



THE ROMAN CATHOLIC ARCHDIOCESE OF ATLANTA

Lay Employees

A Quick Guide to Your Benefits Effective January 2026

www.MERITAIN.com

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Your Roman Catholic Archdiocese of Atlanta Summary of Benefits and Coverage (SBC) Can Be Found Online

Availability of Summary Health Information

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

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

The SBC for both the Value and Premier plan can be found at the Archdiocese of Atlanta's website.

1. Go to **www.archatl.com**
2. Click on *Offices* at the top menu
3. Scroll down and select *Human Resources*
4. Click on *Benefits Information* on the right of the screen

You can also go directly to the documents with this link:

<http://www.archatl.com/offices/human-resources/insurance-information/>

If you would like to request a hard copy of the Summary of Benefits and Coverage and Glossary of Health Coverage and Medical Terms, please submit your request in writing to: The Roman Catholic Archdiocese of Atlanta Attn: Employee Benefit Office, 2401 Lake Park Drive SE Smyrna, Georgia 30080, or email your request to fduhé@archatl.com

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
The Roman Catholic Archdiocese of Atlanta: Premier Plan

Coverage Dates: 01/01/2026-12/31/2026

Coverage for: Single + Family | Plan Type: POS

 The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to www.meritain.com, or by calling (404) 920-7486. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call Meritain Health, Inc. at (866) 303-2689 to request a copy.		
Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	For participating <u>providers</u> : \$400 person / \$1,200 family; For non-participating <u>providers</u> : \$400 person / \$1,200 family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. For participating <u>providers</u> : <u>Preventive care</u> , <u>urgent care</u> and office visits are covered before you meet your deductible.	This <u>plan</u> covers some items and services even if you haven't yet met the _____
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	For participating <u>providers</u> : \$1,750 individual / \$3,500 family; For non-participating <u>providers</u> : \$2,900 individual / \$5,800 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.

From the Roman Catholic Archdiocese of Atlanta

The Archdiocese of Atlanta's benefits program is designed to help meet your needs when you or your family members become ill, as well as provide for ongoing preventative care to help maintain good health.

The Archdiocese of Atlanta has selected Meritain Health to administer your Medical, Dental and Vision benefits and OptumRx to administer your prescription drug benefit.

Meritain Health and OptumRx customer service representatives are trained to provide personalized service and prompt resolution of any problems that may arise.

This Benefits Guide, along with your Group Health Care Plan Document and your Hartford Benefit Plan Booklet, provides a full explanation of the Archdiocese of Atlanta benefits available to you and to your family.

If you have concerns or questions about your benefits plan, please contact the Archdiocese Employee Benefits Department:

Lily Gallagher
Director of Benefits
404-920-7485
lgallagher@archatl.com

Fay Duhé
Senior Benefits Specialist
404-920-7484
fduhe@archatl.com

Helpful phone numbers

If you have questions about... You may call...		At this number
• Medical/Dental coverage	Meritain Health Customer Service	866-303-2689
• Prescription drug coverage	OptumRx	855-896-9779
• Participating providers	Aetna	800-343-3140
• Precertification	Meritain Health Medical Management	866-405-2021
• Health and Wellness	24 x 7 Nurse Line	888-229-9301
• Enrollment or benefit questions	The Archdiocese of Atlanta	
	Lily Gallagher – Director of Benefits	404-920-7485
	Fay Duhé - Senior Benefits Specialist	404-920-7484

These materials were created to help you understand the benefits available to you. This is not a Summary Plan Description and is not intended to replace the benefit summary or schedule of benefits contained within the plan. If any provision of these materials is inconsistent with the language of the Plan, the language of the Plan will govern. Meritain Health is not an insurer or guarantor of benefits under the Plan.

Your benefits plan

- ✓ Convenient co-pays for physician office visits.
- ✓ Reasonably priced prescription co-pays.
- ✓ Online access to tools and services through Meritain.com.
- ✓ Annual physicals, preventative care and well-child care
- ✓ QuestSelect Lab Program.
- ✓ 24 x 7 Nurse Line.
- ✓ Dental benefits.
- ✓ Vision benefits.

Have you registered at Meritain.com? *Be sure to register, so you can access tools and services! See pages 16 and 17 for more information.*

Eligibility

- ✓ **These benefits are available to you and your eligible dependents once you have completed a 60-day waiting period from the date your full-time employment began.**

Eligible Dependents May Include:

- ✓ Your spouse (without access to another employer group health plan - as defined in the Plan).
- ✓ Natural children.
- ✓ Step children living in your household.
- ✓ Adopted children.
- ✓ Children placed in your home for adoption.
- ✓ Children for whom you are legal guardian.

What is the Working Spouse Rule?

This provision states that if an employee's spouse is eligible for group health coverage under his/her employer sponsored plan, the spouse is not eligible for coverage under this group health plan.

Do you have children aged 25 years and younger?

Dependent children are eligible to remain covered on the plan until the end of the month in which they reach age 26.

Which plan is primary for your dependent children?

The birthday rule answers this question. Under the birthday rule, the parent who has the first birthday in the year carries the primary coverage for all dependent children. The parent whose birthday falls later in the year carries the secondary coverage. If both parents have the same birth date, the plan that has covered a dependent child for the longer period of time is primary.

Can you decline these benefits?

An Eligible Lay Employee must participate in the plan and is required to complete, sign and return the enrollment form to the Archdiocese of Atlanta at time of eligibility. ***If an eligible employee fails to return their enrollment form within 31 days of their initial eligibility, they will be automatically enrolled in the Value Plan, with employee only coverage.***

You may decline coverage for your spouse and dependent children if they have other coverage. Consider your decision carefully, because if you decline dependent coverage now, you may only enroll them later if a **special enrollment situation/qualifying family status change** occurs, or during the **next annual enrollment period**.

Annual enrollment period

A period of time, occurring annually during which an employee may waive or add coverage for their dependents, or change their medical plan option – i.e. Value to Premier or Premier to Value.

What happens if I have other medical coverage?

This plan is primary to any other health plan you may have, including in most cases, Medicare. If you do have other health coverage, confirm this with your other health insurer.

Notifying Employee Benefits of changes in eligibility

Qualifying Events and Special enrollment situations - To avoid a denial of claims, you must notify Employee Benefits within **31 days** if you wish to add a dependent as a result of a special enrollment situation or qualifying family status change. Failure to notify Employee Benefits within 31 days of the event means that you will need to wait until the next annual enrollment to make changes to your benefits.

***Q:** My wife is pregnant and will be quitting her job. When should I enroll her and the new baby?*

***A:** You must request enrollment within 31 days following the birth of your new child and 31 days following the termination of your wife's employment. Coverage will be retroactive to the date of the event. The same 31 day rule applies to any special enrollment situation.*

Loss of eligibility - You must notify Employee Benefits within **31 days** of any event that results in a loss of coverage—such as divorce, or dependents exceeding the maximum age. If you wish to extend coverage for these dependents, you must notify Employee Benefits within **31 days** of the event.

Pre-existing conditions

Pre-existing condition exclusions do not apply to this medical plan.

Features of your plan

Understanding the features of the health plan that the Archdiocese of Atlanta has designed for you is the first step to maximizing the benefits of your healthcare coverage.

You will be responsible for some out-of-pocket expenses.

Co-payments (co-pays) and deductibles are costs you will encounter when you receive healthcare services.

Co-payment (Co-pay): An amount of money that a participant is required to pay each time he or she visits a healthcare provider, or fills a prescription.

Deductible: The annual out-of-pocket amount that a plan participant is responsible for paying before the health plan covers his or her medical costs. Until a person meets the annual deductible, he or she pays the full cost of healthcare services received, unless the service is not subject to the annual deductible as stated in the benefit schedule.

After you meet any applicable deductible, you will still pay a portion of your medical costs. Your plan pays for a percentage of the costs your healthcare provider charges. The remaining difference is your responsibility.

Your plan also has an out-of-pocket maximum, which is the most money you are expected to pay in a calendar year for covered health expenses.

Important note: Not all costs are subject to your deductible or apply to the out-of-pocket maximum.

See your Plan Document for more detailed information.

Special enrollment situations/Qualifying family status changes

These situations generally include: Birth or Adoption of a child; Marriage or Divorce; Legal Separation; Death; Spouse's change in insurance eligibility due to gain or loss of employment; Dependent involuntarily loses or gains insurance eligibility.

Your plan features a POS Network

Your Point of Service (POS) network negotiates contracts with physicians and other certified healthcare providers. Under these contracts, providers furnish medical services for predetermined prices that are lower than they would normally charge. This means cost savings for you! These providers are called participating or in-network providers.

Using your POS network is convenient and easy.

Participating providers are conveniently located in urban and rural areas.

Emergency care and affiliated providers.

Treatment in a hospital emergency room, including professional services will be payable as shown in the Schedule of Medical Benefits in the Plan Document.

Freedom from claim forms.

You won't need to complete claim forms or other paperwork when you visit a participating provider. Just pay your co-pay, and you're on your way!

If you use a non-participating provider, you may be required to cover the cost of the service and then submit your claim to the address on the back of your Archdiocese Health ID card.

Quick Tip: Did you know the health plan covers age appropriate cancer screenings (like mammograms, including 3-D mammograms and colonoscopy) at 100% without having to meet your deductible when you use an in-network provider; and routine exams are covered in your in-network physician's office with an office visit co-pay, without having to meet your deductible?

Telemedicine Coverage

Telemedicine is the practice of using technology (video conferencing, email and/or telephone calls) to deliver medical care at a distance. The plan will cover primary care physician (PCP) and specialist telemedicine calls and appointments at the office visit co-pay. Use the Provider Directory to check if your provider offers telemedicine.

Hearing aid benefit

The Group Health program covers hearing aids as prescribed by a physician or audiologist. The maximum benefit is \$4,000 (\$2,000/ear, if done individually) and is available once every four years.

Finding a Network Provider

To determine a provider's participation in your POS network, access the Provider Directory online or call your Provider Participation line:

- Aetna: 1-800-343-3140
<http://www.aetna.com/docfind/custom/mymeritain>



Benefits of Telemedicine

Your electronic health care solution

What is telemedicine?

Telemedicine is the practice of using technology to deliver medical care at a distance. A physician in one location uses telecommunication to deliver care to a patient at another location. These telecommunications may include, but are not limited to video conferencing, email and telephone calls.

How does telemedicine work?

Your primary care physician (PCP) or specialist may already offer telemedicine calls and appointments. Telemedicine consultations bring you and a doctor together more efficiently, helping you skip long waiting lists to get an appointment sooner. Using a virtual meeting or phone call, you can talk to a doctor about symptoms and a treatment plan from the comfort of your own home.

