Catholic Diocese of Memphis

2027



EMPLOYEE BENEFITS GUIDE

Putting it all together for you.



Welcome

Our comprehensive employee benefits make it easy for you to piece together the perfect coverage for your specific needs. Read this guide first so you know what benefits are offered before making your selections. You may only enroll for or make changes to your benefits during New Hire onboarding and Open Enrollment or when you have a Qualifying Life Event.

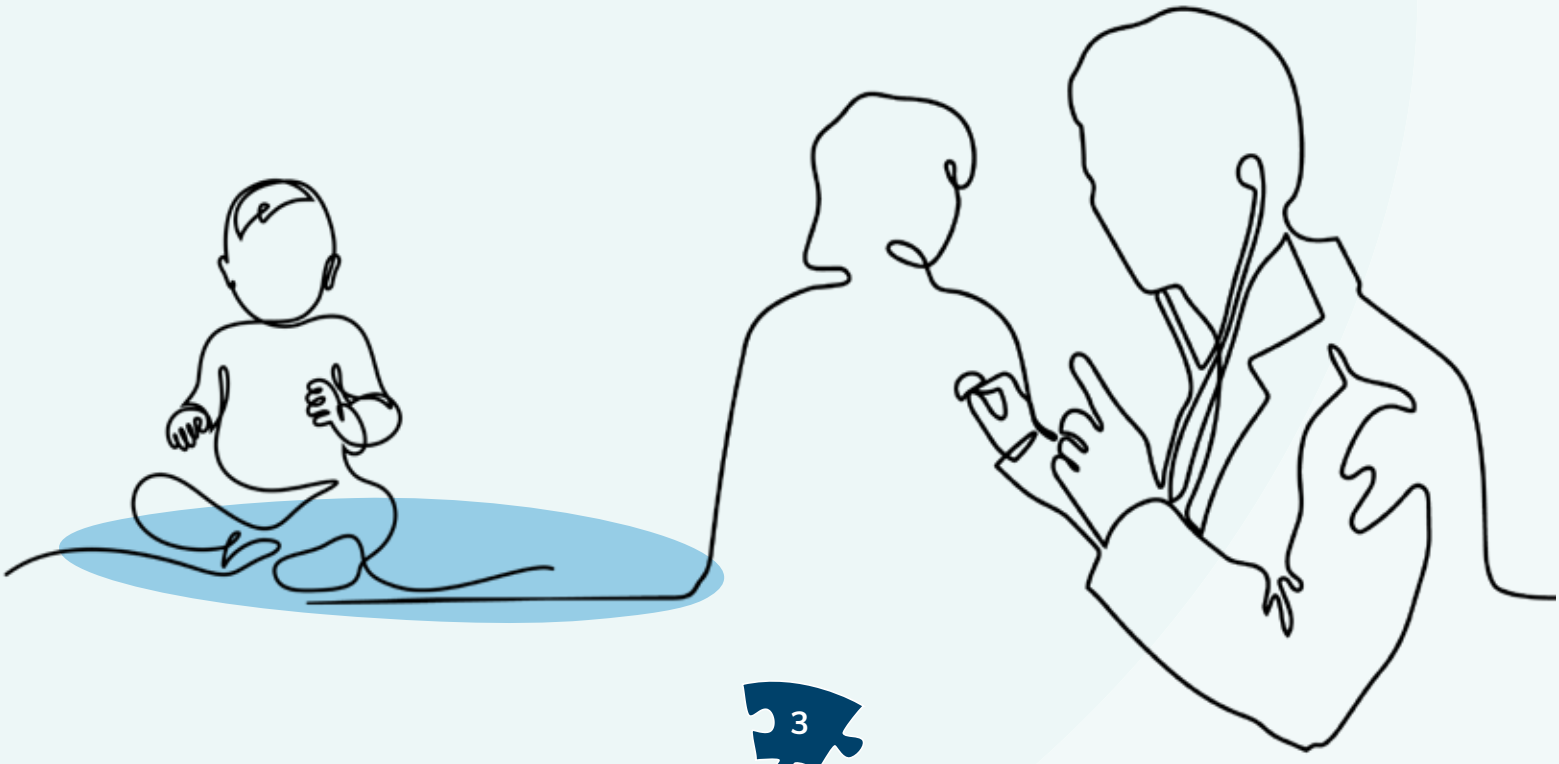




Benefits Worth Checking Out

Your New Benefits Begin: January 1, 2027



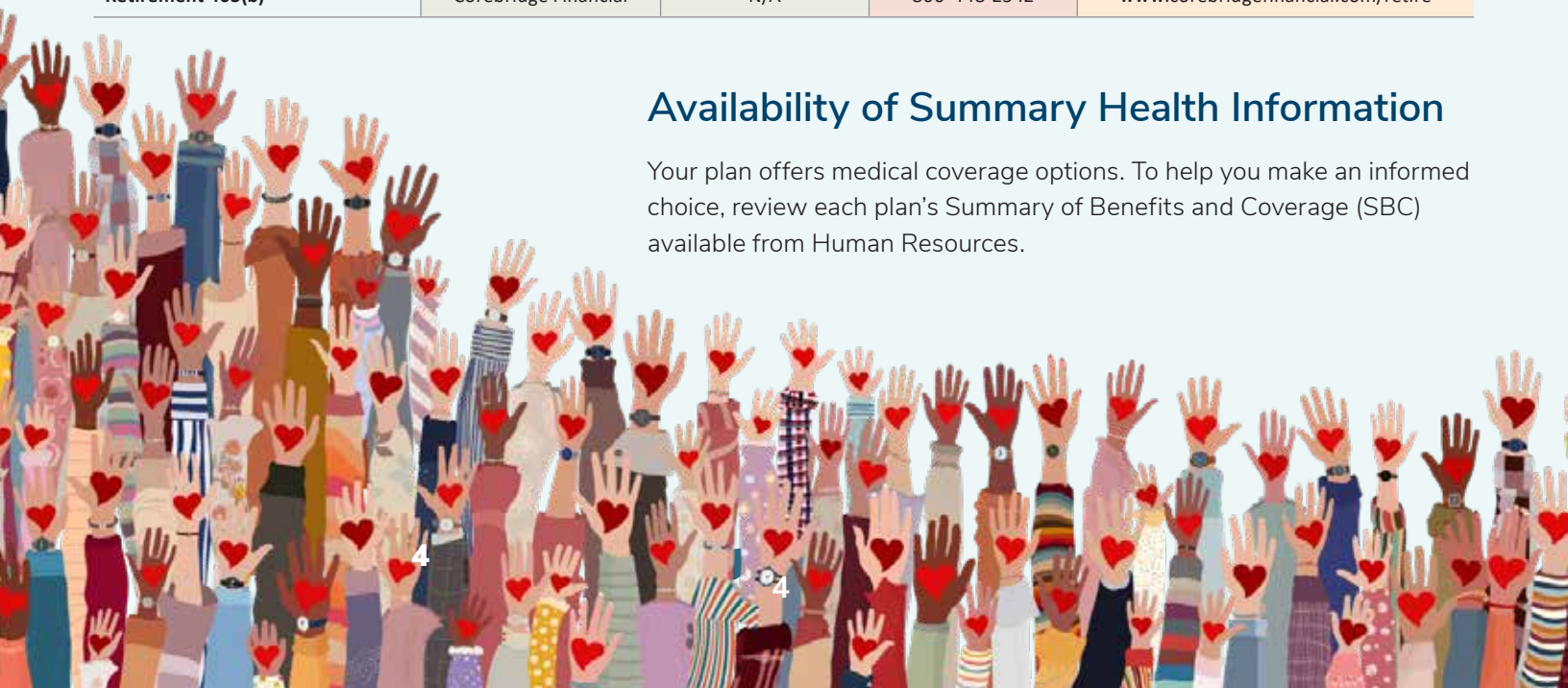


Helpful Information



Important Contacts

Program	Carrier	Policy Number	Phone Number	Website / Email
Medical	Cigna	3332620	800-244-6224	www.mycigna.com
Pharmacy	VerusRx	CDM	800-838-0007	www.verus-rx.com
Telemedicine	MDLIVE for Cigna	3332620	800-244-6224	www.mycigna.com
Dental	Cigna	3332620	800-244-6224	www.mycigna.com
Vision	Cigna	3332620	888-353-2653	www.mycigna.com
Health Savings Account (HSA)	Cigna	3332620	800-244-6224	www.mycigna.com
Flexible Spending Accounts (FSA)	Pinnacle Bank	C45508	888-282-2605	www.pnfp.com/Hblogin info@health.pnfp.com
Basic and Voluntary Life and AD&D	Voya	73487	800-955-7736	www.voya.com
Short Term Disability	Catholic Diocese of Memphis	N/A	901-373-1200	www.cdom.org/human-resources
Long Term Disability	Voya	73487	800-955-7736	www.voya.com
Accident Insurance	Voya	73487	800-955-7736	www.voya.com
Critical Illness	Voya	73487	800-955-7736	www.voya.com
Hospital Indemnity	Voya	73487	800-955-7736	www.voya.com
Employee Assistance Program (EAP)	Voya/TELUS Health	N/A	833-303-3750	www.one.telushealth.com Username: Voya; Password: eap
Retirement 403(b)	Corebridge Financial	N/A	800-448-2542	www.corebridgefinancial.com/retire



Availability of Summary Health Information

Your plan offers medical coverage options. To help you make an informed choice, review each plan's Summary of Benefits and Coverage (SBC) available from Human Resources.

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices for your prescription drug coverage. Please see page 28 for more details.



Benefits Eligibility

Who is Eligible for Benefits

Status	Eligibility	Enrollment	Coverage Begins
New Hire	• Regular, full-time and part-time employees working an average of 20+ hours per week	• Enroll by the deadline as shown in the Bswift enrollment window	• First of the month after completing 60 days of full-time employment
