



Diocese of  
Green Bay

*St. Luke Benefit & Insurance Services Corp.  
Serving the Diocese of Green Bay*



# 2020-21 Employee Benefits Enrollment Guide

*Parish, Schools & Clergy*

# Quick Reference Guide

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Coverage	Carrier	Contact Information	Page Number
Health	UMR	1-800-826-9781 <a href="http://www.umar.com">www.umar.com</a>	4-6
	OptumRx	1-855-505-8107 <a href="http://www.Optumrx.com">www.Optumrx.com</a>	
Health Savings Account (HSA)			8
Wellness	Humana Go365	1-800-708-1105 <a href="http://www.Go365.com">www.Go365.com</a>	9
Voluntary Dental	Delta Dental	1-800-236-3712 <a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>	10-11
Voluntary Dental—Care Plus Plan	Dental Associates	1-800-318-7007 <a href="http://www.dentalassociates.com">www.dentalassociates.com</a>	12
Voluntary Vision	UnitedHealthcare	1-800-638-3120 <a href="http://www.myuhcvision.com">www.myuhcvision.com</a>	13
Long Term Disability	Unum	1-800-421-0344 <a href="http://www.unum.com">www.unum.com</a>	14
Retirement	Empower Retirement	1-866-467-7756 <a href="http://www.empower-retirement.com/participant">www.empower-retirement.com/participant</a>	15
Disclosure Documents			16-25

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

# Welcome

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Welcome to your 2020/21 Benefits Enrollment Guide! As an employee within the Diocese of Green Bay, you and your family have access to a comprehensive package of benefits. Please keep this booklet throughout 2020/21 as a reference for your benefits.

This booklet will help you understand your benefit options and help you with your enrollment decisions. Keep in mind this booklet is only a summary and is not intended to replace your Summary Plan Descriptions (SPDs). If you need more information than this booklet provides, we encourage you to review the SPDs on HRConnection.

## HRConnection

All Summary Plan Descriptions as well as other insurance and human resource materials are available on HRConnection. You can connect to HRConnection through the Diocese of Green Bay website [www.gbdioc.org](http://www.gbdioc.org). On the home page select “Mission Teams & Offices” then under “Resource & Support Mission Team” select “Office of Human Resources”. On the far left, select “Office of Human Resources” and select “Link to HR Connection Portal”. Your web browser will then automatically direct you to HRConnection. The login information is below and is case sensitive (Please note that a password is no longer necessary):

Parish:

Username: parish.e

Schools:

Username: school.e

## Benefit Philosophy

As Missionary Disciples striving to lead all people to the Kingdom of God, we believe that passionate employees help us to meet the mission of the Catholic Church. We believe that high quality benefits which meet the needs of your family allow you to focus on your personal mission and goals.

## Who is St. Luke Benefit & Insurance Services Corp.?

St. Luke Benefit & Insurance Services Corp. serves the diocese and our employees by designing affordable, high quality insurance offerings to safeguard you and your dependents.

One of our goals is to provide you with flexibility to meet your individual benefit needs. We annually evaluate our benefit offerings to ensure that they will continue to be competitive and meet the needs of our diocesan employees.

## Enrollment and Eligibility

Benefits begin on the first of the month following date of hire. Employees must make benefit elections within 30 days of benefit eligibility date.

## Benefit Eligibility

The benefits outlined in this booklet are available to full-time and benefit eligible part-time employees. A benefit eligible part-time employee is one who works at least 20 hours per week but less than full-time on a continuous basis, or a minimum of 1000 hours per year, or a 50% contract employee. Temporary and Seasonal employees are not benefit eligible. Eligible dependents generally include your legal spouse and children up to age 26. More detailed definitions are available in the Summary Plan Descriptions (SPDs).

## Life Changes

Outside of the annual open enrollment period, the only other time you may make a change to your benefit elections is if you experience a qualifying life event as defined by IRS guidelines (such as marriage, divorce, birth, adoption, death, etc.) Please remember that you must notify Human Resources within 31 days of the event to be eligible to make any benefit changes. If the notification is more than 31 days after the event, you will not be able to make any benefit changes until the next open enrollment period.