Advantages of telemedicine

Telemedicine offers several benefits to help you get and stay healthy. These include:

- Access to care.
- Treatment right from your home.
- Flexible scheduling.
- Medical support and information.

Your network status

To check if your provider offers telemedicine, you can visit DocFind through Aetna.com or visit:

<http://www.aetna.com/docfind/custom/mymeritain/>.

Please refer to your plan document to ensure your plan offers coverage for telemedicine.

Questions?

If you have any questions, Meritain Health® is here to help! Just call the number on the back of your ID card.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.

Sources:

<https://www.healthline.com/health/telemedicine-benefits-and-advantages#1>

<https://vsee.com/what-is-telemedicine/>

<https://www.aafp.org>



ADVOCATES FOR
HEALTHIER LIVING

Advocates for Healthier Living

Meritain Health provides easy-to-use health care benefits you can use to stay healthy and productive. Contact us at the number on your ID card if you have any questions about your plan.



Your DocFind[®] Online Directory

Aetna Choice[®] Point of Service (POS) II

Archdiocese of Atlanta

It's easy to find doctors and hospitals in your network

When you and your family need care, you can look for doctors and hospitals in the Aetna Choice POS II network. It's easy when you use the online DocFind directory from Aetna.* With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more.

Find Aetna providers online in just a few quick steps

You can use the DocFind directory anywhere you have Internet access. Just:

1. Visit <http://www.aetna.com/docfind/custom/mymeritain/>.
2. Key in the zip, city, county or state of the desired geographical area in the *Enter location here* field. Click *Search*.
3. Key in *Aetna Choice[®] POS II (Open Access)* under *Select a Plan*. or you can select *Aetna Choice[®] POS II (Open Access)* from the list of plans. Click *Continue*.
4. There are two options available to search for providers. The guided flow search uses some of our most commonly searched terms and easily organizes them for our users to find. To use the guided search flow choose and click on one of the categories under *Find what you need by category*.
Or
5. Use the search box which includes type-ahead suggestions and will present provider, facility, specialty, and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. To use the search box, key in the type of provider, provider name, specialty or condition in the search field under *What do you want to search for near* (will display your chosen location).
6. Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.
7. Narrow your search results by using the *Filter & Sort* option. Choices include *Gender, Languages, Hospital Affiliations, Office Detail, Individual Practice Association Affiliations, Group Affiliations, and Provider Type*.

Please note: The Archdiocese of Atlanta is not contracted with Aetna dental or vision providers. In-network discounts do not apply for dental or vision services, and providers may ask you to pay for services up front.

Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 8:00 a.m.–9:00 p.m. ET, Monday through Friday.

If you need more information, we're here to help. Just call Meritain Health at 1.800.925.2272.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates.*

Providers are independent contractors and are not agents of Aetna or Meritain Health. Provider participation may change without notice. Neither Aetna nor Meritain Health provides care or guarantees access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Additional questions?

Just call Meritain Health Customer Service at the number located on your ID Card.



Your plan includes prescription drug benefits

OPTUMRX

Your prescription benefits are administered by OptumRx

OptumRx Member Services

- 1-855-896-9779, 24 hours a day, seven days a week.
- Via the OptumRx website: www.OptumRX.com. You can also manage your home delivery prescriptions.

Prescription drug co-payments

Your prescription co-pay will depend on whether your medication is a generic or brand name drug. Generic drugs have the lowest co-pays; brand name co-pays are higher.

	Retail Pharmacy	Mail Order
Generic drugs	\$10	\$20
Brand-name drugs	\$30	\$60

- Important note:**
- Not all classes of medication are covered by your plan.
 - All over-the-counter medications are excluded as well as drugs used for cosmetic purposes.
 - Other drugs may also be excluded.
 - Contact OptumRx, or refer to your plan document for additional information.

Prior authorization is required for certain drugs.

- Some prescription drugs require prior authorization. Prior authorization is used to manage prescriptions that are very expensive or have the potential for inappropriate use. For more information, refer to your plan document or contact OptumRx at 1-855-896-9779.
- To obtain prior authorization, your doctor must call OptumRx and provide a letter of medical necessity:

You have two purchase options.

- **Retail pharmacy-** When you need a prescription for 30 days or less, take it to a participating pharmacy or ask your physician's office to call the prescription in. At the pharmacy, present your Archdiocese Health ID card and make the appropriate co-payment.
- **OptumRx Home Delivery** – OptumRx Home Delivery Program is designed for plan participants taking maintenance medications, or those medications taken on a regular basis, for the treatment of long-term conditions such as diabetes, arthritis or heart conditions. The program provides up to a 90- day supply of medication, delivered directly to your home or other requested location, postage paid.
- In order to fill your prescription through the OptumRx Home Delivery Program, mail your prescription, order form and payment directly to OptumRx. You may also ask your doctor to fax your prescription by calling 1-855-896-9779 for further instruction, or they can send an electronic prescription to OptumRx.

- If you are a first-time visitor to the site please take a moment to register. Have your member ID and a prescription number available. You can also download the OptumRx App.
- To order refills, call OptumRx. Refills are normally delivered within 3 to 5 days. You can also sign up to receive phone, text and/or email reminders.
- To ensure timely delivery, please place your orders at least two weeks in advance to allow for mail delays and other circumstances beyond our control. If you have any questions concerning your order, or if you do not receive your medication within the designated timeframe, please contact OptumRx.
- If a new medication has been prescribed for you to take immediately, please ask your doctor to issue two prescriptions; one prescription should be written and filled at your local pharmacy and the second should be written for up to a 90-day supply and mailed to the OptumRx Mail Order Pharmacy.

Finding a participating pharmacy is easy!

To find a participating pharmacy, you can use the **Locate a Pharmacy** tool through your online account at www.OptumRx.com, or via the OptumRx App. You can also call customer service at 1-855-896-9779.



With **optumrx.com** and the OptumRx app, you can get information on your prescriptions and pharmacy benefit anytime.

- View your prescription history
- Compare medication pricing and options
- Set up email or text message reminders

Quick Tip: Did you know that many retail pharmacies offer hundreds of Generic prescriptions for less than your generic copay - have you checked with your pharmacist to see if your drug is on the list?

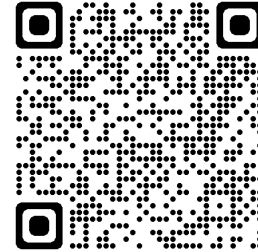
Website home page

Log in to optumrx.com with your user name and password or register, to view general health information. Visit **optumrx.com** for information to help you better understand and manage your medications. It's safe and secure.

Website features and tools

Once registered on our website, you will be able to:

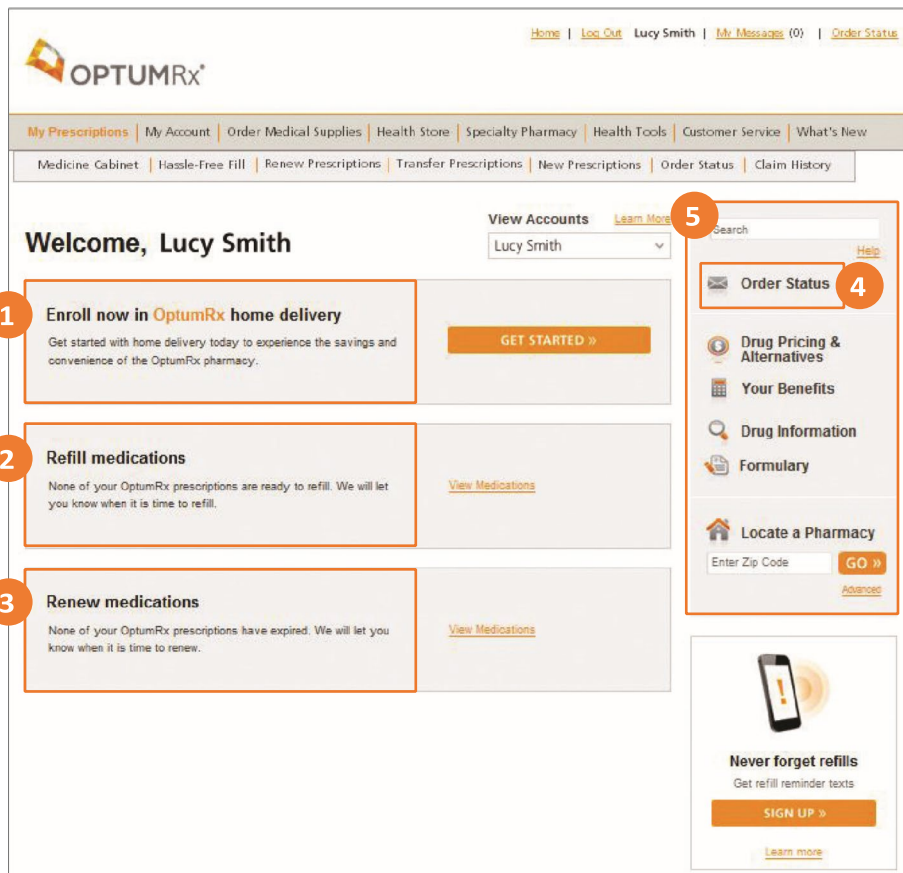
- Fill new prescriptions via home delivery from OptumRx®
- Search for drug prices and lower-cost alternatives
- Refill and renew home delivery prescriptions
- Transfer retail prescriptions to home delivery from OptumRx
- View order status and claim history
- Sign up for medication and refill reminders via text message
- View your real time benefits



A screenshot of the OptumRx website home page. The header features the OptumRx logo on the left and navigation links for 'Clients', 'Health Care Professionals', and 'Consultants' on the right. Below the header is a large banner image of a smiling couple with the text 'See new tools and resources »'. To the right of the banner is a 'Member Log In' section with fields for 'User Name' and 'Password', and buttons for 'LOG IN »', 'Log In Help', and 'REGISTER NOW »'. Below the banner is a 'Welcome to OPTUMRx' section with a paragraph about the company's services, a 'Register Now »' section with more details, and an 'Already a member?' section with instructions for existing users. A list of features is provided under 'Enter Website »', including browsing medical supplies, viewing health information, and drug recalls. A Twitter icon is visible in the bottom right corner.

My prescriptions dashboard

Once you log in, the personal dashboard makes it easy to navigate the many tools and features available to help manage your medications.



Note: Some sections are only available if you are logged in to your account. Not all sections of the website are available to all members — access to features and tools are determined by your benefits plan.