Employee	• Regular, full-time and part-time employees working an average of 20+ hours per week	• Enroll during Open Enrollment (OE) or when you have a Qualifying Life • Event (QLE)	• OE: Start of the plan year • QLE: Ask Human Resources
Dependent(s)	• Your legal spouse • Child(ren) under age 26, regardless of student, dependency, or marital status • Child(ren) over age 26 who are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return	• You must enroll the dependent(s) during OE or when you have a QLE • When covering dependents, you must enroll for and be on the same plans	• Ask Human Resources, if needed

How to Enroll

Visit **www.paylocity.com** and log in to your self-service portal and click on the gray box in the upper left-hand corner that says ***HR/PAYROLL***. You will see a drop-down menu. Click on ***BSWIFT BENEFITS***. A welcome screen will appear with an orange button that says: ***START YOUR ENROLLMENT.***

Questions?

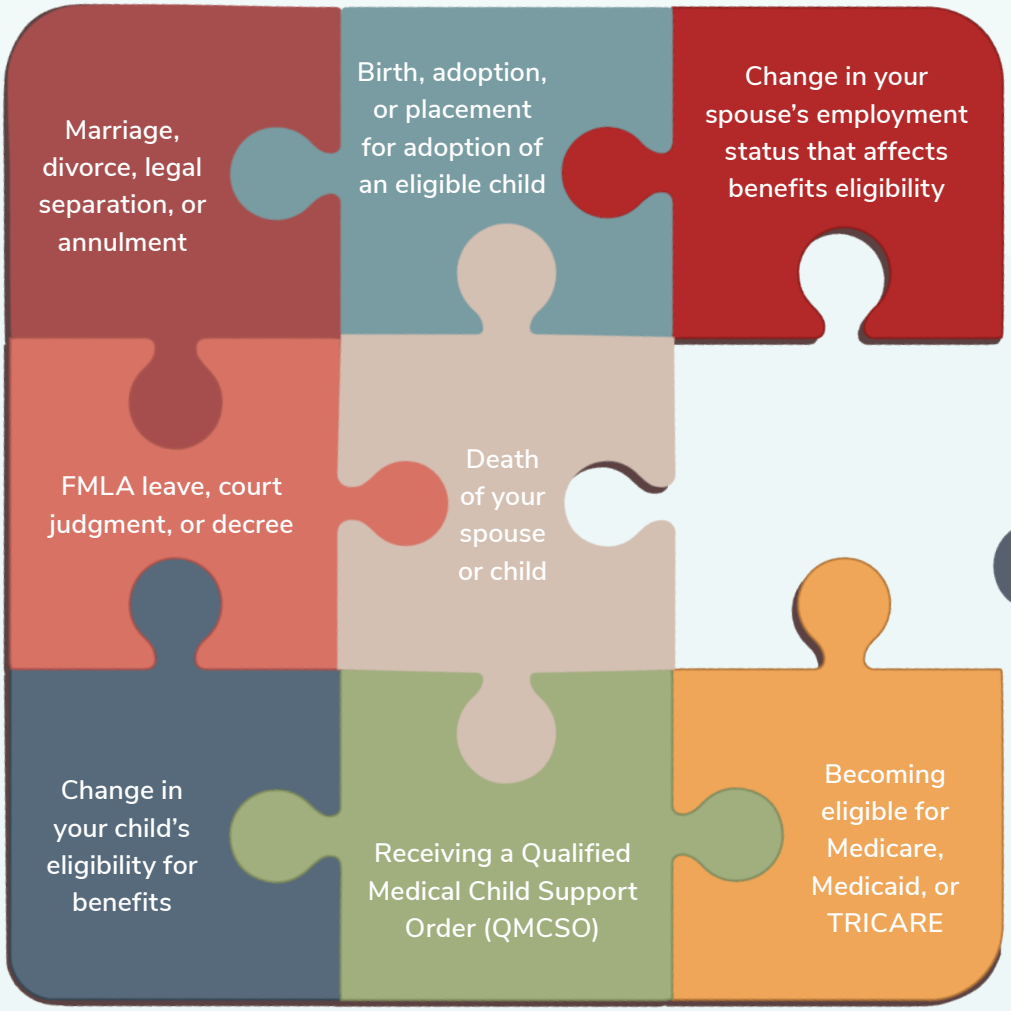
Contact HR

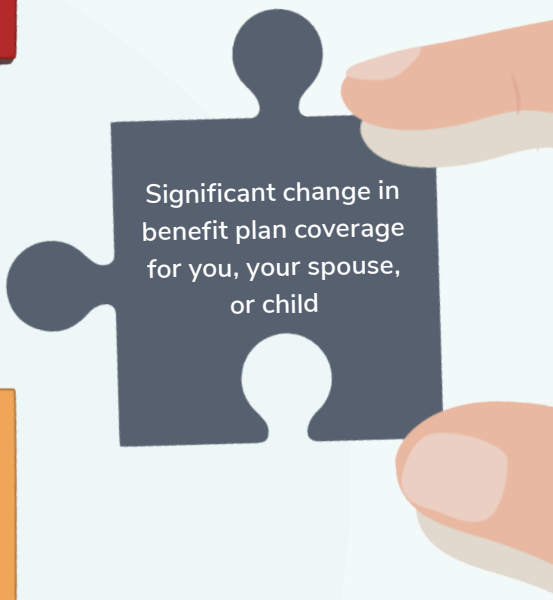


Benefits Eligibility

Qualifying Life Events

You may only change coverage during the plan year if you have a Qualifying Life Event, such as:







30 Days

Notify HR and complete your changes within 30 days of the event. You may need to provide documents to verify the change.

Medical Coverage

The medical plan options through **Cigna** protect you and your family from major financial hardship in the event of illness or injury. You have a choice of two plans:

- **PPO Plan** – This PPO plan has a $2,000 Individual and a $6,000 Family in-network deductible.
- **HDHP Plan** – This HDHP plan has a $1,750 individual and $3,500 family in-network medical deductible, and a separate $1,750 individual and $3,500 family pharmacy deductible.

Preferred Provider Organization (PPO)

A PPO allows you to see any provider when you need care. When you see providers in the **Open Access Plus** network for care, you will pay less and get the highest level of benefits. You will pay more for care if you use out-of-network providers. When you see in-network providers, your office visits, urgent care visits, and prescription drugs are covered with a copay, and most other network services are covered at the deductible and coinsurance level.

