of changes to your healthcare coverage. You will need to complete an enrollment form to make this change. The contact person responsible for the administration of healthcare benefits at your employment location (usually your Business Manager or Bookkeeper) can give you

an enrollment form to complete. **You must complete this form and return it by May 31, 2016.** The spouse/dependent enrollment or cancellation will be effective July 1, 2016.

If I decide not to enroll now, will I be able to elect coverage at a later date?

If you do not enroll now, you will only be able to enroll under two circumstances:

1. You (and your eligible spouse and dependents) can enroll or cancel your coverage if you have a “qualifying event.” A qualifying event will allow you or an eligible family member to enroll immediately.
2. You can enroll during the next Open Enrollment period. Open Enrollment occurs annually each spring for coverage effective July 1.

If you are already enrolled in the plan, a qualifying event **only** allows you to add coverage for your spouse/dependents, or to cancel coverage. A qualifying event **does not** give you the opportunity to change which benefit plan (Premium Plan or Standard Plan) you are enrolled in.

What is a “qualifying event”?

Qualifying events are defined by the Internal Revenue Service (IRS) and include situations such as:

- You get married
- You have a child or add one to your family (through adoption, marriage, qualified medical child support order, etc.)
- Your spouse or dependent becomes unemployed
- Your spouse or a child dies
- Your dependent(s) become(s) ineligible for plan benefits
- Your spouse’s employment status changes
- You or your spouse take an unpaid leave of absence
- You or your dependent(s) lose other health insurance coverage



If any of these events occur, you need to contact your employer within 31 days of the event to add coverage or cancel coverage. In addition to completing an enrollment form, you will be required to provide documentation of the qualifying event.



In the case of a newborn baby, please don’t forget to enroll the baby in healthcare coverage within 31 days of the baby’s birth! If you add the baby to your Diocese of Toledo Healthcare Plan coverage, and the addition of the baby changes your coverage tier to two-party or family, you will be charged the additional premium beginning with the date of the baby’s birth. And, above all, congratulations on your new blessing!

Eligibility

In addition to Diocesan priests and members of certain religious orders, all lay employees of the Diocese may participate in the Diocesan Healthcare Plan if they:

- A. **work at least twenty-five (25) hours per week for more than five (5) consecutive months per year; and**
- B. **are working for an institution that participates in the healthcare program.**

Employees are eligible if they work the total required number of hours at one or more locations.

Am I eligible for coverage on the Diocesan Healthcare Plan even if I am eligible for coverage or already covered on another plan?

All employees who meet the eligibility requirements are eligible to enroll in the Diocesan Healthcare Plan. However, please remember that this coverage is provided to you at a significant cost to your employer. If you

are already enrolled in another plan, please carefully consider the cost that your employer will incur if you enroll in this plan as well.

If you and/or your family members are enrolled in another healthcare plan and you are considering enrollment in the Diocesan Healthcare Plan as well, it is important for you to understand how the two benefit plans will coordinate. The Plan that covers the person as an employee is the Primary Plan and the Plan that covers the person as a dependent is the Secondary Plan. As the Primary Plan, this plan will provide benefits to employees without regard to any other plan they may be enrolled in. If you are enrolled in another plan as a Secondary Plan, it is up to you to determine how that plan may coordinate benefits with this plan.

For more information on coordination of benefits between two plans, please refer to the Medical Mutual Certificate of Coverage/Benefit Book, or your other plan's plan document.

What are the rules concerning dependent eligibility?

The Diocesan Healthcare Plan is subject to federal law related to dependent eligibility.

This plan is subject to the Patient Protection and Affordable Care Act (PPACA - federal healthcare reform) provision that requires the plan to extend dependent coverage for children up to age 26. The dependent can be married or unmarried, does not have to reside in the same household as the employee, does not have to be a student, and does not have to be financially dependent on the employee.



Note: Effective July 1, 2016, dependents reaching age 26 will no longer be given the option to continue coverage to age 28. Eligibility for dependents past age 26 will continue only for eligible dependents who are unmarried and primarily dependent upon the enrolled employee for support due to a physical handicap or intellectual disability which renders them unable to work. Please contact Medical Mutual for complete details. *Dependent children ages 26 or 27 who were already covered under the plan as of July 1, 2016 will not be impacted by this change.*

Please keep in mind that both the Diocese and Medical Mutual reserve the right to verify that an enrolled spouse/dependent is in fact eligible for coverage on the plan. You could be financially responsible for any claims paid by the Plan for any spouse/dependent who is later deemed ineligible.

Additional Questions

How can I find out if my physician or hospital is in Medical Mutual's provider network?

Medical Mutual has the broadest network of physicians and facilities in the State of Ohio. You can access Medical Mutual's online provider lookup tool at <https://providersearch.medmutual.com> to verify that your physician or a healthcare facility is included in Medical Mutual's SuperMed PPO network. When conducting your search you will want to choose the SuperMed PPO network. You can also call Medical Mutual's Customer Service number at 888.245.2583 to determine a healthcare provider or facility's network status.

Get the most out of your healthcare benefits by utilizing an in-network provider whenever possible.

Will I get a new Identification Card?