You can save time, money and improve your health

- **Save time** — By ordering medications you take regularly online, you make fewer trips to the pharmacy and avoid waiting in line to pick up your medication.
- **Save money** — Depending on your pharmacy plan, you can order up to a 3-month supply of your medication. Orders are shipped via U.S. standard mail at no cost.

1. Get started

Set up home delivery for new prescriptions or transfer current retail prescriptions to OptumRx.

2. Refill prescriptions

Refill current OptumRx home Delivery prescriptions. All eligible refills will be automatically checked. Deselect any medications you do not want to refill at this time.

3. Renew prescriptions

Request to renew a home delivery prescription if you are out of refills.

4. Order status

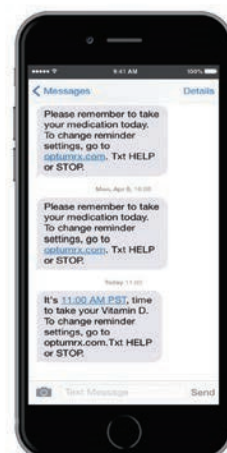
Check the status of your home delivery medication orders.

5. Quick links

Fast access to the most frequently used areas of our website.

My medication reminders

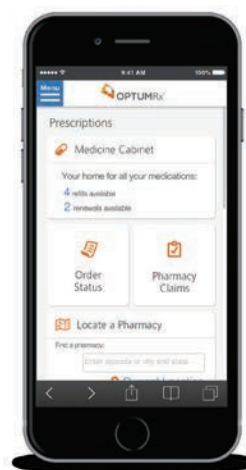
Text message reminders have been shown to improve medication adherence in persons taking long-term or maintenance medications.¹ Set up text message reminders to help you remember when to take your medication.



While on the go

Access your pharmacy benefit and manage your prescriptions from your smartphone or tablet with the OptumRx app.² When you use the app you can:

- Refill or renew home delivery prescriptions
- Transfer a retail prescription to home delivery
- View your prescription claims history or order status
- Locate a pharmacy



We want you to get the most out of your pharmacy plan. The more you know, the more you can save.

Visit **optumrx.com** today!

1. Adherence rates quantified using OptumRx internal data for oral anti-diabetic medications among Medicare Part D Beneficiaries, May 2012.

2. App is available for download on both Apple and Android devices.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum™ company — a leading provider of integrated health services. Learn more at **optum.com**.

All Optum™ trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners.

Routine Outpatient Laboratory Services

As an added benefit to your health plan, you are able to obtain 100% coverage for certain routine and diagnostic outpatient laboratory testing through:

- The QuestSelect program (formerly known as LabCard).
 - If your physician is unable to collect the specimens in their office, you can check the website at www.QuestSelect.com, or call 1-800-646-7788 to locate an approved collection site in your area.
- LabCorp
 - If your physician is unable to collect the specimens in their office, you can check the website at www.LabCorp.com to locate an approved collection site in your area.

Which routine tests are covered at 100%?

The program will cover diagnostic outpatient laboratory testing when the tests have been ordered by your physician, are covered and approved by your health benefit plan and you have requested to use this Program.

Outpatient lab work includes, but is not limited to: Blood testing (e.g., cholesterol, CBC), Urine testing (e.g., urinalysis), Cytology and pathology (e.g., biopsies) and Cultures (e.g., throat culture).

What tests are NOT covered under this routine benefit?

This Program does not cover all lab work, including:

- Lab work ordered during hospitalization.
- Lab work needed on an emergency (STAT) basis and time-sensitive, esoteric outpatient laboratory testing such as bone marrow studies and spinal fluid tests.
- Non-laboratory work such as mammography, x-ray, imaging and dental work.

Did you know? The most frequently performed test is cholesterol screening. Cholesterol is one of the major fats (lipids) in the body. High levels may indicate an increased risk of heart disease. Levels can be controlled with diet, exercise and/or medication.

- ✓ *Elevated High Density Lipoprotein (HDL) Cholesterol may be associated with decreased risk of heart disease.*
- ✓ *Elevations of Low Density Lipoprotein (LDL) Cholesterol may be associated with an increased risk of heart disease. High levels of LDL may be reduced by diet and/or medication.*
- ✓ *LDL to HDL cholesterol ratio is an indicator of heart disease risk. The lower the ratio, the lower the risk.*
- ✓ *The ratio of total cholesterol to HDL cholesterol is another indicator of heart disease risk. A ratio of 5.0 or less may be associated with a lower risk of heart disease.*

Your group health benefits include dental coverage

A standalone dental plan is maintained by the Archdiocese of Atlanta. Healthy teeth and gums are important to your overall wellness. Your dental benefits provide routine cleaning, checkups and other dental services to keep your smile healthy and bright. Please refer to your plan document for complete information regarding eligible dental expenses.

Benefit enhancement for 2026.

As of January 1, 2026, the dental plan will no longer include Class I Services (Preventive Services) in the Annual Maximum Benefit of \$1,500. The Annual Maximum Benefit will include Classes II (Basic Services), III (Major Services) and IV (Orthodontia). Class I (Preventive) Services will be covered by the plan at 100%, without deductible, subject to reasonable and customary. The plan will cover two routine oral examinations, including the cleaning and scaling of teeth per covered person per calendar year. Please refer to the your plan document for complete information regarding eligible dental expenses.

Important note: *Some benefits are subject to deductibles and calendar year maximums.*
Dental benefits are subject to usual and customary cost limitations.

Your group health benefits include vision coverage

A standalone vision plan is maintained by the Archdiocese of Atlanta. Your medical plan offers eye exams under the routine care benefit through a POS network provider.

Vision materials (i.e., lenses, frames, contacts and any fitting and related office visit) will be payable as shown in the Schedule of Benefits in your Plan Document, subject to a calendar year maximum. Submit a claim form with receipts to receive your reimbursement from Meritain.

Benefit enhancement for 2026.

As of January 1, 2026, the vision plan annual maximum will increase to \$500 per covered member per calendar year.

Quick Tip: Did you know eye doctors frequently are the first health care providers to detect signs of chronic systemic conditions such as diabetes, high cholesterol and high blood pressure? Eye doctors have an unobstructed view of the eyes' blood vessels, which is where they can see signs of these chronic conditions.

A Note about your dental and vision benefits:

Standalone dental and vision plans are provided by the Archdiocese of Atlanta. The Archdiocese pays the entire cost of this dental and vision coverage for you. For purposes of Plan Administration, the dental and vision benefits under the Plan are separate benefit options and may be subject to different terms and conditions. Please carefully review the Plan Document for details about the Plan's benefits.

Using your Archdiocese Health ID Card

Always carry your Health ID card with you. Show it to your healthcare providers when you receive services. Your Health ID card includes important information including:

- Your ID number. You'll use it to log on to MERITAIN.com, when you call customer service or when you have a prescription filled at a pharmacy.
- Your Meritain Health customer service phone number.
- The phone number your healthcare provider will use to pre-certify benefits for certain services, such as inpatient hospital care.
- Claims submission information for healthcare providers and pharmacies.
- Information about using other services.
- Your Rx plan information.

Whenever you receive your new Health ID card, check it to make sure it carries proper identifying information. If there are any errors, please contact the Archdiocese Employee Benefits Department.

Meritain.com

To Register:

1. Go to www.MERITAIN.com
2. Click on **Create a New User Account**. Have your Archdiocese Health ID Card available as you'll need your member ID and group number.
3. Create your personalized username and password. You'll also need to enter an e-mail address.
4. Create your security question and answer. Make sure this is something you can easily remember, as it will be used to assist you if you forget your username or password in the future.
5. Now you're ready to log in!

At Meritain.com you can:

- Find the status of a claim.
- View account summaries which allow you to easily view your deductible and out-of-pocket accumulations.
- Order or print Archdiocese Health ID Cards.
- Find network doctors, clinics and hospitals.
- Research health topics and get answers to your questions.

A Friendly Reminder - Although Aetna is the POS provider and hospital network for the Archdiocese of Atlanta Health Plan, claims and procedure pre-certifications are completed through Meritain Health - NOT Aetna.

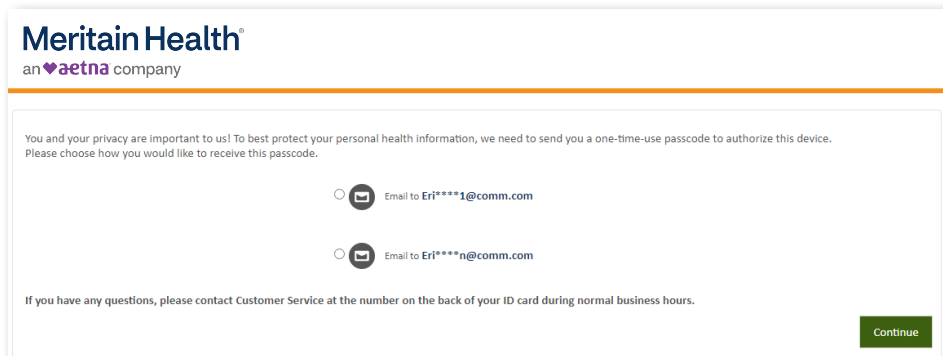


Next Generation Authentication on the Meritain Health® Member Portal

The Meritain Health member portal will now require multi-factor authentication, providing a more secure way for you to access your member website.

As an extra level of security, you will be asked to confirm your identity the next time you log in to your member portal through a browser or mobile app. Once logged in, you will see the screen below:

Browser view



Meritain Health®
an  **aetna** company

You and your privacy are important to us! To best protect your personal health information, we need to send you a one-time-use passcode to authorize this device. Please choose how you would like to receive this passcode.

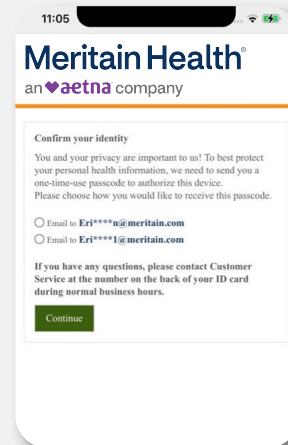
☐ Email to Eri*****1@comm.com

☐ Email to Eri*****n@comm.com

If you have any questions, please contact Customer Service at the number on the back of your ID card during normal business hours.

[Continue](#)

Mobile view



11:05

Meritain Health®
an  **aetna** company

Confirm your identity

You and your privacy are important to us! To best protect your personal health information, we need to send you a one-time-use passcode to authorize this device. Please choose how you would like to receive this passcode.