High Deductible Health Plan (HDHP)

An HDHP allows you to see any provider when you need care, and you will pay less for care when you go to providers in the **Open Access Plus** network. In exchange for a lower per-paycheck cost for medical benefits, you must satisfy a higher plan deductible that applies to almost all health care expenses, including prescription drugs. If you enroll in the HDHP, you may be eligible to open a Health Savings Account (see page 16).

Find an In-Network Provider

- Visit **www.mycigna.com**
- Call **800-244-6224**



Medical Coverage

Medical Benefits Summary

Medical Coverage	PPO PLAN		HDHP PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible • Individual • Family	 $2,000 $6,000	 $6,000 $18,000	 $1,750 $3,500	 $10,500 $21,000
Out-of-Pocket Maximum Includes deductible • Individual • Family	 $6,000 $12,000	 Unlimited Unlimited	 $5,000 $15,000	 Unlimited Unlimited
	You Pay		You Pay	
Preventive Care	$0	50%[1]	$0	40%[1]
Telemedicine • MDLIVE Primary Care Services • MDLIVE Specialty Services • MDLIVE Urgent Care Services	 $30 copay $50 copay $0	Not covered	 20%[1] 20%[1] 20%[1]	Not covered
Primary Care Physician	$30 copay	50%[1]	20%[1]	40%[1]
Specialist	$50 copay	50%[1]	20%[1]	40%[1]
Diagnostic Lab and X-ray	$0	50%[1]	20%[1]	40%[1]
Complex Imaging CT/PET scan, MRI	$0	50%[1]	20%[1]	40%[1]
Urgent Care	$20 copay	50%[1]	$20 copay[1]	$20 copay[1]
Emergency Room Copay waived if admitted	$250 copay		$100 copay[1]	
Inpatient Hospital Services	20%[1]	50%[1]	20%[1]	40%[1]
Outpatient Services	20%[1]	50%[1]	20%[1]	40%[1]
Prescription Drug Coverage	**PPO PLAN**		**HDHP PLAN**	
	In-Network		In-Network	
Calendar Year Deductible • Individual • Family	 N/A N/A		 $1,750 $3,500	
Out-of-Pocket Maximum • Individual • Family	 $2,000 $6,000		 $1,500 $4,500	
	You Pay		You Pay	
Prescription Drugs – Retail Up to 30-day supply • Generic drugs • Preferred brand name • Non-preferred generic • Specialty	**VerusRx** 15% to $50 max 15% to $50 max 15% to $50 max 20% to $100 max		**VerusRx** 20% to $50 max[1] 20% to $50 max[1] 20% to $50 max[1] 20% to $100 max[1]	
Prescription Drugs – Mail Order Up to 90-day supply • Generic drugs • Preferred brand name • Non-preferred brand name • Specialty	 15% to $100 max 15% to $100 max 15% to $100 max 20% to $100 max		 20% to $100 max[1] 20% to $100 max[1] 20% to $100 max[1] 20% to $100 max[1]	

[1] The amount you pay after the deductible is met.

Cigna Resources



Member Website

myCigna.com serves as your one-stop shop for all Cigna health plan and benefits information. Key features include managing and tracking claims, accessing digital ID cards, finding in-network providers, accessing cost comparison tools, reviewing coverage details, and more. Visit **www.mycigna.com** to register.

- **One Guide** – Get help from a personal guide to navigate your Cigna benefits and resources. Call the number on the back of your Cigna ID card, use the click-to-chat function on **www.mycigna.com**, or call **866-494-2111**.
- **Health Information Line** – Speak to a nurse anytime to get answers and recommendations based on your specific health situation. Call the number on the back of your Cigna ID card for 24/7 access.
- **Live, 24/7 Customer Service** – Contact a representative via phone, chat, or app.

Mobile App

Download the **myCigna app** to access your Cigna health plan and benefits information while on the go. This app helps you organize and access important plan information on your smartphone or tablet. It is also available in Spanish.

Cigna Wellness Rewards

Earn up to $300 in Wellness Cash by completing healthy activities – such as a health assessment or digital coaching journey – to improve your well-being. You can redeem your Wellness Cash for:

- Gift cards
- Donations to charity
- Wellness products, fitness accessories, and more through the Wellness Store

Visit **www.mycigna.com** or download the **myCigna app** to set up your profile and enroll under the *Wellness* tab. To see qualifying activities, go to *Rewards* > *How to Earn*.

Cigna Digital ID Card

You have one ID card for both your pharmacy and medical needs. Cigna no longer issues and mails physical ID cards.

How to Access Your Digital ID Card

1. Log in at **www.myCigna.com** or the **myCigna app**.
2. Click or tap ID Cards.
3. View your card, as well as any dependents' card(s).
4. Email cards directly to doctors.
5. Save your digital ID cards in your Apple Wallet.

Pharmacy Coverage

If you are enrolled in one of our medical plans, your pharmacy coverage is through **VerusRx**.

You can keep your prescription drug costs down if you:

- Fill your prescriptions at an in-network pharmacy
- Ask your doctor if a generic drug is an option
- Get up to a 90-day supply of covered drugs used regularly through **Amazon Pharmacy**
- Use the **VerusRx** specialty pharmacy service for specialty drugs

RETAIL SPECIALTY

CVS Specialty provides specialized care and support while filling your specialty medications. With a personalized CareTeam, digital tools, and the choice of pickup or delivery, we're here to help you. Call **800-237-2767** to sign up.

MAIL ORDER

VerusRx has partnered with **Amazon Pharmacy** to provide you with the fastest way to get your prescriptions delivered directly to your door. Enjoy an online shopping experience with the convenience of home delivery with free standard shipping for your 90-day supply prescriptions. Call **800-838-0007** or visit **https://pharmacy.amazon.com/how-it-works**. You can also email **customerservice@verus-rx.com** or fax **800-856-0327**.



VerusRx Member Website and App

The VerusRx Member Portal and **MyRXPlan app** help you manage your prescription benefits. Visit **https://verusrx.myrxplan.com/login** to register with your cardholder ID and group number.

- Find nearby network pharmacies
- Look up drugs and costs
- Call **866-967-7732** for help using the app

SPECIALTY MEDICATION

The **VerusPath Program** is available to members that are taking specialty or high-cost medications. This program can help to lower your out-of-pocket expenses. If your drug is eligible for the VerusPath Program, a Patient Care Advocate will reach out to you via phone or email. You do not need to contact VerusRx to enroll. Call **800-838-0007** or email **customerservice@verus-rx.com** for questions.

CUSTOMER SERVICE

VerusRx's Customer Service team is available 24/7 and ready to assist you with benefit overview, eligibility, claims, prior authorization, and more.

- Visit **www.verus-rx.com**.
- Call **800-838-0007**.
- Email **customerservice@verus-rx.com**, or fax **800-856-0327**.

Telemedicine

Your medical coverage offers telemedicine services through **MDLIVE** for **Cigna Healthcare**. Connect anytime day or night with a board-certified doctor via your mobile device or computer for free or for the same or less cost than a visit to your regular physician.

While telemedicine does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering an after hours health care clinic, urgent care clinic, or emergency room for treatment
- Are on a business trip, vacation, or away from home
- Are unable to see your primary care physician

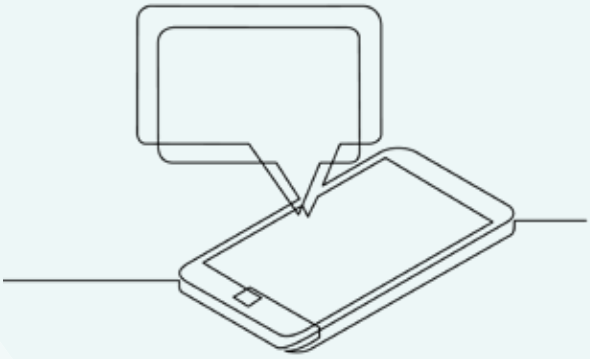
Registration is Easy

- Log in to www.mycigna.com and click on ***Talk to a doctor***.
- Call **888-726-3171**
- Download the **MDLIVE** app

When to Use Telemedicine

Telemedicine providers can treat an assortment of conditions, including:

Primary Care	Behavioral/Mental Health Care	Dermatology	Urgent Care
Preventive care	Addictions	Acne	Sore throat
Wellness screenings	Bipolar disorders	Eczema	Headache
Chronic conditions	Depression	Psoriasis	Earache
Lab work	Eating disorders	Rosacea	Fever
Diagnostic tests	Grief/Loss	Suspicious spots	Cold/Flu
	Panic disorders		Bronchitis
	Parenting issues		Allergies
	Postpartum depression		Stomachache
	Stress		Urinary tract infection
	Trauma/PTSD		Pink eye
			Rashes



Do not use telemedicine for serious or life-threatening emergencies.