## Which Health Plan Should I Choose?

**While the initial premium cost is an important factor, you’ll also want to think through the advantages and disadvantages of each plan in its entirety to see which plan design you’re most comfortable with. Remember, your total health care costs are a combination of your paycheck contributions and your cost sharing – including your percentage responsibility for copays, deductibles, and coinsurance.**

# Health and Well-Being Benefits

Benefit eligible employees have the opportunity to participate in the following plans:

## Health Insurance

St. Luke offers health plans which are designed to provide a range of options. We offer three distinct plans which allow you to match your plan to your unique needs. Those plans are administered by UMR, offering you access to an outstanding network of medical providers, the UnitedHealthcare Choice Plus Network.

## How to find a provider

Go to UMR.COM and select **“Find a provider”**. Search for UnitedHealthcare Choice Plus Network using their alphabet navigation or type UnitedHealthcare Choice Plus into the search box. To search for medical providers, choose Search for a medical provider.

## Prevea Partnered Health

St. Luke has partnered with Prevea for various healthcare services available to you at no cost or for a minimal fee. Services include primary care, urgent care, physical and occupational therapy at Prevea Health and St. Gianna Clinic locations where those services are offered. (Oconto County locations are excluded) Medicare participants are not eligible to participate in this program.

## Teladoc

Telemedicine is the remote diagnosis and treatment of patients by means of telecommunications technology. Teladoc is the first and largest provider of telehealth medical consults in the United States, giving you 24/7/365 access to quality medical care through phone and video consults.

- Under the \$1500 PPO plans Teladoc will be available at no cost to the employee.
- Under the \$2500 HDHP and \$5000 HDHP plans Teladoc will be available at a \$45 copay.

## Wellness Program

St. Luke supports **participant’s** personal wellness goals by providing access to the Humana Go365 program for all employees and spouses enrolled in one of our health insurance plans.

## Voluntary Dental Insurance

St. Luke’s dental insurance plan is part of our comprehensive benefit plan designed to keep you and your eligible dependents healthy. We offer two distinct plans from Delta Dental or Dental Associates (Care Plus). The dental plans range in price, coverage and provider networks.

## Voluntary Vision Insurance

The vision plan offered by St. Luke is designed to provide you with affordable insurance coverage to maintain your vision. Our plan is administered by UnitedHealthcare, who offers a robust network of providers.

## Long-Term Disability

There are circumstances in which an individual can become disabled from a non-work related injury or illness. We want you to have financial safeguards in place in the event of an unforeseen off-duty injury or illness. Long-Term Disability insurance allows you to protect your income in these situations. We offer Long-Term Disability coverage administered by Unum.

## Retirement Plan

The Diocese offers 2 retirement plans, a 401(a) plan and a 403(b) plan. Your employer will contribute dollars into benefit-eligible **employee’s** 401(a) accounts each payroll period. Employees have the option to contribute your own dollars into the 403(b) plan on a pre-tax basis.

# Health

UMR	Option 1 – \$1,500 PPO Plan	
	<i>In Network</i>	<i>Out of Network</i>
Deductible- Employee	\$1,500	\$3,000
Deductible - Family	\$3,000	\$6,000
Out-of-Pocket Maximum		
Employee Only	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance	90%	70%
Office Visits		
Telemedicine	\$0 Copay	No Coverage
Primary Care Physician	\$20 Copay	Deductible & Coinsurance
Specialist Care Physician	\$20 Copay	Deductible & Coinsurance
Preventive Care	Select Services Covered In Full	No Coverage
Urgent Care	\$50 Copay	\$200 Copay
Emergency Room	\$200 Copay	\$200 Copay
Hospital Services		Deductible & Coinsurance
Retail Prescription Coverage		
Generic	\$10 Copay	
Preferred Brand Name	25% to Maximum of \$50	
Non-Preferred Brand Name	25% to Maximum of \$200	

Monthly Rates	Total Monthly Premium
Employee	\$852.63
Employee + 1	\$1,676.68
Family	\$2,004.37

Employees who reached Silver status in our Go365 Wellness program by March 31, 2020 will receive a \$50 (for single) or \$100 (for employee + one or family) per month incentive offsetting the above premiums.