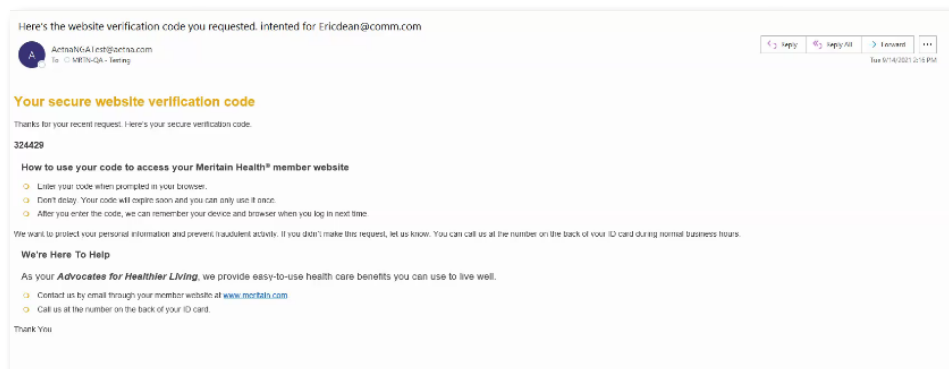
☐ Email to Eri*****n@meritain.com

☐ Email to Eri*****1@meritain.com

If you have any questions, please contact Customer Service at the number on the back of your ID card during normal business hours.

[Continue](#)

You will then be sent a verification code via email.



Here's the website verification code you requested. Intended for Ericdeans@comm.com

 AetnaGA.Lent@aetna.com
To: MTHGA-Service

Your secure website verification code

Thanks for your recent request. Here's your secure verification code:

324429

How to use your code to access your Meritain Health® member website

- Listen your code when prompted in your browser.
- Don't delay. Your code will expire soon and you can only use it once.
- After you enter the code, we can remember your device and browser when you log in next time.

We want to protect your personal information and prevent fraudulent activity. If you didn't make this request, let us know. You can call us at the number on the back of your ID card during normal business hours.

We're Here To Help

As your **Advocate for Healthier Living**, we provide easy-to-use health care benefits you can use to live well.

- Contact us by email through your member website at www.meritain.com
- Call us at the number on the back of your ID card.

Thank You

You will have three opportunities to enter the verification code correctly. After three failed attempts, your account will be locked. After two hours, you may try again.

Browser view

Meritain Health[®]
an **aetna** company

Uh oh, it looks like we are having issues authorizing this device! Please try again.

Get ready, we have just sent your passcode!

If you do not receive the passcode within a few minutes, please select "Get New Code" or call Customer Service at the number on your ID card during normal business hours.

[] [] [] [] [] []

[Get New Code](#) [Continue](#)

Once the verification code is successfully entered, you will have the option to choose to remember your device. If you select *Do Not Remember Me*, you will go through the verification process again the next time you log into the member portal. If you are using a VPN to protect your internet privacy, the *Remember Me* option may not work for your device.

Meritain Health[®]
an **aetna** company

Congratulations, this device is now authorized for your account!

- If this is a personal device, please select "Remember me" and you will not need to re-authorize when using this device.
- If this is a public device, please select "Do not remember me" so the device can be de-authorized when you log out.

☒ Remember Me ☐ Do Not Remember Me

[Next](#)

Then, you'll be directed to your member portal homepage.

Meritain Health[®]
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Messages and Alerts | Welcome! Eric Dean Kleinhenn

Home | Plans | Benefits and Coverage | Claims | Tools and Resources | Find Care | Subscriptions | Submit a Claim

Coverage

Medical | Dental | Vision | Rx | Other | All Coverages >

Group ID	Group Name	Name	Effective Date
12721	WEST BOCA SPORTS MED CTR	ERIC DEAN KLEINHENN (Self)	01/01/2021
12721	WEST BOCA SPORTS MED CTR	GHOLA KLEINHENN (Married Spouse)	01/01/2021

Member Resources

My Wellness | Healthcare's Blue Book | Wellness | 24x7 Nurse Line | 88Points

Out-of-Pocket Expenses

Medical | Dental | View All >

Family In Network Deductible Limit - \$2500.00

Spent	Remaining
\$0.00	\$2500.00

Family In-Network Out-of-Pocket Limit - \$5000.00

Claims

Update Other Insurance Info > | View All Claims >

Claim ID	Amount	You May Own	Status
COTOIA FRANKLIN Visited on 05/01/2023 For GHOLA KLEINHENN (Spouse)	Billed \$65.00	\$0.00	In Process

Mobile view

Meritain Health[®]
an **aetna** company

Get ready, we have just sent your passcode!

If you do not receive the passcode within a few minutes, please select **GET NEW CODE** or call Customer Service at the number on your ID card during normal business hours.

[] [] [] [] [] []

Please note, you are allowed three attempts to enter your passcode correctly, and may request up to two new passcodes; after that, your account will be temporarily locked. If your account becomes locked, please try again in two hours or contact Customer Service for support.

[Get New Code](#) [Continue](#) [Cancel](#)

Meritain Health[®]
an **aetna** company

Congratulations, this device is now authorized for your account!

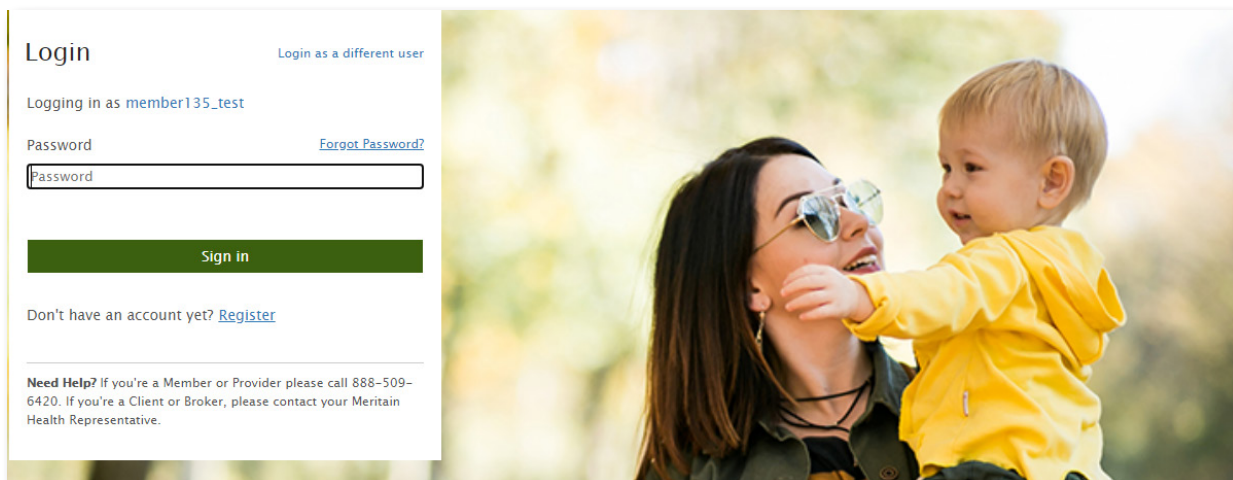
- If this is a personal device, please select *Remember me* and you will not need to re-authorize when using this device.
- If this is a public device, please select *Do not remember me* so the device can be de-authorized when you log out.

☐ Remember Me ☐ Do Not Remember Me

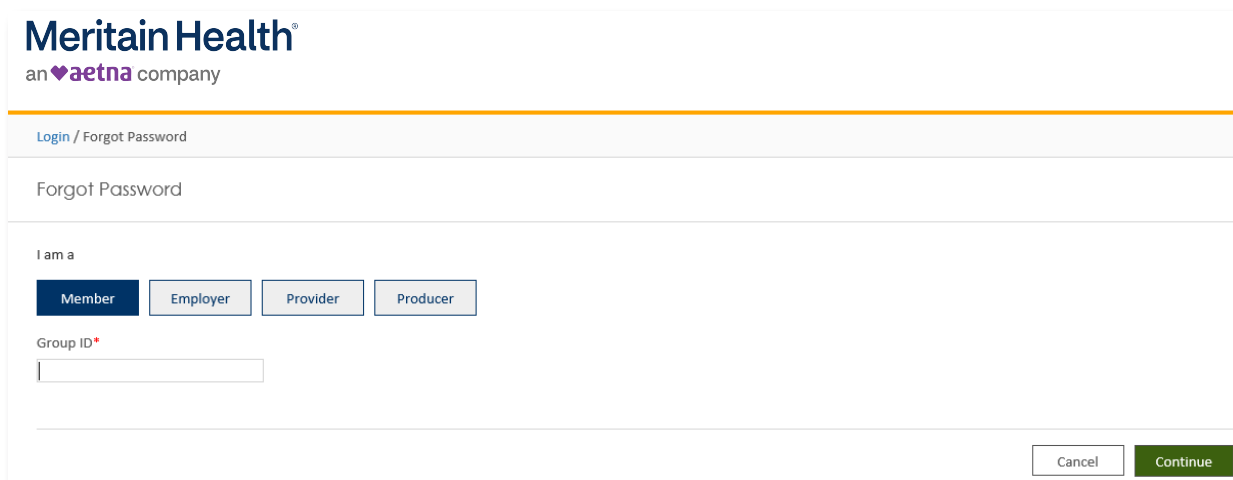
[Next](#)

Your *Forgot Password* validation process is also changing

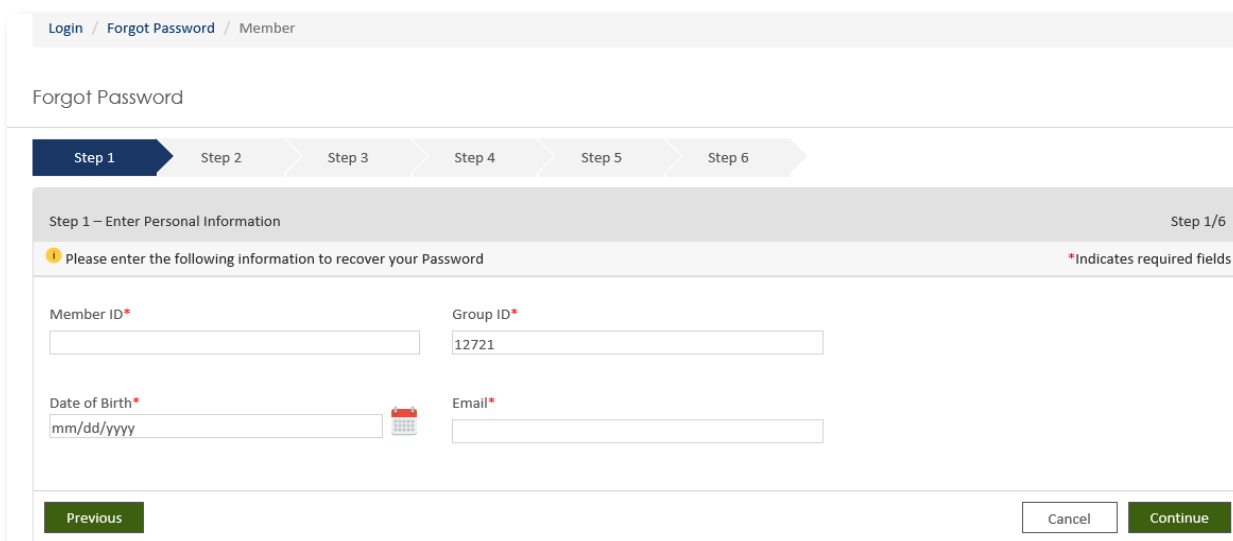
1. After entering your username, you can click on the *Forgot Password* link on the login page.