Health Care Options

Becoming familiar with your options for medical care can save you time and money.

Health Care Provider	Symptoms	Average Cost	Average Wait
Non-Emergency Care			
Telemedicine Access to care via phone, online video, or mobile app whether you are home, work or traveling; medications can be prescribed **24 hours a day, 7 days a week**	• Allergies • Cough/cold/flu • Rash • Stomachache	$	**2-5 minutes**
Doctor's Office Generally, the best place for routine preventive care; established relationship; able to treat based on medical history **Office hours vary**	• Infections • Sore and strep throat • Vaccinations • Minor injuries/sprains and strains	$	**15-20 minutes**
Retail Clinic Usually lower out-of-pocket cost than urgent care; when you can't see your doctor; located in stores and pharmacies **Hours vary based on store hours**	• Common infections • Minor injuries • Pregnancy tests • Vaccinations	$	**15 minutes**
Urgent Care When you need immediate attention; walk-in basis is usually accepted **Generally includes evening, weekend and holiday hours**	• Sprains and strains • Minor broken bones • Small cuts that may require stitches • Minor burns and infections	$$	**15-30 minutes**
Emergency Care			
Hospital ER Life-threatening or critical conditions; trauma treatment; multiple bills for doctor and facility **24 hours a day, 7 days a week**	• Chest pain • Difficulty breathing • Severe bleeding • Blurred or sudden loss of vision • Major broken bones	$$$$	**4+ hours**
Freestanding ER Services do not include trauma care; can look similar to an urgent care center, but medical bills may be 10 times higher **24 hours a day, 7 days a week**	• Most major injuries except trauma • Severe pain	$$$$$	**Minimal**

Note: Examples of symptoms are not inclusive of all health issues. Wait times described are only estimates. This information is not intended as medical advice. If you have questions, please call the phone number on the back of your medical ID card.

Dental Coverage

Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Coverage is provided through **Cigna**.

DPPO Plan

Two levels of benefits are available with the DPPO plan: in-network and out-of-network. You may see any dental provider for care, but you will pay less and get the highest level of benefits with in-network providers. You could pay more if you use an out-of-network provider.

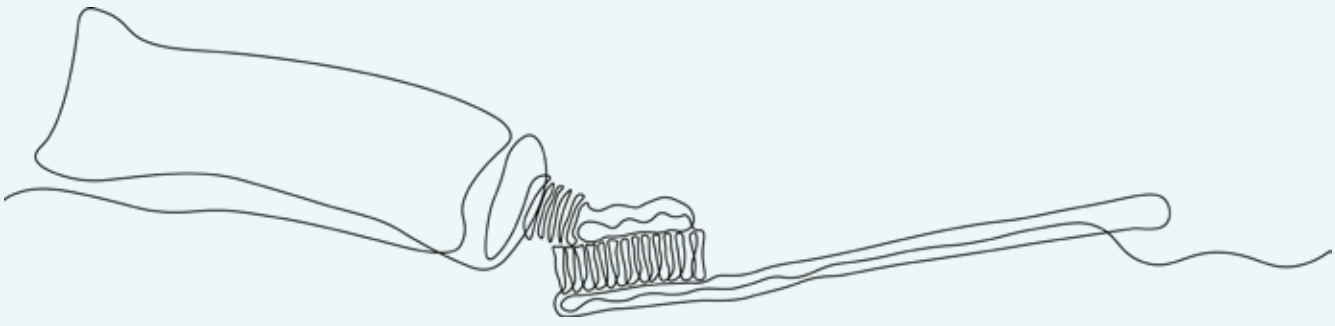
Dental Benefits Summary

	Plan
	In-Network and Out-of-Network[1]
Calendar Year Deductible • Individual • Family	 $50 $150
Calendar Year Benefit Maximum Per Individual	$1,500
	You Pay
Preventive Care Exams, cleanings, complete series X-rays	$0 (no deductible)
Basic Care Fillings, extractions, periodontics, root canals, endodontics, oral surgery	$0 after deductible
Major Restorative[2] Crowns, bridges, dentures, implants	50% after deductible

[1]Payment for covered services received from an out-of-network dentist is based on the 70th percentile of Usual, Customary and Reasonable (UCR) charges.
[2]A waiting period of 12 months applies to new hires only for major services.
Refer to the Cigna Patient Charge schedule for details.

Find an In-Network Provider

- Visit **www.mycigna.com**
- Call **800-244-6224**



Vision Coverage

Our vision plan offers quality care to help preserve your health and eyesight. Regular exams can detect certain medical issues such as diabetes and high cholesterol, in addition to vision and eye problems.

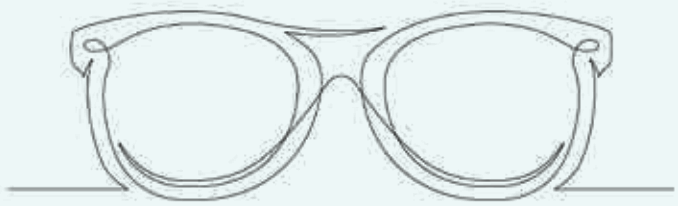
You may seek care from any vision provider, but the plan will pay the highest level of benefits when you see in-network providers. Coverage is provided through **Cigna** using the **EyeMed** vision network.

Find an In-Network Provider

- Visit **www.mycigna.com**
- Call **888-353-2653**

Vision Benefits Summary

	Vision Plan	
	In-Network You Pay	**Out-of-Network Reimbursement**
Exam	$60 allowance	Up to $60 allowance
Lenses	$250 allowance	Up to $250 allowance
Frames	$250 allowance	Up to $250 allowance
Prescription Contact Lenses	$250 allowance	Up to $250 allowance
Benefit Frequency		
Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Contacts	Once every 12 months	



Health Savings Account

A Health Savings Account (HSA) is a tax-exempt tool to supplement your retirement savings and to cover current and future health costs.

An HSA is a type of personal savings account that is always yours even if you change health plans or jobs. The money in your HSA (including interest and investment earnings) grows tax-free and spends tax-free if used to pay for current or future qualified medical expenses. There is no "use it or lose it" rule — you do not lose your money if you do not spend it in the calendar year — and there are no vesting requirements or forfeiture provisions. The account automatically rolls over year after year.

HSA Eligibility

You are eligible to open and contribute to an HSA if you are:

- Enrolled in the HSA-eligible HDHP
- Not covered by another plan that is not a qualified HDHP, such as your spouse's health plan
- Not enrolled in a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else's tax return
- Not enrolled in Medicare, Medicaid, or TRICARE
- Not receiving Veterans Administration benefits

Contributions

If you enroll in the HDHP medical plan, the Catholic Diocese of Memphis will contribute $750 ($1,000 for family) to your HSA each year you first open your account.

Maximum 2027 HSA Contributions			
	Employer	Employee	Total
Individual	$750	$3,750	**$4,500**
Family	$1,000	$8,000	**$9,000**

You decide whether to use the money in your account to pay for qualified expenses or let it grow for future use. If you are age 55 or older, you may make a yearly catch-up contribution of up to $1,000 to your HSA. If you turn 55 at anytime during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

Open an HSA

If you meet the eligibility requirements, you may open an HSA administered by **Cigna**. You will receive a debit card to manage your HSA account reimbursements. Keep in mind, available funds are limited to the balance in your HSA. To open an account, go to **www.mycigna.com**.

Decide How To Use Your HSA Funds

Use it Now

- Make annual HSA contributions.
- Pay for eligible medical costs.
- Keep HSA funds in cash.