The Diocese of Green Bay requires an employee to pay a Spousal Surcharge if a spouse has primary medical insurance coverage available through their employer. If the employer offers the individual medical insurance coverage and the employee portion of the premium is \$500 or less per month for single coverage the Spousal Surcharge will apply. Contact a member of the Benefits Team for additional information.

# Health

Please refer to page 7 for additional information regarding High Deductible Health Plans (HDHP)

UMR	Option 2 – \$2,500 HDHP Plan	
	<i>In Network</i>	<i>Out of Network</i>
Deductible- Employee	\$2,500	\$5,000
Deductible - Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Employee Only	\$2,500	\$6,000
Family	\$5,000	\$12,000
Coinsurance	100%	80%
Office Visits		
Telemedicine	\$45 Copay	No Coverage
Primary Care Physician	Deductible	Deductible & Coinsurance
Specialist Care Physician	Deductible	Deductible & Coinsurance
Preventive Care	Select Services Covered In Full	No Coverage
Urgent Care	Deductible	Deductible & Coinsurance
Emergency Room	Deductible	Deductible & Coinsurance
Hospital Services	Deductible	Deductible & Coinsurance
Retail Prescription Coverage		
Generic		Deductible
Preferred Brand Name		Deductible
Non-Preferred Brand Name		Deductible

Monthly Rates	Total Monthly Premium
Employee	\$733.87
Employee + 1	\$1,428.48
Family	\$1,700.27

Employees who reached Silver status in our Go365 Wellness program by March 31, 2020 will receive a \$50 (for single) or \$100 (for employee + one or family) per month incentive offsetting the above premiums.

The Diocese of Green Bay requires an employee to pay a Spousal Surcharge if a spouse has primary medical insurance coverage available through their employer. If the employer offers the individual medical insurance coverage and the employee portion of the premium is \$500 or less per month for single coverage the Spousal Surcharge will apply. Contact a member of the Benefits Team for additional information.

# Health

Please refer to page 7 for additional information regarding High Deductible Health Plans (HDHP)

UMR	Option 3 – \$5,000 HDHP Plan	
	<i>In Network</i>	<i>Out of Network</i>
Deductible- Employee	\$5,000	\$10,000
Deductible - Family	\$10,000	\$20,000
Out-of-Pocket Maximum		
Employee Only	\$5,000	\$12,000
Family	\$10,000	\$24,000
Coinsurance	100%	80%
Office Visits		
Telemedicine	\$45 Copay	No Coverage
Primary Care Physician	Deductible	Deductible & Coinsurance
Specialist Care Physician	Deductible	Deductible & Coinsurance
Preventive Care	Select Services Covered In Full	No Coverage
Urgent Care	Deductible	Deductible & Coinsurance
Emergency Room	Deductible	Deductible & Coinsurance
Hospital Services	Deductible	Deductible & Coinsurance
Retail Prescription Coverage		
Generic		Deductible
Preferred Brand Name		Deductible
Non-Preferred Brand Name		Deductible

Monthly Rates	Total Monthly Premium
Employee	\$572.42
Employee + 1	\$1,114.21
Family	\$1,326.22

Employees who reached Silver status in our Go365 Wellness program by March 31, 2020 will receive a \$50 (for single) or \$100 (for employee + one or family) per month incentive offsetting the above premiums.

The Diocese of Green Bay requires an employee to pay a Spousal Surcharge if a spouse has primary medical insurance coverage available through their employer. If the employer offers the individual medical insurance coverage and the employee portion of the premium is \$500 or less per month for single coverage the Spousal Surcharge will apply. Contact a member of the Benefits Team for additional information.

# High Deductible Health Plan (HDHP)

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## How does an HDHP work?

Distinguished by lower premiums and higher out-of-pocket costs and deductibles, the HDHP is offered in combination with a Health Savings Account (HSA).