2. You will need to enter your group ID and click *Continue*. Your group ID is found on your Meritain Health ID card.



3. Then, enter the applicable information in the required fields and click *Continue*.



4. The next step will now require multi-factor authentication. You will need to confirm your identity by selecting an email address to receive a passcode and click *Continue*. Then, you will go through the Next Generation Authentication steps as outlined earlier.

Forgot Password

Step 1 Step 2 Step 3 **Step 4** Step 5 Step 6

Step 4 – Review and Confirm Information Step 4/6

Confirm your identity

You and your privacy are important to us! To best protect your personal health information, we need to send you a one-time-use passcode to authorize this device. Please choose how you would like to receive this passcode.

☐ Email to **Eri*****@meritain.com**

☐ Email to **dho*****3@m.com**

If you have any questions, please contact Customer Service at the number on the back of your ID card during normal business hours.

5. After your identity is verified, you will be prompted to create a new password.



We are Meritain Health

As Advocates for Healthier Living, we provide easy-to-use health care benefits you can use to live well. We also take steps to help you save on the cost of your care. Contact us at the number on your ID card if you have any questions about your plan.

Follow us: @meritainhealth | Meritain Health

www.meritain.com | © 2021–2022 Meritain Health, Inc.

Meritain Health
an aetna company

Enhanced Explanation of Benefits

Meritain produces an individual Explanation of Benefits (**EOB**) and an enhanced EOB Series. The enhanced EOB series shows your claims in blocks of 21 business days. This helps you to manage your healthcare files with ease.

It's easy to read and understand

With your enhanced EOB, you can better manage your journey to better health. You'll see all details about your services in one place—so you'll have less paper lying around.

Still want to see a single EOB?

Don't worry, you still have the chance to access EOBs online. Just follow these quick steps:

1. Log in to **www.meritain.com**.
2. Click on the "person" icon in the top right of the screen next to the *Log Out* button.
3. Select the tab that says *Update Electronic Communication Preferences*.
4. Pick your email choices. Signing up for email EOB notices gives you secure, instant access to your claims and history through your mobile phone, tablet or computer.

If you have any concerns, just contact Meritain Health Customer Service at the phone number on the back of your ID Card. We're here to help.

24 x 7 Nurse Line

Talk with a Nurse

Registered nurses are readily available to discuss healthcare questions about your current illness or general health and will provide information that might be useful to you and your physician.

Community Resources

Nurse counselors will direct you to community resources such as classes, support groups and seminars.

24 x 7 Nurse Line

- **1-888-229-9301**

Meritain Health Medical Management

Through Meritain Health's Medical Management department, experienced Registered Nurses (RNs) review certain treatment plans proposed by your physician or healthcare provider.

The Meritain Health Medical Management Nursing Team focuses on:

- The recommended treatment for a health condition.
- The proposed location of the treatment.
- The length of stay at the location.
- The cost-effectiveness of the treatment.

When should you contact the Medical Management Nursing Team?

Pre-Certification

When your physician recommends a treatment from the list below, either you or your physician must contact Meritain Health Medical Management as soon as possible. If not, your benefits may be reduced.

Call Meritain Health Medical Management:

- At least 24 hours prior to elective, non-emergency admission to a hospital.
- Within 72 hours or three working days after an emergency or urgent hospital admission.
- Prior to elective inpatient surgery (exception: surgery performed in a physician's office).
- Prior to inpatient mental health disorder treatment.
- Prior to entering an extended care, rehabilitation or skilled nursing facility.
- Prior to beginning chemotherapy treatment.

Meritain Health Medical Management

- **1-866-405-2021**
- Available 24 hours a day, seven days a week.

Meritain Health Information Library

You can select from 1,110 up to date, easy to understand health care topics ranging from allergies to women's health on the 24 x 7 Nurse Line.

Many of the topics are provided in both English and Spanish.

VALUE PLAN		
Meritain Health	Covered person pays:	
	In-Network	Out-of-Network
Overview	May use both In-Network and Out-of-Network providers Use Network providers and receive the In-Network level of benefits Use Non-Network providers, receive the Out-of-Network level of benefits using Usual and Customary Charges	
Annual Deductible		
Single	\$450	
Family	\$1,350	
Annual Out-of-Pocket Maximum (Does Not Include Deductible)		
Single	\$2,250	\$3,900
Family	\$4,500	\$7,800
Lifetime Maximum Benefit	Unlimited	
Physician's Office Visits/Telemedicine	\$25 co-pay	40% after deductible
Routine Care (age 19 and older)	\$25 co-pay	Not covered
Vision Materials (i.e. lenses, frames, contacts, etc.) Maximum Annual Benefit	\$500	
Hearing Aid Maximum Benefit (Every Four Years)	\$4,000 (\$2,000 per ear, if purchased individually)	
Hospital Expenses (Facility Charges)	20% after deductible	40% after deductible
Hospital Outpatient (Facility Charges)	20% after deductible	40% after deductible
Emergency Room	20% after deductible	20% after deductible
Outpatient Therapies (ex: physical, speech and occupational)	20% after deductible	40% after deductible
Chiropractic Care Calendar year maximum benefit	\$25 co-pay 20 visits	40% after deductible 20 visits
Mental Health		
Inpatient	20% after deductible	40% after deductible
Outpatient (Including Telemedicine)	\$25 co-pay	40% after deductible
Substance Use Disorder	Not Covered	Not Covered
Long Term Care Services		
Skilled Nursing Facility (120 days maximum per year), Hospice Care, Home Health Care	20% after deductible	40% after deductible
Prescription Drugs		
Retail Pharmacy Generic / Brand	\$10 / \$30	Not covered
Mail Order Delivery Generic / Brand	\$20 / \$60	Not covered
Monthly Contribution		
Employee	\$0.00	
Employee & Child(ren)	\$500.28	
Employee & Spouse	\$697.79	
Employee & Family	\$720.15	
Eligibility Date	First day following 60 days of full-time employment	
Contact Information	1.866.303.2689 www.MERITAIN.com	

PREMIER PLAN		
Meritain Health	Covered person pays:	
	In-Network	Out-of-Network
Overview	May use both In-Network and Out-of-Network providers Use Network providers and receive the In-Network level of benefits Use Non-Network providers, receive the Out-of-Network level of benefits using Usual and Customary Charges	
Annual Deductible		
Single	\$400	
Family	\$1,200	
Annual Out-of-Pocket Maximum (Does not include deductible)		
Single	\$1,750	\$2,900
Family	\$3,500	\$5,800
Lifetime Maximum Benefit	Unlimited	
Physician's Office Visits/Telemedicine	\$20 co-pay	30% after deductible
Routine Care (age 19 and older)	\$20 co-pay	Not covered
Vision Materials (i.e. lenses, frames, contacts, etc.) Maximum Annual Benefit	\$500	
Hearing Aid Maximum Benefit (Every Four Years)	\$4,000 (\$2,000 per ear, if purchased individually)	
Hospital Expenses (Facility Charges)	10% after deductible	30% after deductible
Hospital Outpatient (Facility Charges)	10% after deductible	30% after deductible
Emergency Room	10% after deductible	10% after deductible
Outpatient Therapies (ex: physical, speech and occupational)	10% after deductible	30% after deductible
Chiropractic Care Calendar year maximum benefit	\$20 co-pay 20 visits	30% after deductible 20 visits
Mental Health		
Inpatient	10% after deductible	30% after deductible
Outpatient (Including Telemedicine)	\$20 co-pay	30% after deductible
Substance Use Disorder	Not Covered	Not Covered
Long Term Care Services		
Skilled Nursing Facility (120 days maximum per year), Hospice Care, Home Health Care	10% after deductible	30% after deductible
Prescription Drugs		
Retail Pharmacy Generic / Brand	\$10 / \$30	Not covered
Mail Order Delivery Generic / Brand	\$20 / \$60	Not covered
Monthly Contribution		
Employee	\$131.66	
Employee & Child(ren)	\$704.37	
Employee & Spouse	\$875.52	
Employee & Family	\$892.64	
Eligibility Date	First day following 60 days of full-time employment	
Contact Information	1.866.303.2689 www.myMERITAIN.com	

Vision Coverage - Meritain Health	
A standalone vision plan is maintained by the Archdiocese of Atlanta. The medical plan offers eye exams under the Routine Care benefit with a POS network provider.	
Vision materials (i.e., lenses, frames, contacts and any fitting/related office visit) will be payable as shown in the plan document, subject to a calendar year maximum of \$500. You must submit a claims form with receipts to receive your reimbursement from Meritain.	
Monthly Contribution	None
Contact Information	1.866.303.2689 www.Meritain.com
Dental Coverage - Meritain Health	
Deductible	\$50 individual per calendar year
Annual Maximum Benefit <i>(Class I not included in annual maximum benefit)</i>	\$1,500 per individual (Class II, III, IV)
Class I - Preventive Services <i>(Oral exam, cleaning, x-rays)</i>	0%, reasonable & customary, no deductible Does not apply to Annual Maximum Benefit; Annual Visit Limits Apply
Class II - Basic Services <i>(Fillings, root canal, oral surgery)</i>	20% reasonable & customary, after deductible
Class III - Major Services <i>(Crowns, dentures)</i>	20% reasonable and customary, after deductible
Class IV - Orthodontia	20% reasonable and customary, after deductible
Eligibility Date	First day following 60 days of full-time employment
Monthly Contribution	None
Contact Information	1.866.303.2689 www.Meritain.com
Employee Assistance Program - ComPsych	
* Confidential assistance and life event counseling are available by phone 24 hours a day, 7 days a week. * Services are available to help employees and family members manage stress and deal with personal and family issues, providing up to 3 face-to-face sessions with a counselor when needed. * There is no cost to you or your family to use your EAP. * EAP can provide a series of sessions with a professional * The EAP is completely confidential within the limits of the law.	
Contact Information	1.888.279.7971 www.guidanceresources.com Web ID: RCAA
403 (b) Retirement Program	
Employee contributions to the plan can made on a pre-tax or post-tax basis. You are always fully vested in your contributions to the Plan.	
Effective July 1, 2026: Each payroll, all full-time employees will receive a 6% Non-Elective Employer Contribution to their 403(b) account. The 6% contribution will be immediately vested, pre-tax and will be calculated on gross compensation each payroll.	
2025 Contribution Limits: \$23,500 (\$31,000 if you are age 50 or over) 2026 Contribution Limits: TBD	
Contact Information	Lily Gallagher, Director of Benefits 2401 Lake Park Dr SE Smyrna, GA 30080 Confidential Fax: 404-920-7481