Let it Grow

- Make annual HSA contributions.
- Pay for medical costs with other funds.
- Invest HSA funds.

Important HSA Information

- Always ask your network doctor to file claims with your medical, dental, or vision carrier so you will get the highest level of benefits. You can pay the doctor with your HSA debit card for any balance due.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through **Cigna** are eligible for automatic payroll deduction and company contributions.

Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to set aside pretax dollars from each paycheck to pay for certain IRS-approved health and dependent care expenses. We offer two different FSAs: one for health care expenses and one for dependent care expenses. **Pinnacle Bank** administers our FSAs.

How to Pay or Get Reimbursed for FSA Qualified Expenses

- Benefits Debit Card (Health FSA only)
  - » Spend your Health Care FSA funds and file no claims.
  - » Other than for copays, you must submit an itemized receipt.
- Pay out-of-pocket and submit receipts for reimbursement
  - » Email – **info@health.pnfp.com**
  - » Online – **www.pnfp.com/Hblogin**

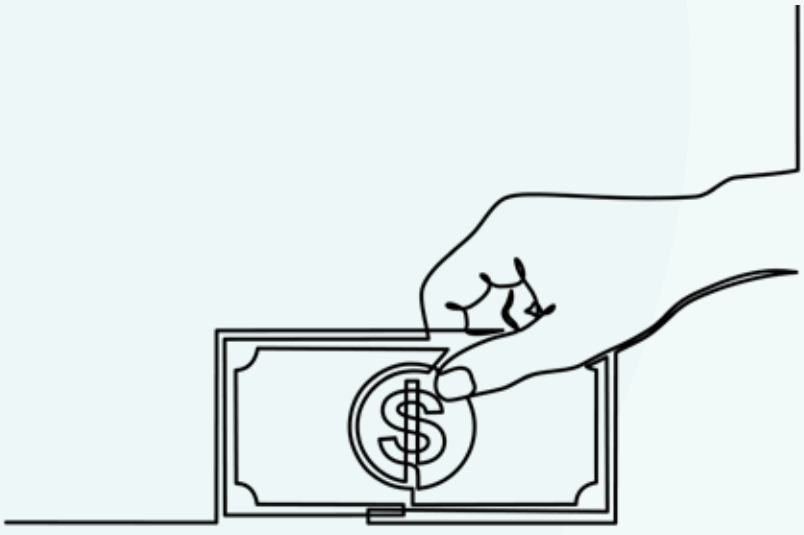
Health Care FSA

The Health Care FSA covers qualified medical, dental, and vision expenses for you or your eligible dependents. You may contribute up to **$3,500*** annually to a Health Care FSA, and you are entitled to the full election from day one of your plan year. Eligible expenses include:

- Dental and vision
- Medical deductibles and coinsurance
- Prescription copays
- Hearing aids and batteries

You may not contribute to a Health Care FSA if you enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA).

*Projected contribution limit for 2027.



Flexible Spending Accounts

Dependent Care FSA

The Dependent Care FSA helps pay for expenses associated with caring for elder or child dependents so you or your spouse can work or attend school full-time. You can use the account to pay for daycare or babysitter expenses for your children under age 13 and qualifying older dependents, such as dependent parents. Reimbursement from your Dependent Care FSA is limited to the total amount deposited in your account at that time. To be eligible, you (and your spouse, if married) must be gainfully employed, looking for work, a full-time student, or incapable of self-care.

Dependent Care FSA Considerations

- Overnight camps are not eligible for reimbursement (only day camps can be considered).
- If your child turns age 13 midyear, you may only be reimbursed for the time the child was under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.
- The dependent care provider cannot be your child under age 19 or anyone claimed as a dependent on your income taxes.

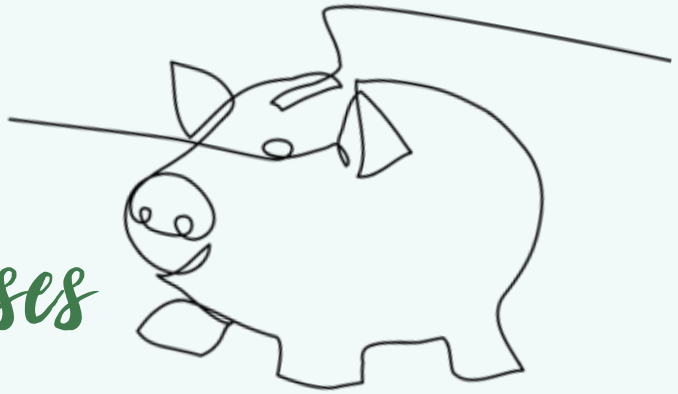
Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is **$3,500**.* The maximum per plan year you can contribute to a Dependent Care FSA is **$7,500** when filing jointly or head of household and **$3,750** when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.
- You can continue to file claims incurred during the plan year for another 90 days (up until March 30, 2028).
- Your plan includes a grace period. You can continue to incur claims after the plan year ends for another two and a half months (up until March 15, 2028). You may file claims incurred during the grace period for another 90 days (up until June 13, 2028).

Flexible Spending Accounts			
Account Type	**Eligible Expenses**	**Annual Contribution Limits**	**Benefit**
Health Care FSA	Most medical, dental, and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses, and doctor-prescribed over-the-counter medications)	**$3,500***	Saves on eligible expenses not covered by insurance, reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as daycare, after-school, or eldercare programs) so you and your spouse can work or attend school full-time	**$7,500** (filing jointly or head of household) **$3,750** (married and filing separate tax returns)	Reduces your taxable income

*Projected contribution limit for 2027.

List Of Qualified HSA and FSA Expenses



The products and services listed below are examples of medical expenses eligible for payment under your Health Care Flexible Spending Account (FSA) or Health Savings Account (HSA). This list is not all-inclusive; additional expenses may qualify and the items listed may change in accordance with IRS regulations. Refer to IRS *Publication 502 Medical and Dental Expenses* at **www.irs.gov** for complete details.

Abdominal supports

Acupuncture

Alcoholism treatment

Ambulance

Anesthetist

Arch supports

Artificial limbs

Blood tests

Blood transfusions

Braces

Cardiographs

Chiropractor

Contact lenses

Convalescent home (for medical treatment only)

Crutches

Dental treatment

Dental X-rays

Dentures

Dermatologist

Drug addiction therapy

Drugs (prescription)

Elastic hosiery (prescription)

Eyeglasses

Guide dog

Gum treatment

Gynecologist

Healing services

Hearing aids and batteries

Hospital bills

Hydrotherapy

Insulin treatment

Lab tests

Lead paint removal

Legal fees

Lodging (away from home for outpatient care)

Metabolism tests

Neurologist

Nursing (including board and meals)

Obstetrician

Operating room costs

Ophthalmologist

Optician

Oral surgery

Organ transplant (including donor's expenses)

Orthopedic shoes

Osteopath

Oxygen and oxygen equipment

Pediatrician

Physician

Physiotherapist

Podiatrist

Postnatal treatments

Practical nurse for medical services

Prenatal care

Prescription medicines

Psychiatrist

Psychologist

Psychotherapy

Radium therapy

Registered nurse

Special school costs for the handicapped

Splints

Surgeon

Telephone or TV equipment to assist the hard-of-hearing

Therapy equipment

Transportation expenses (relative to health care)

Vaccines

Vitamins (if prescribed)

Wheelchair

X-rays

Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance through **Voya** are important to your financial security, especially if others depend on you for support or vice versa.

With Life insurance, you or your beneficiary(ies) can use the coverage to pay off debts such as credit cards, loans, and bills. AD&D coverage provides specific benefits if an accident causes bodily harm or loss (e.g., the loss of a hand, foot, or eye). If death occurs from an accident, 100% of the AD&D benefit would be paid to you or your beneficiary(ies).

Basic Life and AD&D

Basic Life and AD&D insurance are provided at no cost to you. **You are automatically covered at your annual earnings (up to $100,000) for each benefit**. Your benefit amount reduces to 65% at age 65, to 40% at age 70, and to 25% at age 75. Coverage terminates at retirement unless retiree coverage is provided.