You will only receive a new Medical Mutual identification card if you make a change to your plan during Open Enrollment.

If I have premiums deducted from my pay, do I have the opportunity to elect to have those premiums deducted on a pre-tax basis?

Yes. Every employee enrolled in the Diocese of Toledo Healthcare Plan should have the opportunity to have any premiums deducted pre-tax through a Section 125 plan. By means of a salary-reduction agreement between the employer and the participant, the participant's wages are voluntarily reduced by the amount of

the premium payment that is due. This is an annual election, and can only be changed in the case of a qualifying event. See the person responsible for administration of benefits at your employment location for details.

How can I learn more about my Medical Mutual coverage?

It is important that you understand what services are covered on your benefit plan, and understand how to make the most of your healthcare benefits through Medical Mutual. Medical Mutual offers a variety of tools, available on their website www.medmutual.com, to help you understand your benefits.

- ✓ Certificate/Benefit Book
- ✓ Member FAQ
- ✓ Personalized claims and benefit information
- ✓ Provider directory
- ✓ Access to convenient mail order prescription service through Express Scripts
- ✓ Glossary and Forms
- ✓ Healthy Living resources
- ✓ *My Care Compare* - a helpful tool to help you compare treatment costs at facilities near you

Create a "My Health Plan" account, or log in to your existing account to view all of this information and more. Medical Mutual also has a mobile app for Apple and Android devices. As always, Medical Mutual's local customer service representatives are also available to answer questions at 888.245.2583

Wellness Resources



At the Diocese of Toledo, we are proud to partner with Medical Mutual in a continuous effort to enhance the total wellness of our employees. Medical Mutual provides ongoing financial and program support for our various wellness initiatives, including:

- ✓ Annual Health Screenings and Health Assessments with rewards
- ✓ Weight Watchers participation reimbursement
- ✓ Smoking Cessation through the SuperWell QuitLine
- ✓ Support for members dealing with health issues such as diabetes, chronic pain, coronary artery disease, and asthma through Disease Management Programs
- ✓ Maternity Program that provides expectant mothers with a specially trained Maternity Health Coach and customized educational materials
- ✓ NurseLine



INTEGRATED PSYCHOLOGICAL SERVICES
EMPLOYEE ASSISTANCE PROGRAMS INC.

Everyone encounters personal problems in life. Left unattended, these personal problems can become overwhelming to the point that they distract individuals from doing their best on and off the job. Ministry, family, and personal relationships can suffer as a result. By providing an Employee Assistance Program (EAP), the Diocese of Toledo encourages our healthcare plan members and their families to seek help, at no cost.

Matrix EAP providers are doctorally trained (Ph.D./Psy.D.) and highly qualified to ensure that you and your family members receive the absolute best treatment possible for an array of difficulties including:

- Stress or anxiety
- Family or marital problems
- Substance abuse
- Grief and loss
- Any other personal problems

Contact Matrix at 800-886-1171 to make an appointment, or visit their website at www.matrixpsych.com

Healthcare Plan Compliance

The Diocese of Toledo Healthcare Plan is required by the government to distribute the following annual notices to all healthcare plan members.

- ✓ Medicare Part D Creditable Coverage Disclosure Notice
 - ✓ Notification of the Women's Health and Cancer Rights Act of 1998
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Important Notice from The Diocese of Toledo About Your Prescription Drug Coverage and Medicare

This notice is intended for employees who are Medicare eligible or who have Medicare eligible dependents. It is being distributed to all employees enrolled in the healthcare plan.

If you or your dependents are not eligible for Medicare you may disregard this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Diocese of Toledo 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 Diocese of Toledo has determined that the prescription drug coverage offered by the Diocese 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 through 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 coverage under the Diocese of Toledo will not be affected. It would be your responsibility to determine how Medicare Part D coverage would coordinate with your coverage on the Diocese of Toledo plan. If you do decide to enroll in a Medicare prescription drug plan and drop your Diocesan medical and prescription drug coverage, be aware that you may not be able to get this coverage back. You cannot drop prescription coverage and keep medical only coverage under the Diocese of Toledo plan. For those individuals who elect Part D coverage, coverage under the Diocesan plan will not end for the individual and all covered dependents.

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 Diocese of Toledo 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 will receive this notice each year. You will also receive it before the next period you can join a Medicare drug plan, and if this coverage through The Diocese of Toledo 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 (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, 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:	April 15, 2016
Name of Entity/Sender:	The Catholic Diocese of Toledo
Contact--Position/Office:	Meghan Reed, Benefits Administrator
Address:	1933 Spielbusch Avenue, Toledo, OH, 43604
Phone Number:	419-244-6711, ext. 4936

The Women’s Health and Cancer Rights Act of 1998

On October 21, 1998, the Women’s Health and Cancer Rights Act was signed into law. Effective for plan years on or after that date, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Medical Mutual® and its Family of Companies take this responsibility seriously. Coverage includes:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to present a symmetrical appearance.
- Prostheses and treatment of physical complications at all stages of the mastectomy procedure, including lymphedemas (swelling of the hand and arm on the operated side).

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 have any questions about this or other healthcare benefits, please contact your healthcare benefits representative, or call the Customer Service number listed on your identification card.