Life and AD&D - Hartford		
Basic Coverage		
Employee Basic Life	\$50,000	
Employee Basic AD&D	\$50,000	
Monthly Contribution	None	
Supplemental Life Coverage		
Employee	Increments of \$10,000 up to \$100,000 without Evidence of Insurability (Guaranteed issue available at initial eligibility only, subject to terms of plan), up to \$250,000 with evidence of Insurability	
Spouse	Increments of \$10,000 up to \$50,000 without Evidence of Insurability (Guaranteed issue available at initial eligibility only, subject to terms of plan), up to \$100,000 with evidence of Insurability	
Employee and Spouse Monthly Contribution based on employee age and coverage	<u>Age</u>	<u>Cost Per \$1,000</u>
	<30	\$0.061
	30-34	\$0.081
	35-39	\$0.091
	40-44	\$0.158
	45-49	\$0.249
	50-54	\$0.407
	55-59	\$0.696
	60-64	\$0.990
	65-69	\$1.905
	70+	\$3.090
Eligible Child(ren)	15 days - 6 months of age: \$500 6 months - 26 years of age: increments of \$2,000 to \$10,000	Monthly contribution: \$0.07 per \$1,000
Eligibility Date	First day following 60 days of full-time employment	
Changes	During your employment you may elect to apply for changes in your supplemental term life insurance coverage(s) at any time. All Changes are subject to insurance underwriting approval.	
Contact Information	Archdiocese Employee Benefits Department	
Short - Term Disability (STD)		
Amount of Benefit	60% of monthly earnings	
When Benefits Begin	After all accrued leave has been exhausted and continues through the 90th day of disability	
Eligibility	First day following 60 days of employment for all active employees working at least 1040 hours annually	
Monthly Contribution	None	
Contact Information	Archdiocese Human Resources Department	
Long - Term Disability (LTD) - Hartford		
Amount of Benefit	60% of monthly earnings, reduced by other income up to a maximum benefit of \$8,000 per month	
When Benefits Begin	On the 91st day of disability, upon approval by Hartford Life	
Eligibility Date	First day following 60 days of full-time employment	
Monthly Contribution	None	
Contact Information	Archdiocese Employee Benefits Department	

Additional Services Provided by The Hartford

Worldwide Travel Assistance Services

Benefit	The Hartford's Travel Assistance Program provides three kinds of services for your business or vacation travels: Pre-Trip Information Emergency Medical Assistance Emergency Personal Services 1.800.243.6108
Monthly Contribution	None
Eligibility	Included with your Hartford Basic Term Life Coverage
Who is Covered	Eligible Employees and their eligible family members
Contact Information	Archdiocese Employee Benefits Department

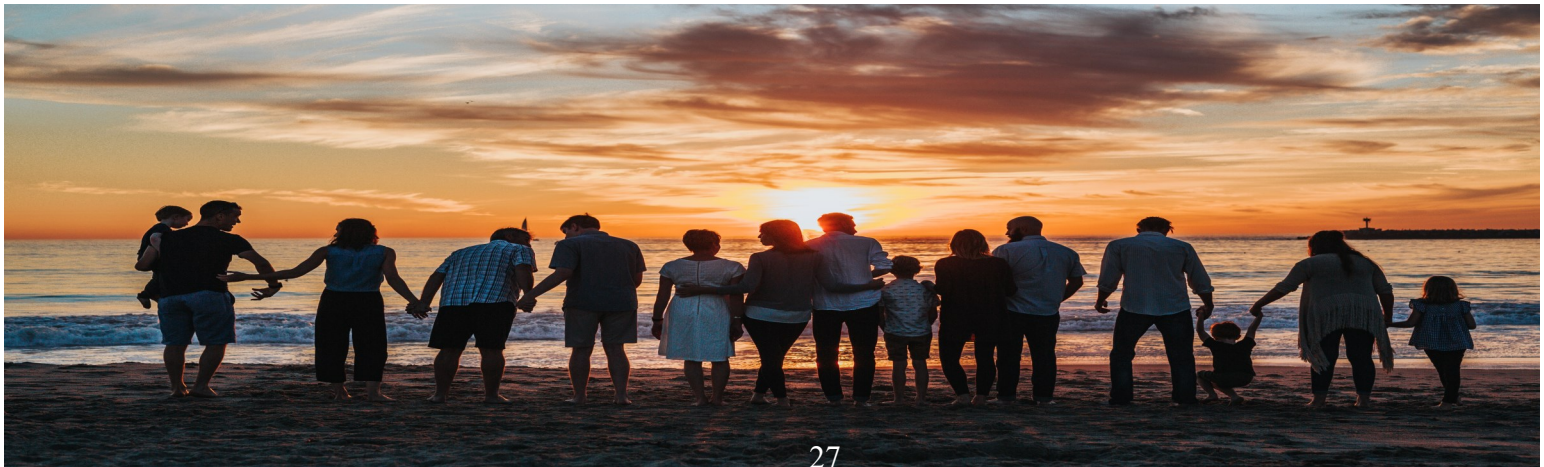
EstateGuidance Services

	The Hartford's EstateGuidance Services helps you create a simple legal will quickly and conveniently online with the support of licensed attorneys if needed.
Monthly Contribution	None
Eligibility	Included with your Hartford Basic Term Life Coverage
Who is Covered	Eligible Employees and their eligible family members
Contact Information	Archdiocese Employee Benefits Department

Beneficiary Assist

Benefit	The Hartford's Beneficiary Assist Program helps you and your family cope with the emotional, financial and legal issues that can arise after a loss. Counselors available 24/7, 365 days a year Call 1.800.411.7239
Monthly Contribution	None
Eligibility	Included with your Hartford Basic Term Life Coverage
Who is Covered	Eligible Employees and their eligible family members
Contact Information	Archdiocese Employee Benefits Department

Disclaimer: This tabloid provides only the briefest of summaries of the benefits available under The Roman Catholic Archdiocese of Atlanta Plans. In the event of any discrepancy between this summary and any Plan Document, the Plan Document will prevail. The Roman Catholic Archdiocese of Atlanta retains the right to modify or eliminate these or any benefits at any time and for any reason.



Glossary of Terms

Ambulatory Surgery

Surgery performed at an ambulatory surgical facility (a licensed public or private facility), which does not provide services or accommodations for a patient to stay overnight.

Co-payment (Co-Pay)

An amount of money that a participant is required to pay each time he or she visits a healthcare provider, or fills a prescription.

Co-Insurance

The percentage of eligible expenses the Plan and the Covered Person are required to pay once the deductible has been satisfied.

Deductible

The annual out-of-pocket amount that a plan participant is responsible for paying before the health plan covers his or her medical costs. Until a person meets the annual deductible, he or she pays the full cost of healthcare services received, unless the service is not subject to the annual deductible as stated in the benefit schedule.

MERITAIN.com

Your online benefits portal and connection to your plan. Here you can order prescriptions, find health care providers, research health topics and get answers to your questions about healthcare.

Out of Pocket Maximum

An out of pocket maximum is the maximum amount you and/or your family members will pay for eligible expenses incurred during a calendar year before the percentage payable under the Plan increases to 100%

Point of Service Network (POS)

Specific network of physicians and other care providers a third party organization has negotiated special, low rates for quality healthcare services. Providers who belong to a POS are called participating or in-network providers.

Preferred Providers Organization (PPO)

Organization that negotiates special, low rates for quality healthcare services provided by physicians and other care providers that are within the PPO's network. Providers who belong to a PPO are called participating or in-network providers.

Usual and Customary Charge

Your plan reimburses charges from non-participating or out-of-network providers that are equal to or less than usual and customary charges. Usual and customary charges are amounts most frequently charged for the same service:

- In the same geographic area; and
- By other providers in the same or similar medical area.

The fees charged by non-participating providers may exceed the usual and customary charges recognized by your plan. In such cases, Meritain Health will process an amount equal to the usual and customary charge for the healthcare service you received, and you will be reimbursed for a portion of that amount according to your plan's out-of-network provider's fee (sometimes referred to as "balance billing"). Your payment of this difference does not apply towards your deductible or out-of-pocket maximum.

Your Roman Catholic Archdiocese of Atlanta Plan Documents Can Be Found Online

Plan Documents for the Group Health Care Plan administered through Meritain Health, and the Group Life and Long Term Disability Plans, administered through Hartford contain important information including the following:

- Plan coverage
- Enrollment or re-enrollment procedures
- Eligibility requirements
- Health care management requirements, procedures and non-compliance penalties
- Claim handling and filing procedures
- Plan provisions
- POS requirements
- The pre-existing condition provision and the impact of prior creditable coverage under HIPAA
- Effective dates of coverage
- Any waiting periods

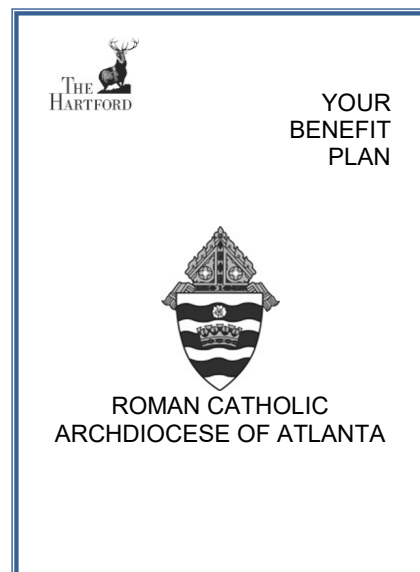
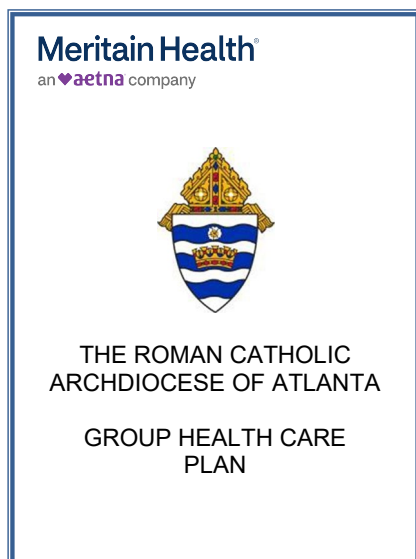
Both plan documents can be found at the Archdiocese of Atlanta's website.