Voluntary Life and AD&D

If you need more coverage than Basic Life and AD&D, you may buy Voluntary Life and AD&D for yourself and your dependent(s). If you do not elect Voluntary Life and AD&D insurance when first eligible, or if you want to increase your benefit amount at a later date, you may need to show proof of good health. You must elect Voluntary Life and AD&D coverage for yourself before covering your spouse and/or child(ren).

Your benefit amount reduces to 60% of original coverage when you reach age 75; 35% at age 80; 27.5% at age 85; 20% at age 90; 7.5% at age 95, and 5% at age 100. Premium amounts are also reduced accordingly, and automatically adjusted for the new benefit amount.

Designating a Beneficiary

A beneficiary is the person or entity you elect to receive the death benefits of your Life and AD&D insurance policies. You can name more than one beneficiary, and you can change beneficiaries at anytime. If you name more than one beneficiary, you must identify how much each beneficiary will receive (e.g., 50% or 25%).

Voluntary Life and AD&D	
Employee	• Increments of $10,000 up to $500,000 • New Hire Guaranteed Issue $200,000 If you are already enrolled, you may increase during OE by 2 increments ($20,000) with no Evidence of Insurability (EOI). If you were not previously enrolled, you may purchase 1 increment ($10,000) during OE with no EOI.
Spouse	• Increments of $5,000 up to $250,000 not to exceed 50% of your election • New Hire Guaranteed Issue $50,000
Child(ren)	• Birth to age 26 – $2,500, $5,000, or $10,000 • New Hire Guaranteed Issue $10,000

Employee and Spouse Coverage Monthly Rate per $1,000*			
Employee and Spouse			
Age	**Rate**	**Age**	**Rate**
24-29	$0.06	**50-54**	$0.39
30-34	$0.07	**55-59**	$0.59
35-39	$0.09	**60-64**	$0.90
40-44	$0.15	**65-69**	$1.72
45-49	$0.25	**70+**	$2.54
Child Coverage		**$0.20**	

Monthly Rate per $1,000	
Employee	$0.02
Spouse	$0.02
Child(ren)	$0.02

*Spouse coverage terminates at the earliest of: retirement (unless retiree coverage is provided), age 70, or when the spouse is no longer eligible.

Conversion – Portability – Waiver of Premium

Upon termination of employment, you have the option to continue your company-paid Life and AD&D insurance and pay premiums directly to **Voya**. Your company-paid Life and AD&D insurance may be converted to an individual policy. Portability is available for Life coverage if you are enrolled in additional Life coverage. Portability is not available for AD&D. If you are disabled at the time your employment is terminated, you may be eligible for a Waiver of Premium while you are disabled. Contact Human Resources for a Conversion, Portability, or Waiver of Premium application.

Disability Insurance

Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. We provide Short Term Disability (STD) and Long Term Disability (LTD) at **no cost to you**.

Short Term Disability

STD coverage pays a percentage of your weekly salary if you are temporarily disabled and unable to work due to an illness, pregnancy, or non-work-related injury. STD benefits are not payable if the disability is due to a job-related injury or illness. If a medical condition is job related, it is considered Workers' Compensation, not STD.

Catholic Diocese of Memphis provides STD benefits through the Human Resources Department. The longer you are employed with us, the more time you will receive from this benefit when you have an illness or are injured.

Short Term Disability Benefits	
Length of Employment	**Eligible Time Off at 75% Pay**
6 months	1 month
1-2 years	2 months
2+ years	3 months

Long Term Disability

LTD insurance pays a percentage of your monthly salary for a covered disability or injury that prevents you from working for more than 90 days. Benefits begin at the end of an elimination period and continue while you are disabled up to the maximum benefit period.

The Catholic Diocese of Memphis provides LTD benefits through **Voya**.

Long Term Disability Benefits	
Benefits Begin	91st day
Percentage of Earnings You Receive	66.67%
Maximum Monthly Benefit	$5,000
Maximum Benefit Period	SSNRA
Pre-existing Condition Exclusion	3/12*

*Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.



Supplemental Benefits

You and your eligible family members have the opportunity to enroll in additional coverage that complements our traditional health care programs through **Voya**. Health insurance covers medical bills, but if you have an emergency, you may face unexpected out-of-pocket costs such as deductibles, coinsurance, travel expenses, and non-medical expenses.

Accident Insurance

Accident insurance provides affordable protection against a sudden, unforeseen accident. The Accident plan helps offset the direct and indirect expenses resulting from an accident such as copayments, deductible, ambulance, physical therapy, childcare, rent, and other costs not covered by traditional health plans. See the plan document for full details.

Voluntary Accident Plan		
Service	**Benefit**	
	Low Plan	High Plan
Ambulance Ground Air	 $500 $2,000	 $600 $2,500
Emergency Room	$300	$350
Hospital Admission	$1,500	$2,000
Hospital Confinement	$300 per day up to 365 days	$350 per day up to 365 days
Intensive Care Unit	$450 per day up to 15 days	$650 per day up to 15 days
Specific Sum Injuries Concussions, dislocations, eye injuries, fractures, lacerations, ruptured discs, and more	$30-$30,000	$60-$50,000
Accidental Death & Dismemberment[1] Employee Spouse Child(ren)	 $40,000 $20,000 $8,000	 $100,000 $50,000 $20,000
Employee Semimonthly Contributions		
Employee	$5.07	$7.09
Employee & Spouse	$8.76	$12.26
Employee & Child(ren)	$10.76	$15.15
Employee & Family	$14.45	$20.32

[1] Percentage of benefit paid for dismemberment is dependent on type of loss.

Supplemental Benefits

Critical Illness Insurance

Critical Illness insurance helps pay the cost of non-medical expenses related to a covered critical illness or cancer. The plan provides a lump sum benefit payment to you upon first and second diagnosis of any covered critical illness or cancer. The benefit can help cover expenses such as lost income, out-of-town treatments, special diets, daily living, and household upkeep costs.

Critical Illness Insurance	
Employee	$10,000, $20,000 or $30,000
Spouse	100% of employee benefit
Child(ren)	50% of employee benefit
First Occurrence Benefit	
Full Coverage Advanced dementia including Alzheimer's disease; amyotrophic lateral sclerosis; benign brain tumor; bone marrow transplant; coma; heart attack; Huntington's disease; invasive cancer; loss of hearing, sight or speech; major organ transplant; multiple sclerosis; muscular dystrophy; Parkinson's disease; severe burns; stem cell transplant; stroke; sudden cardiac arrest; type 1 diabetes	100% of benefit amount
Childhood Illnesses	100% of benefit amount
Partial Coverage Abdominal aortic aneurysm; Addison's disease; carcinoma in situ; coronary angioplasty; coronary artery bypass; implantable/internal cardioverter defibrillator; infectious disease requiring hospitalization; myasthenia gravis; open heart surgery for valve replacement or repair; pacemaker placement; ruptured or dissecting aneurysm; systemic sclerosis; thoracic aortic aneurysm; transcatheter heart valve replacement or repair; transient ischemic attack	10%-50% of benefit amount
Wellness Benefit One per covered person per calendar year	$75

Employee Semimonthly Contributions*			
	Employee/ Spouse	Employee/ Spouse	Employee/ Spouse
Age	**$10,000**	**$20,000**	**$30,000**
<25	$3.10	$6.20	$9.30
25-29	$3.45	$6.90	$10.35
30-34	$4.05	$8.10	$12.15
35-39	$4.85	$9.70	$14.55
40-44	$6.35	$12.70	$19.05
45-49	$7.50	$15.00	$22.50
50-54	$9.00	$18.00	$27.00
55-59	$10.40	$20.80	$31.20
60-64	$13.00	$26.00	$39.00
65-69	$15.90	$31.80	$47.70
70+	$23.45	$46.90	$70.35

*Child coverage included in employee election.

Hospital Indemnity Insurance

Hospital Indemnity insurance helps you with the high cost of medical care by paying you a set amount when you have an inpatient hospital stay. Unlike traditional insurance, which pays a benefit to the hospital or doctor, this plan pays you directly based on the care or treatment that you receive. These costs may include meals and transportation, childcare, or time away from work due to a medical issue that requires hospitalization.