Except for in-network preventive care (for example, annual physicals and preventive screenings), you pay the full cost of all services, including prescriptions, until you reach your deductible.

When you enroll in the HDHP, you can also open an HSA to help pay for current and future eligible health care expenses. You can withdraw that money, tax-free, to pay eligible out-of-pocket medical expenses as well as dental and vision expenses; or you can save that money for future health care expenses.

- The \$2,500 HDHP “Employee+1” and “Family” elections do not offer an individual deductible cap at \$2,500 for In Network services. Rather, a single individual enrolled within the benefit election could incur expenses and be subject to the entire \$5,000 In Network Family deductible. (Out of Network deductibles are \$5,000/\$10,000)
- The \$5,000 HDHP “**Employee+1**” and “Family” elections offer an individual deductible cap per family member at \$5,000 for In Network services. (Out of Network deductible is \$10,000)



# Health Savings Account (HSA)

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Two of St. Luke's health plans, the \$2500 HDHP and \$5000 HDHP, are qualifying high deductible health plans eligible for a health savings account (HSA). This means that all services and prescriptions are paid in full by the employee until the deductible is met.

What is an HSA? An HSA allows you to put aside money on a pre-tax basis to reimburse yourself for services applied to your deductible as well as eligible dental and vision expenses. Unlike flexible spending accounts, funds must be contributed to your HSA prior to using them. However, you can choose to pay for an expense out of pocket and reimburse yourself for an incurred expense at a later date if sufficient funds are not available. The list of "qualified expenses" is defined by the IRS. Another advantage to an HSA is the money in the account is yours even if you change plans, change jobs or retire – it stays with you. For more information review the IRS Publication 502.

To be eligible for the HSA you must meet these criteria:

- You cannot be covered by any other health plan (such as spouse's plan) that is not a high deductible health plan, unless it is other permissible coverage, such as specific injury insurance or accident, disability, dental, vision or long term insurance.
- You are not enrolled in Medicare. (If you are age 65 or older, you may contribute to an HSA as long as you are not enrolled in Medicare).
- You and your spouse are not covered by a health care flexible spending account for the tax year in which you will claim your HSA deposits as tax deductions.
- Review IRS Publication 969 for a complete list of eligibility rules.

HSA contribution limits for 2020 are \$3,550 for single coverage and \$7,100 for family coverage. If your employer contributes to your HSA the HSA limit is a combination of both your contribution and the employer's contribution. If your spouse has an HSA, your combined HSA contributions cannot exceed the IRS limit for family coverage.

It is important that you keep records of how you spend your HSA dollars, including receipts. It is your responsibility to retain your documentation.

# Health Plan Wellness Program – Humana Go365

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The Diocese of Green Bay & St. Luke's is committed to promoting a culture of health and wellness by helping you and your family to improve and maintain your physical and emotional well-being. Your improved health can also result in lower out-of-pocket costs for you and help us to provide more affordable healthcare coverage overall.

All employees and spouses enrolled in one of St. Luke's health plans have the opportunity to participate in our wellness program, Humana Go365. The program involves earning Go365 Points for lifestyle choices such as completing an online health assessment, being active and going tobacco free. Employees and spouses who participate in the medical plan can also earn points by participating in the biometric screenings provided through Prevea. Each Go365 Point earned is applied to your Go365 status.

**Your goal is to reach Go365's Silver Status by March 31, 2020. If you reach Silver Status (5000 Go365 Points for employee only or 8000 Go365 Points for employee and spouse) by March 31, 2021, you will receive a health plan premium discount for the 2021-22 plan year of (at least) \$50 per month for Single coverage and \$100 per month for Limited Family and Family coverage.**

Your first step in engaging in Humana Go365 is registering on their website [www.Go365.com](http://www.Go365.com) and taking the health assessment. Your points earned can then be turned in for rewards including movie tickets, gift cards, health and sports equipment, and much more.

Remember: Humana Go365 will not share your personal results with St Luke Benefit & Insurance Services Corp. or your employer; that information will be kept confidential.

Wellness incentive is subject to change at St. Luke discretion.