1. Go to www.archatl.com
2. Click on *Offices* at the top menu
3. Scroll down and select *Human Resources*
4. Click on *Benefits Information* on the left of the screen

You can also go directly to the documents with this link:

<http://www.archatl.com/offices/human-resources/insurance-information/>

If you would like to request a hard copy of either Plan Document, please submit your request in writing to: The Roman Catholic Archdiocese of Atlanta Attn: Employee Benefit Office, 2401 Lake Park Drive SE Smyrna, Georgia 30080, or email your request to fduhé@archatl.com.





Your Life. Your Work. Your Best.

Dear Employee:

We are pleased to announce ComPsych® GuidanceResources® as the new provider of our Employee Assistance Program services. The GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you and your household members handle any of life's challenges, big or small. These services are provided at no charge and include:

Confidential Emotional Support

Life can be stressful. Your EAP provides short-term counseling services for you and your dependents to help you handle concerns constructively, before they become serious issues. Call anytime about topics such as marital, relationship and family problems; stress, anxiety and depression; grief and loss, job pressures and substance misuse disorders.

Work and Lifestyle Support

Too much to do, and too little time to get it all done? Work-life experts can do the research for you and provide qualified referrals and customized resources for topics such as child and elder care, moving, pet care, college planning, home repair, buying a car, planning an event, selling a house and more.

Legal Guidance

With your GuidanceResources® program, you have an attorney "on call" whenever you have questions. They can help with legal concerns such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord or tenant issues, civil and criminal actions and more. If you require representation, you can be referred to a qualified attorney for a free 30-minute consultation and a 25 percent reduction in customary legal fees.

Financial Information

Everyone has financial questions. Get answers about budgeting, debt management, tax issues and other money concerns from on-staff accounts, financial planners and other experts, simply by calling the toll-free number.

Digital Support

Go to GuidanceResources® Online to connect to counseling, work and lifestyle support and other services, such as child care and legal services search tools. Tap into an array of articles podcasts, videos and slideshows on thousands of topics or improve your skills with On-Demand trainings, self-assessments and more.

Assistance is available 24 hours a day, 7 days a week.

To access GuidanceResources® services:

- Call your toll-free number. You'll speak with a highly trained, caring professional who can listen to your concerns and guide you to the appropriate services.
- Visit GuidanceResources® Online at www.guidanceresources.com and enter your company ID.

Remember, assistance from the GuidanceResources® program is strictly confidential. To view the ComPsych® HIPAA privacy notice, please go to www.guidanceresources.com/privacy

We hope you will take some time to explore all the benefits the GuidanceResources® program has to offer.

COMPSYCH®
GuidanceResources® Worldwide



24/7 Live Assistance:
Call: (888) 279-7971
TRS: Dial 711



Online: guidanceresources.com
App: GuidanceNowSM
Web ID: RCAA



For Employees: What is the Employee Assistance Program?



The Employee Assistance Program is provided by ComPsych® GuidanceResources® and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to all our employees and their household family members.

Why provide an EAP?

Because we care about our employees and their dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

What happens when I call?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultantSM will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.

COMPSYCH®
GuidanceResources® Worldwide



24/7 Live Assistance:
Call: (888) 279-7971
TRS: Dial 711



Online: [guidanceresources.com](https://www.guidanceresources.com)
App: GuidanceNowSM
Web ID: RCAA



GuidanceResources®

Your Life. Your Work. Your Best.®

Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Life is challenging.
We can help.
Confidential 24/7 support.

COMPSYCH®
GuidanceResources® Worldwide

Services:

Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings



24/7 Live Assistance:
Call: (888) 279-7971
TRS: Dial 711



Online: [guidanceresources.com](https://www.guidanceresources.com)
App: GuidanceNowSM
Web ID: RCAA



Important Notice from The Roman Catholic Archdiocese of Atlanta About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current The Roman Catholic Archdiocese of Atlanta coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current The Roman Catholic Archdiocese of Atlanta coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...

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

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	January 1, 2026
Name of Entity/Sender:	The Roman Catholic Archdiocese of Atlanta
Contact--Position/Office:	Ms. Lily Gallagher / Ms. Fay Duhé
Address:	2401 Lake Park Drive S.E., Smyrna, GA 30080-8862
Phone Number:	404-920-7485 / 404-920-7484

2026 Patient Protection and Affordable Care Act Notices

*** Grandfathered Health Plan Notification**

The Roman Catholic Archdiocese of Atlanta believes this medical plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 404-920-7485. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

For additional information about the above, please feel free to contact Ms. Lily Gallagher at 404-920-7485 or Ms. Fay Duhé at 404-920-7484.

2026 Health Plan Notices

*** Women's Health and Cancer Rights Act of 1998**

"Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy – related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy (including lymphedema").

Please call your plan administrator for more information. These benefits may be subject to annual deductibles, co-insurance provisions or copays that are appropriate and consistent with other benefits under your plan.

*** The Genetic Information Nondiscrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a new federal law that protects Americans from being treated unfairly because of differences in their DNA that may affect their health. The new law prevents discrimination from health insurers and employers. The President signed the act into federal law on May 21, 2008. The parts of the law relating to health insurers will take effect by May 2009, and those relating to employers will take effect by November 2009.

Who needs protection from genetic discrimination?

Everyone should care about the potential for genetic discrimination. Every person has dozens of DNA differences that could increase or decrease his or her chance of getting a disease such as diabetes, heart disease, cancer or Alzheimer's. It's important to remember that these DNA differences don't always mean someone will develop a disease, just that the risk to get the disease may be greater.

More and more tests are being developed to find DNA differences that affect our health. These tests (called genetic tests) will become a routine part of health care in the future. Health care providers will use information about each person's DNA to develop more individualized ways of detecting, treating and preventing disease. But unless this DNA information is protected, it could be used to discriminate against people.

Why was the law needed?

The law was needed to help ease concerns about discrimination that might keep some people from getting genetic tests that could benefit their health. The law also enables people to take part in research studies without fear that their DNA information might be used against them in health insurance or the workplace.

For additional information about the above, please feel free to contact Ms. Lily Gallagher at 404-920-7485 or Ms. Fay Duhé 404-920-7484.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility -

ALABAMA - Medicaid	CALIFORNIA - Medicaid
Website: http://myalhipp.com/ Phone: 1855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 / Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA - Medicaid	COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
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	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS - Medicaid	FLORIDA - Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA - Medicaid Website: https://medicaid.georgia.gov/third-party-liability/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	MASSACHUSETTS - Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
INDIANA - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584	MINNESOTA - Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA - Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	MISSOURI - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS - Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 / HIPP Phone 1-800-967-4660	MONTANA - Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	NEBRASKA - Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA-Medicaid Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEVADA - Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
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: -800-977-6740 / TTY: Maine relay 711	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 5218

NEW JERSEY - Medicaid and CHIP	SOUTH DAKOTA - Medicaid
Medicaid Website: https://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK - Medicaid	TEXAS - Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493
NORTH CAROLINA - Medicaid	UTAH - Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA - Medicaid	VERMONT-Medicaid
Website: http://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA - Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/hipp/ https://coverva.org/en/famis-select Medicaid/CHIP Phone: 1-800-432-5924
OREGON - Medicaid	WASHINGTON-Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA - Medicaid and CHIP	WEST VIRGINIA -Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462 / CHIP Phone: 1-800-986-KIDS (5437)	Website: http://mywvhipp.com/ https://dhhr.wv.gov/bms Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND - Medicaid and CHIP	WISCONSIN - Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA - Medicaid	WYOMING - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	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, 2025, or for more information on special enrollment rights, contact either:

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

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

NOTICE OF PRIVACY PRACTICES

THE ROMAN CATHOLIC ARCHDIOCESE OF ATLANTA GROUP HEALTH CARE PLAN

AND

THE ROMAN CATHOLIC ARCHDIOCESE OF ATLANTA SENIOR PRIEST WELFARE PLAN

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.

Effective Date

This Notice is effective on: October 1, 2025

In accordance with the Health Insurance Portability and Accountability Act, as amended (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act, this Notice is issued by the Roman Catholic Archdiocese of Atlanta Group Health Care Plan and the Roman Catholic Archdiocese of Atlanta Senior Priest Welfare Plan (collectively the “Plan” or “we”). The Plan is required by law to:

- Maintain the privacy of your “Protected Health Information”;
- Provide you with certain rights with respect to your Protected Health Information;
- Provide you with notice of the Plan’s legal duties and privacy practice with respect to Protected Health Information; and
- Follow the terms of this Notice as currently in effect.

In accordance with the above, this Notice describes how the Plan will use or disclose your Protected Health Information to carry out treatment, payment, and/or healthcare operations, or when required by law. Generally, “Protected Health Information” is defined as individually identifiable health information created, received by, or maintained by the Plan that relates to (1) your past, present, or future physical or mental health or condition, (2) the provision of health care to you, or (3) the past, present, or future payment for the provision of health care to you. A reference in this Notice to “Plan Sponsor” means the Roman Catholic Archdiocese of Atlanta (the “Archdiocese”).

As you read through this Notice, keep in mind that the Plan is considered to be a distinct legal entity that is separate and apart from the Plan Sponsor. However, without involvement by the Plan Sponsor (for example, when an individual asks the Plan Sponsor to help resolve payment questions), the Plan would not operate smoothly. To ensure the continued smooth operation of the Plan, it has been amended as required by law to permit the Plan Sponsor to use and disclose Protected Health Information as necessary to allow the Plan Sponsor to perform its administrative functions on behalf of the Plan and those who participate in the Plan.

This Notice relates only to the Plan and to the administrative functions of the Plan. This Notice has no bearing on functions, rights, or obligations of the Archdiocese or any portion of the Archdiocese with respect to your health information that is outside of the Plan. This Notice describes how the Plan and those who help with the Plan’s functions may use and disclose information about you when that information is Protected Health Information created, received by, or maintained by the Plan. This Notice also describes how you can get access to Protected Health Information maintained by the Plan.

The Plan receives and maintains your Protected Health Information in the course of providing benefits to you. The Plan may use outside parties called Business Associates to help administer its functions. For example, the Plan uses a Business Associate to receive and process claims. Business Associates receive and maintain your Protected Health Information in the course of assisting the Plan. A Business Associate is required by HIPAA to agree to implement appropriate safeguards regarding your Protected Health Information.