Hospital Indemnity Insurance	
Hospital Admission	$1,000
Intensive Care Unit Admission	$2,000
Hospital Confinement	$250 per day, up to 30 days
Intensive Care Unit Confinement	$500 per day, up to 30 days
Newborn Nursery	$300 one-time benefit (for normal or C-section delivery)
Employee Semimonthly Contributions	
Employee Only	$8.97
Employee + Spouse	$17.94
Employee + Child(ren)	$19.29
Employee + Family	$28.26

Employee Assistance Program

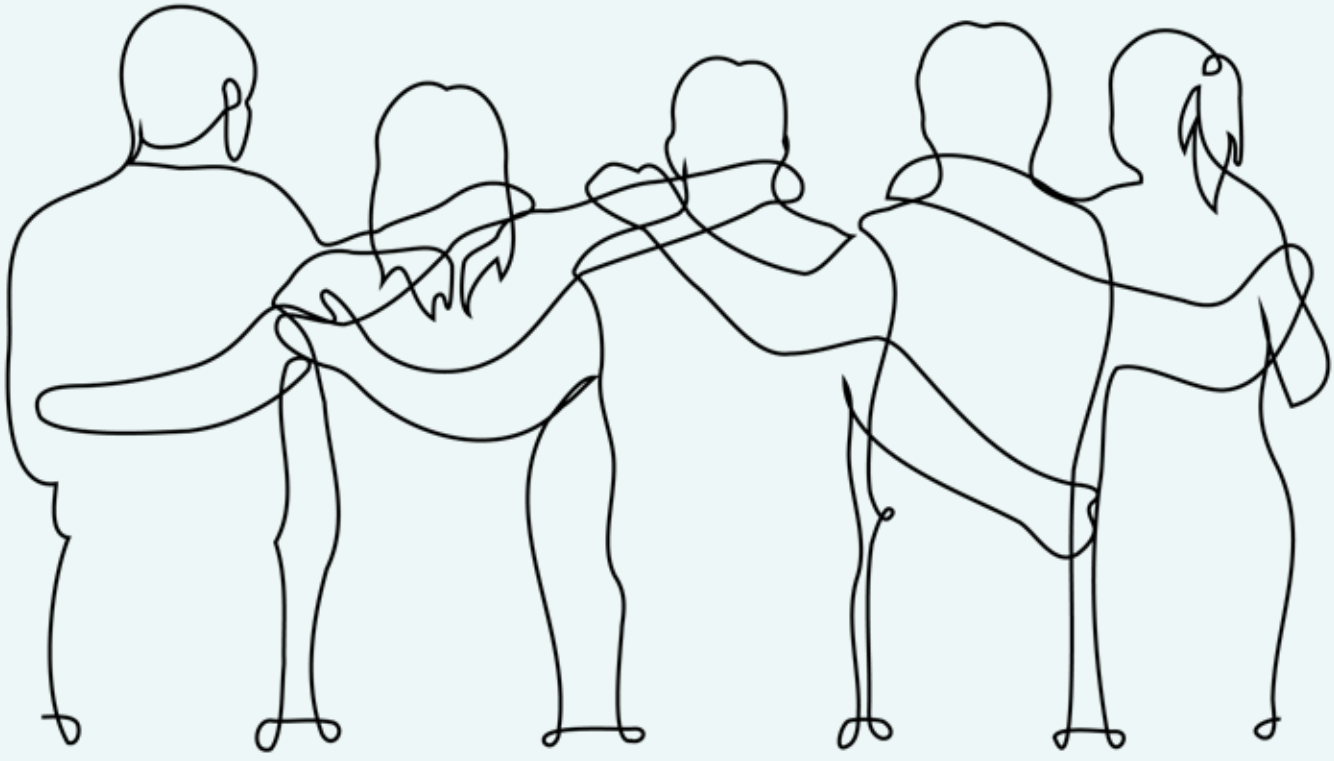
The Employee Assistance Program (EAP) from **Voya/TELUS Health** helps you and family members cope with a variety of personal and work-related issues.

This program offers confidential counseling and support at little or no cost to you. Access it 24/7 by phone, web, or mobile app for help with:

- Relationships
- Work/life balance
- Stress and anxiety
- Will preparation and estate resolution
- Grief and loss
- Childcare and eldercare resources
- Substance abuse

For Support at Any Hour of the Day or Night

- Visit **www.one.telushealth.com**; Username: **Voya**; Password: **eap**.
- Download the **TELUS Health One app**.
- Call **833-303-3750**.



Additional Benefits

Voya offers the following benefits and services at no extra cost to you.

Travel Assistance

If you are traveling more than 100 miles away from home, Voya Travel Assistance can help 24/7 with pre-trip planning, emergency medical needs, translation services, lost baggage or documents, legal referrals, and more.

- Call in the U.S., **800-859-2821**; everywhere else, **202-296-8355**
- Email: **ops@gga-usa.com**
- Online: **https://travelsecurity.garda.com**
- Contract Number: **17372020** (for registration)
- Group Number: **73487-0**

Will Preparation

Creating a will is an important investment in your future. In just minutes, you can create a personalized will that keeps your information safe and secure. **Everest**'s online tool helps you create a basic will and other essential legal documents. The tool asks a series of questions and then creates the required clauses to create a downloadable document.

1. Go to **www.everestfuneral.com/voya**
2. Enter your email address and your employer's name
3. Create a password and complete your online profile
4. Access "Planning Tools"

Funeral Planning and Concierge Services

Everest offers AV funeral concierge service with online tools and live support to help guide you through key decisions. It offers pre-planning, documentation of wishes, and cost comparisons for funeral-related expenses.

- Call **800-913-8318**
- Go to **www.everestfuneral.com/voya**.
- Use the group name **Catholic Diocese of Memphis** and group number **73487-0**.



Retirement Plan

A 403(b) plan can be a powerful tool to help you be financially secure in retirement. Our 403(b) plan through **Corebridge Financial** can help you reach your investment goals.

How the Retirement Plan Works

You are eligible to participate in the plan if you are 18 years of age. You may contribute up to the IRS limit.

You decide how much you want to contribute and can change your contribution amount anytime. All changes are effective as soon as administratively feasible and remain in effect until you update or stop your contributions. You also decide how to invest the assets in your account and may change your investment choices anytime. For more details, refer to your 403(b) Enrollment Guide or contact **Corebridge Financial** at **800-448-2542**.

Enrollment

You are automatically enrolled at 2% of your earnings. If you want to change or cancel your contribution, you must contact **Corebridge Financial** at **www.corebridgefinancial.com/retire** or by calling **800-448-2542.**

Company 403(b) Match

After you have been employed for one year with Catholic Diocese of Memphis, we will match 0.5% for each percentage you contribute up to a maximum match of 2%. In addition to the match, the Diocese will also contribute 5% to your account, whether or not you contribute anything.

Vesting

You are always 100% vested in your own contributions. You are 100% vested in matching company contributions after three years of service.

Investment Options

You may direct your contributions to any of the investments offered within the company 403(b) plan. Changes to your investments can be made by calling **800-448-2542**.



2027 IRS Contribution Limits

- $25,500*
- 8,500* additional contribution if age 50 or older

*Projected contribution limits for 2027.