# Voluntary Dental – Delta Dental

This chart shows how the Delta Dental plan works and how each type of service is covered.

Delta Dental	Plan A	Plan B
Deductible	\$50 Single \$150 Family	\$50 Single \$150 Family
Plan Maximum ( <i>per covered individual</i> )	\$1,400	\$900
<b>Preventive Services No Deductible</b>		
<i>Oral exams</i>	100%	80%
<i>X-rays</i>	100%	80%
<i>Cleanings</i>	100%	80%
<i>Topical Fluoride</i>	100%	80%
<i>Sealants</i>	100%	80%
<i>Space Maintainers</i>	80%	50%
<b>Basic Services</b>		
<i>Oral Surgery</i>	<i>After Deductible</i> 80%	<i>After Deductible</i> 50%
<i>Amalgam/Composite Fillings</i>	80%	50%
<i>Full &amp; Partial Denture Repair</i>	50%	50%
<i>Stainless Steel Crowns</i>	50%	50%
<i>Simple Extractions</i>	80%	50%
<b>Major Services</b>		
<i>Endodontics (root canals)</i>	<i>After Deductible</i> 50%	<i>After Deductible</i> 50%
<i>Periodontics</i>	50%	50%
<i>Porcelain Crowns</i>	50%	50%
<i>Inlays/Onlays</i>	50%	50%
<i>Partial or Complete Dentures</i>	50%	50%
<i>Removable or Fixed Bridgework</i>	50%	50%
Orthodontia ( <i>\$500 annual/\$1500 lifetime maximum</i> )	50% to \$1,500	50% to \$1,500
<b>Monthly Rates</b>		
Employee	Plan A \$37.03	Plan B \$22.64
Employee / Spouse	\$74.02	\$45.32
Employee / Child(ren)	\$93.78	\$57.02
Family	\$130.78	\$79.68

# Delta Dental Network

As a Delta Dental subscriber, you may see any dentist you like; however, there are advantages to choosing a dentist who belongs to **one of Delta Dental's two dentist networks**.

Dentists in the Delta Dental PPO network offer significant fee reductions to Delta Dental patients. This minimizes your out-of-pocket costs.

You can also choose a dentist from the Delta Dental Premier network. More than 90 percent of Wisconsin dentists and more than three-fourths of dentists nationwide are members of the Delta Dental Premier network. It is by far the largest dentist network in Wisconsin and nationwide. Fee savings with Delta Dental Premier are not as great as with Delta Dental PPO, though Delta Dental Premier offers many advantages versus non-network dentists. The table below illustrates some of the advantages of Delta Dental network dentists.

	Delta Dental PPO	Delta Dental Premier	Non-Network
Claim Payments	Claim payments are sent directly to the dentist.	Claim payments are sent directly to the dentist.	Claim payments are sent to the patient. Because of this, the dentist may require you to pay the full cost of treatment up-front.
Agreed-to Fees	Dentist agrees to a reduced fee schedule, minimizing your out-of-pocket costs. <b>If the dentist's normal charge is higher than the fee schedule, the dentist can't pass on the balance to you.</b>	Dentist agrees to accept Delta Dental's Maximum Plan Allowance. <b>If the dentist's normal charge is higher than the MPA, the dentist can't pass on the balance to you.</b>	No limits on what dentist may charge. <b>If the dentist's normal charge is higher than Delta Dental's Maximum Plan Allowance, the dentist can pass on the balance to you.</b>
Treatment guarantees	Contract includes provisions to repair or replace dental restorations should they fail within 24 months.	Contract includes provisions to repair or replace dental restorations should they fail within 24 months.	No guarantees.

Savings Example	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-network Dentist
Dentist's normal fee	\$720	\$720	\$720
Allowed amount	\$590	\$680	\$680
Dentist fee adjustment due to Delta Dental Agreement	\$130	\$40	\$0
50% benefit paid by plan	\$295	\$340	\$340
Out-of-pocket cost for patient	\$295	\$340	\$380

The most accurate and up-to-date information on Delta Dental PPO and Delta Dental Premier dentists is available on their website at [www.deltadentalwi.com](http://www.deltadentalwi.com), or by calling Delta Dental toll free at: 800-236-3712.