Employee Monthly Contributions

					Your Contributions
Medical – Full-time Employees 30-40 Hours per Week	**PPO Plan**		**HDHP Plan**		
	Employer Portion	**You Pay**	**Employer Portion**	**You Pay**	
Employee	$1,360	**$145**	$1,360	**$52**	**$**
Employee + Spouse	$1,360	**$545**	$1,360	**$365**	
Employee + Family	$1,360	**$790**	$1,360	**$580**	
Medical – Part-time Employees 20-29 Hours per Week	**PPO Plan**		**HDHP Plan**		
	Employer Portion	**You Pay**	**Employer Portion**	**You Pay**	
Employee	$945	**$560**	$945	**$467**	**$**
Employee + Spouse	$945	**$960**	$945	**$780**	
Employee + Family	$945	**$1,205**	$945	**$995**	
Dental					
	Employer Portion		**You Pay**		
Employee	$0.00		**$41.30**		**$**
Employee + Spouse	$0.00		**$79.20**		
Employee + Family	$0.00		**$113.63**		
Vision					
Employee	Included with medical				**$**
Employee + Spouse					
Employee + Family					
Life and AD&D					
Basic Life and AD&D	Paid by Catholic Diocese of Memphis.				**$**
Voluntary Life and AD&D	See page 20 for rates.				**$**
Disability					
Short Term Disability	Paid by Catholic Diocese of Memphis.				**$**
Long Term Disability	Paid by Catholic Diocese of Memphis.				**$**
Additional Benefits					
Accident	See page 22 for rates.				**$**
Critical Illness	See page 23 for rates.				**$**
Hospital Indemnity	See page 23 for rates.				**$**
Your Total Benefits Cost					**$**



Legal Notices

Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- 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; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage or Becoming Eligible for Medicaid or a state Children's Health Insurance Program (CHIP)

If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

Legal Notices

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for, such assistance.

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 31 days after the marriage, birth, or placement for adoption.

For More Information or Assistance

To request special enrollment or obtain more information, contact:

Catholic Diocese of Memphis
Colleen Goodspeed, Director Human Resources
5825 Shelby Oaks Drive
Memphis, TN 38134
901-373-1200

Medicare Part D Creditable Coverage Notice

Important Notice from Catholic Diocese of Memphis about Your Prescription Drug Coverage and Medicare

Please read this notice carefully for information about your current prescription drug coverage from Catholic Diocese of Memphis 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 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) which offers prescription drug coverage. 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. Catholic Diocese of Memphis has determined the prescription drug coverage offered by the medical plan options under the Catholic Diocese of Memphis Employee Benefits Plan (the "plan") is "creditable." In other words, Catholic Diocese of Memphis has determined that the prescription drug coverage offered by the medical plan options under the plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays (and, therefore, is considered to be "creditable" coverage). Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you decide to later 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 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-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 will not be affected. Coverage between the Catholic Diocese of Memphis plan and Medicare Part D may be coordinated. However, for employers with fewer than 20 employees, Medicare will be the primary payer and group health plan coverage could be impacted.

Legal Notices

If you do decide to join a Medicare drug plan and drop your current Catholic Diocese of Memphis coverage, be aware you and your dependents may not be able to get this coverage back until open enrollment or if a HIPAA special enrollment right is triggered.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know if you drop or lose your current coverage with Catholic Diocese of Memphis 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 percent of the Medicare base beneficiary premium per month for every month in which you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent 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 Human Resources office for further information or call the phone number on the back of your medical insurance ID card.

Please note you will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, as well as if this coverage through Catholic Diocese of Memphis 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 which offer prescription drug coverage is in the "Medicare & You" handbook. You may 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 the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **l-800-MEDICARE** (**1-800-633-4227**); TTY users should call (TTY **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).

Newborns' and Mother's Health Protection Act

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Legal Notices

Notice of HIPAA Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses And Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Legal Notices

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information available at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **1-877-696-6775**, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Legal Notices

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

1. Help manage the health care treatment you receive
    - We can use your health information and share it with professionals who are treating you.

      Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
2. Run our organization
    - We can use and disclose your information to run our organization and contact you when necessary.
    - We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

      Example: We use health information about you to develop better services for you.
3. Pay for your health services
    - We can use and disclose your health information as we pay for your health services.

      Example: We share information about you with your dental plan to coordinate payment for your dental work.
4. Administer your plan
    - We may disclose your health information to your health plan sponsor for plan administration.

      Example: Your Catholic Diocese of Memphis contracts with us to provide a health plan, and we provide your Catholic Diocese of Memphis with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

1. Help with public health and safety issues

   We can share health information about you for certain situations such as:
    - Preventing disease
    - Helping with product recalls
    - Reporting adverse reactions to medications
    - Reporting suspected abuse, neglect, or domestic violence
    - Preventing or reducing a serious threat to anyone's health or safety
2. Do research

   We can use or share your information for health research.
3. Comply with the law

   We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
4. Respond to organ and tissue donation requests and work with a medical examiner or funeral director
    - We can share health information about you with organ procurement organizations.
    - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Legal Notices

5. Address workers' compensation, law enforcement, and other government requests

   We can use or share health information about you:

   - For workers' compensation claims
   - For law enforcement purposes or with a law enforcement official
   - With health oversight agencies for activities authorized by law
   - For special government functions such as military, national security, and presidential protective services

6. Respond to lawsuits and legal actions

   We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Contact Information

If you have any questions about this Notice or about our privacy practices, and for any correspondence or requests related to the contents of this Notice, please contact:

Catholic Diocese of Memphis
Colleen Goodspeed, Director Human Resources
5825 Shelby Oaks Drive
Memphis, TN 38134
901-373-1200

Effective Date

This Notice is effective February 15, 2026.

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.

Legal Notices

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, 2026. Contact your State for more information on eligibility.

Alabama – Medicaid

Website: http://www.myalhipp.com/
Phone: 1-855-692-5447

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

Arkansas – Medicaid

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

California– Medicaid

Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

Colorado – Health First Colorado (Colorado's Medicaid Program) and 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

Florida – Medicaid

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

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

Illinois – Medicaid

Illinois Medicaid Premium Assistance Information
Medicaid application website: https://abe.illinois.gov
HIPP Hotline Number: 217-524-8268
HIPP Email: mhfs.boc.hipp@illinois.gov

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

Iowa – Medicaid and CHIP (Hawki)

Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
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

Kansas – Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

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

Louisiana – Medicaid

Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000, Tucker, GA 30084

Legal Notices

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

Massachusetts – Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

Minnesota – Medicaid

Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

Missouri – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

Montana – Medicaid

Website: https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

Nebraska – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

Nevada – Medicaid

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

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

New Jersey – Medicaid and CHIP

Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/
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)

New York – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

North Carolina – Medicaid

Website: https://medicaid.ncdhhs.gov
Phone: 919-855-4100

North Dakota – Medicaid

Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

Oklahoma – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

Oregon – Medicaid

Website: https://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

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.dhs.pa.gov/chip/pages/chip.aspx
CHIP Phone: 1-800-986-KIDS (5437)

Rhode Island – Medicaid and CHIP

Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line)

South Carolina – Medicaid

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

South Dakota - Medicaid

Website: https://dss.sd.gov
Phone: 1-888-828-0059

Texas – Medicaid

Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

Utah – Medicaid and CHIP

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/

Vermont– Medicaid

Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

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

Washington – Medicaid

Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

Legal Notices

West Virginia – Medicaid and CHIP
Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)
Wisconsin – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
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, 2026**, or for more information on special enrollment rights, can 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

Continuation of Coverage Rights Under COBRA

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if you are covered under the Catholic Diocese of Memphis group health plan you and your eligible dependents may be entitled to continue your group health benefits coverage under the Catholic Diocese of Memphis plan after you have left employment with the Catholic Diocese of Memphis. If you wish to elect COBRA coverage, contact your Human Resources Department for the applicable deadlines to elect coverage and pay the initial premium.

Plan Contact Information

Catholic Diocese of Memphis
Colleen Goodspeed, Director Human Resources
5825 Shelby Oaks Drive
Memphis, TN 38134
901-373-1200

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that have not signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

- Emergency services – If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Legal Notices

- Certain services at an in-network hospital or ambulatory surgical center – When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers cannot balance bill you, unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing is not allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you have been wrongly billed, you may contact your insurance provider. Visit **www.cms.gov/nosurprises** for more information about your rights under federal law.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options.

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

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

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

Legal Notices

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 10.22% of your household income (for 2027), or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

If you work full-time and are eligible for coverage under your employer's health plan, the plan satisfies the minimum value standard, and the cost is intended to be affordable based on employee wages, you will not be eligible for a tax credit.

If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your Human Resource department at **phone**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its costs. Please visit **www.healthcare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] A health plan provides "minimum value" if the plan's share of the total allowed benefit costs covered by the plan is at least 60% of such costs.



This brochure highlights the main features of the Catholic Diocese of Memphis employee benefits program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Catholic Diocese of Memphis reserves the right to change or discontinue its employee benefits plans anytime.