# Voluntary Dental – Dental Associates (Care Plus)

## Important Notes:

- Enrollees and covered dependents will only be eligible for services received from a Dental Associates dentist.
- Preliminary enrollment may require adjustments if Dental Associates group size requirements are not met.

Dental Associates – Care Plus	Plan Design
Deductible	\$0 Single <i>*See notes above</i> \$0 Family <i>*See notes above</i>
Plan maximum per person	\$1,700
Preventive Services & Basic Services	
<i>Oral exams</i>	100%
<i>X-rays</i>	100%
<i>Cleanings</i>	100%
<i>Topical Fluoride</i>	100%
<i>Sealants</i>	100%
<i>Space Maintainers</i>	100%
Basic Services	
<i>Oral Surgery</i>	100%
<i>Amalgam / Composite Fillings</i>	100%
<i>Full &amp; Partial Denture Repair</i>	80%
<i>Stainless Steel Crowns</i>	80%
<i>Simple Extractions</i>	100%
Major Services	
<i>Endodontics (root canals)</i>	80%
<i>Periodontics</i>	80%
<i>Porcelain Crowns</i>	80%
<i>Inlays/Onlays</i>	0%
<i>Partial or Complete Dentures</i>	80%
<i>Removable or Fixed Bridgework</i>	80%
Orthodontia	50% to \$2,000
<b>Monthly Rates</b> See Important Notes From Above	
Employee	\$31.78
Employee / Spouse	\$63.54
Employee / Child(ren)	\$68.63
Family	\$105.33

# Voluntary Vision – UnitedHealthcare

This chart shows how the UnitedHealthcare Vision plan works and how each type of service is covered.

UnitedHealthcare	Plan Design	
Deductible	None	
Frequency Limitations		
<i>Eye Exams</i>	Once every 12 months	
<i>Lenses</i>	Once every 12 months	
<i>Frames</i>	Once every 24 months	
<i>Contact Lenses</i>	Once every 12 months (in lieu of eyeglasses)	
Copayment	Exams \$10 Materials \$10	
Benefits	In-Network	Out-of-Network
<i>Vision Examinations</i>	Paid in Full	Up to \$40
<i>Frames (Materials)</i>	\$125 Retail Allowance	Up to \$45
Lenses		
<i>Single Vision</i>	Paid in Full	Up to \$40
<i>Bifocal</i>	Paid in Full	Up to \$60
<i>Trifocal</i>	Paid in Full	Up to \$80
Contact Lenses		
<i>Medically Necessary w/ PreAuth</i>	Paid in Full	Up to \$210
<i>Elective</i>	\$150 Allowance	Up to \$125
Monthly Rates		
Employee	\$6.50	
Employee + 1	\$12.99	
Family	\$17.25	

To locate a provider go to [myuhcvision.com](http://myuhcvision.com) or call 800-638-3120.

# Disability Income Benefits - UNUM

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Long-Term Disability income benefits are provided to benefit eligible employees of Parishes and Schools (Clergy are excluded). In the event you become disabled from a non-work-related injury or illness, a disability income benefit will be paid as a source of income.

Long-Term Disability: Provided By Unum	
Benefit Amount	60% of Monthly Earnings
Maximum Benefit	\$4,000 Per Month
Elimination Period	90 Days
Duration	SSNR (Social Security Normal Retirement Age)

# Retirement Plan

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## Retirement Plan – Empower Retirement

A 401(a) Plan is a retirement savings plan designed to allow employers to supplement employee retirement benefits by **contributing to the plan on the employees' behalf**. To be eligible for contributions, the employee must be 18 years of age or older and employed in a benefit eligible position. The plan is administered by Empower Retirement Services. Contributions are made following each payroll. Employees are 100% vested in their accounts following six months of employment. Participants can direct the investment of their dollars by accessing their account at [www.empower-retirement.com/participant](http://www.empower-retirement.com/participant).

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A 403(b) Plan is a retirement savings plan designed to allow employees of tax-exempt organizations to contribute toward their retirement by deferring their own dollars on a pre-tax basis into their accounts through a voluntary salary reduction. The 403(b) plan is administered through Empower Retirement Services. Contributions and any earnings on contributions are tax-deferred until the money is withdrawn.

A copy of the Summary Plan Descriptions are available on HRConnection. Employees are able to view their account and make investment changes through the Empower website at [www.empower-retirement.com/participant](http://www.empower-retirement.com/participant).



Required Compliance Notices and Disclosures (attached)

## **Women's Health and Cancer Rights Act Enrollment Notice**

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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 Employee Insurance.

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

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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)**.

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**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 January 31, 2020. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-800-541-5555
<b>ALASKA – Medicaid</b>	<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
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@MyAKHIPPP.com">CustomerService@MyAKHIPPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp">http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp</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="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
<b>ARKANSAS – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268

<b>GEORGIA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
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 ext 2131	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
<b>INDIANA – Medicaid</b>	<b>MONTANA – Medicaid</b>
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="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>IOWA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
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	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
<b>KANSAS – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884	Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a> Medicaid Phone: 1-800-992-0900
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
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:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> 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">https://chfs.ky.gov</a>	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	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
<b>MAINE – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	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
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MINNESOTA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	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
<b>OREGON – Medicaid</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical_HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical_HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</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 Rite Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH DAKOTA - Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH CAROLINA – Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
**[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

#### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

# HIPAA Notice of Special Enrollment Rights

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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 towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 [insert "30 days" or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption.**

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources.

# HIPAA Privacy Notice

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If you have any questions about this notice, please contact the Human Resources office.

## Who Will Follow This Notice

This notice describes the medical information practices of **St. Luke Benefit & Insurance Services Corp.**'s group health plan (the "Plan") and that of any third party that assists in the administration of Plan claims.

## Our Pledge Regarding Protected Health Information

We understand that your protected health information and your health is personal. We are committed to protecting your protected health information. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records we maintain. Your personal doctor or health care **provider may have different policies or notices regarding the doctor's** use and disclosure of your protected health information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose your protected health information. It also describes our obligations and your rights regarding the use and disclosure of protected health information. We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information
- Give you this notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions about your protected health information that we maintain, as allowed or required by law. We will provide you with a copy of our revised Notices of Privacy Practices if we make any material change by direct mail or hand delivery.

## How We May Use and Disclose Your Protected Health Information

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment** (as described in applicable regulations). We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose protected health information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated with prior prescriptions.

**For Payment** (as described in applicable regulations). We may use and disclose your protected health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

## HIPAA Privacy Notice (continued)

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For Health Care Operations (as described in applicable regulations). We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating and other activities relating to Plan coverage, submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

As Required By Law. We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order, in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. We may use and disclose protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, your protected health information may be disclosed to certain employees of the Employer. Those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required or permitted by HIPAA. Your protected health information may not be used for employment purposes without your express authorization.

Disclosure to Health Plan Sponsor. Information may be disclosed to another health plan (as described by HIPAA) maintained by St. Luke Benefit & Insurance Services Corp. for purposes of facilitating claims payments under that plan.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.



# New Health Insurance Marketplace Coverage Options

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## GENERAL INFORMATION

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

## WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find private 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. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

## 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 are eligible for depends on your household income.**

## DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If we have offered you health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our 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 self-only coverage under our health plan is more than 9.69% of your household income for the year, or if our health plan does not meet the "minimum value"<sup>1</sup> standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – 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 ABOUT THE MARKETPLACE?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can 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.

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<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.

## Information About the Health Coverage Offered by Your Employer

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: St. Luke Benefit & Insurance Services Corp.
Employer Identification Number (EIN): 75-3153612
Employer Address: 1825 Riverside Drive Green Bay, WI 54301-2386
Employer Phone Number: (920) 437-7531
Who can we contact about employee health coverage at this job? Phone Number (if different from above): Bonnie Clancy E-mail address: bclancy@gbdioc.org

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.

If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.

- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.

If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.

- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.