How the Plan May Use or Disclose Your Protected Health Information

The following categories describe different ways that the Plan may use and disclose Protected Health Information without your authorization. For each category, an example is given. Not every kind of use or disclosure within a category is listed, and an example is not given for everything. However, all of the ways the Plan is permitted to use and disclose information will fall within one of the categories. For purposes of this Notice, the term “you” may include your or your estate’s personal representative, as allowed by HIPAA.

- **Treatment.** The Plan may disclose your Protected Health Information to facilitate medical treatment or services by your providers such as doctors, nurses, technicians, hospital personnel, or pharmacists. For example, the Plan might disclose Protected Health Information to your doctor for treatment.
- **Payment.** The Plan may use and disclose Protected Health Information about you to determine or fulfill its responsibility for coverage and benefits and to obtain or provide reimbursement for health care provided to you. This might include determining coordination of benefits, adjudicating claims, managing claims, deciding claims and appeals, obtaining payment under a contract for reinsurance, reviewing appropriateness of care or justification of charges, and utilization review activities and preauthorization services. For example, the Plan may use or disclose your Protected Health Information to investigate and resolve disputes or inquiries you may have about payment of benefits. As another example, the Plan may disclose your Protected Health Information to another entity that is covered by HIPAA, or to a health care provider, for the payment activities of the entity or provider that receives the information.
- **Health Care Operations.** Your Protected Health Information that is maintained by the Plan may be used and disclosed in order to run the Plan’s operations. For example, Protected Health Information may be used or disclosed for conducting quality assessment and improvement activities, evaluating performance, underwriting (except as limited below), securing a contract for reinsurance, conducting or arranging for medical review and legal services, business planning and development, business management and general administrative activities such as customer service and grievances. Protected Health Information may be disclosed to another covered entity for certain of the health care operations of that other entity, when that other entity also has or had a relationship with you. Protected Health Information may be disclosed among health plans that the Plan Sponsor maintains or to entities that participate in an organized health care arrangement with the Plan for any of the health care operations of the covered entities that are within the organized health care arrangement. The Plan Sponsor is prohibited from using or disclosing Protected Health Information that is genetic information for underwriting purposes, in accordance with the requirements of the Genetic Information Nondiscrimination Act of 2008 (“GINA”) and HIPAA.
- **Treatment Alternatives of Health Services.** The Plan may use your Protected Health Information to contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you, or to provide appointment reminders.
- **Business Associates.** The Plan may contract with third-party individuals or entities known as Business Associates to perform various functions on its behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates may receive, create, maintain, use, and/or disclose your Protected Health Information, but only after they agree to implement appropriate safeguards regarding your Protected Health Information. For example, the Plan may disclose your Protected Health Information to a Business Associate to administer claims or to provide support services.
- **As Required By Law.** The Plan will disclose Protected Health Information about you when required to do so by federal, state, local, or any other law, as HIPAA allows or requires. For example, HIPAA requires disclosure to the Secretary of Health and Human Services in certain circumstances, and federal law sometimes requires disclosure of Protected Health Information for national security or public health purposes.
- **Disclosure to Plan Sponsor.** Certain employees and members of the workforce of the Plan Sponsor assist with the Plan’s administrative functions having to do with payment, health care operations, and assistance with treatment. The Plan’s Protected Health Information about you may be disclosed to these individuals for the performance of Plan administrative functions or as otherwise required or permitted by HIPAA. In order to make disclosures of Protected Health Information to these individuals, the Plan Sponsor must have agreed in writing to ensure the continuing privacy of your Protected Health Information in a manner that is consistent with HIPAA and the Plan’s documentation.

Also, HIPAA permits the Plan to disclose information to the Plan Sponsor, without your authorization, if that information is given in summary form that does not include your name or certain other distinguishing characteristics, and if it is disclosed for the purpose of obtaining health plan premium bids, amending or terminating the Plan, or to advise of participation or enrollment in, or disenrollment from, the Plan. This summary information may be disclosed by the Plan without the Plan Sponsor's written agreement regarding its continued privacy.

As required by HIPAA, the Plan will not disclose information to the Plan Sponsor for the purpose of the Sponsor's workforce and employment actions or decisions, unless you authorize the Plan to make this disclosure. However, separate and apart from operation of the Plan and what the Plan may or may not disclose, the Plan Sponsor continues to be allowed to require your health information before it makes certain decisions about its workforce, its employees, or program participation. As an example, the Plan Sponsor has the right to receive medical documentation before it grants you a medical leave of absence. If it does not receive medical documentation, the Plan Sponsor may be unable to approve your leave of absence. HIPAA does not regulate the Plan Sponsor in these types of situations. What it regulates is the ability of individuals under the control of the Plan Sponsor who specifically perform the Plan's administrative functions such as payment, health care operations, and assistance with treatment, to disclose Protected Health Information from the Plan to the Plan Sponsor.

- **To Avert a Serious Threat to Health or Safety.** The Plan may use and disclose Protected Health Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person; or for law enforcement authorities to identify or apprehend an individual.
- **Organ, Eye, or Tissue Donation.** The Plan may disclose 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, eye, or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, the Plan may release Protected Health Information about you as required by military command authorities. It may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** The Plan may release Protected Health Information about you for workers' compensation or similar programs that provide benefits for work-related illness or injury.
- **Public Health/Abuse.** The Plan may disclose Protected Health Information about you for public health activities such as reporting births and deaths, disease, injury, investigations and the like, when the purpose is to prevent or control disease, injury, or disability; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; for public health surveillance; for evaluations relating to medical surveillance of the workplace or to evaluate whether the individual has a work-related illness or injury; or to notify the appropriate authority if the Plan believes an individual has been the victim of abuse, neglect or domestic violence.
- **Health Oversight Activities.** The Plan may disclose Protected Health Information to a health oversight agency for activities authorized by law; for example, audits, investigations, inspections, and licensure. These and other activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If there is a lawsuit or a dispute, the Plan may disclose Protected Health Information about you in response to a court or administrative order. The Plan may disclose Protected Health Information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement and Correctional Institutions.** The Plan may disclose Protected Health Information for a law enforcement purpose in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a person who is or is suspected to be a victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the person's agreement; or about a death the Plan believes may be the result of criminal conduct. The Plan may disclose information about inmates or someone who is under the custody of a law enforcement official, when necessary to provide you with health care; to protect your health and safety or the health and safety of others; when necessary for law enforcement on the premises of a correctional institution; or for the safety and security of a correctional institution.

- **Coroners, Medical Examiners and Funeral Directors.** The Plan may disclose Protected Health Information to a coroner, medical examiner, or funeral director. This may be necessary, for example, to identify a deceased person or determine the cause of death, or to allow a funeral director to carry out their duties.
- **National Security and Intelligence Activities.** The Plan may disclose Protected Health Information about you to authorize federal officials for intelligence, counterintelligence, and other national security activities authorized by law. Disclosure may occur to protect certain government officials.
- **Family Members, Friends, Others.** The Plan may disclose Protected Health Information about you to a family member, friend, or other person, without your prior authorization, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to make this disclosure or if it is otherwise reasonable to infer that you do not object to the disclosure. The Plan may disclose to your personal representative, for example, someone that you appoint or designate according to applicable law.
- **Research.** The Plan may disclose Protected Health Information about you for research purposes when certain requirements are met as provided by HIPAA.
- **Incidental.** HIPAA permits a disclosure that occurs incidentally or as a by-product of another permissible or required use or disclosure, as long as the Plan has applied reasonable safeguards and implemented a minimum necessary standard, when applicable.
- **Fundraising.** The Plan may contact you for fundraising purposes, in accordance with the requirements of HIPAA. You have the right to opt out of receiving such communications.

Your Rights Regarding Protected Health Information the Plan Maintains

You have the following rights regarding Protected Health Information the Plan maintains about you:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of certain Protected Health Information the Plan maintains about you, except for psychotherapy notes and other limited exceptions, such as information compiled in anticipation of or for use in a legal or administrative action. Your rights are with respect to Protected Health Information the Plan maintains in a “designated record set.” A designated record set means a group of records maintained by or for the Plan that is enrollment, payment, claims adjudication, and case or medical management record systems; or that is used by or for the Plan to make decisions about you. You must submit your request in writing to the Contact Office designated at the end of this Notice. If you request a copy of the information, we will provide you with such copy in the form and format requested by you, provided that it is readily producible in such form and format. If not, we will provide you with such copy in another form and format as agreed to by you and the Plan. If the Protected Health Information that is the subject of your request is maintained electronically, and if you request an electronic copy of such information, the Plan will provide you with such copy in the electronic form and format, provided that it is readily producible in such form and format. If not, we will provide you with such copy in another form and format as agreed to by you and the Plan. Generally, if you request a copy of the information, a fee may be charged for the costs of copying, mailing or other supplies associated with your request. In limited cases, the Plan does not have to agree to your request. If you are denied access to Protected Health Information, you may in most instances request that the denial be reviewed.
- **Right to Amend.** You have the right to ask for the amendment of your Protected Health Information that is maintained by the Plan in a “designated record set” (see above definition). Your request must be made in writing and submitted to the Contact Office designated at the end of this Notice. In addition, you must provide a reason that supports your request. The Plan may deny your request if not in writing or if it does not contain supporting reasons. In addition, the Plan may deny your request
 - (1) if the subject of the request is not part of the designated record set or if you ask to amend information that was not created by the Plan (unless the person or entity that created the information is no longer available to act on the requested amendment);
 - (2) if the Protected Health Information would not otherwise be available to you for inspection; or (3) if the Protected Health Information is accurate and complete. If your request is denied, you will be told why, and you can submit a statement that you disagree with the denial.

- **Right to an Accounting of Disclosures.** Except for limited circumstances as defined by HIPAA, you have the right to request an “accounting of disclosures” made by the Plan. Some, but not all, of the exceptions include where the disclosure was made by the Plan for treatment, payment, or health care operations, where the disclosure was made to you or your personal representative or to family, friends, and relatives involved in your care, or where the disclosure was made pursuant to your authorization or was incidental to a disclosure otherwise permitted or required. To request an accounting of disclosures, you must submit a written request to the Contact Office designated at the end of this Notice. Your request must state a time period which is in the six-year period before your request and may not be longer than six years. The first accounting that you request within a 12-month period will be free. For subsequent requests within the 12-month period, you may be charged for the costs of providing the accounting. If a cost will be charged, you will be notified in advance and given an opportunity to withdraw or modify your request for a subsequent accounting in order to avoid or reduce the fee.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information that the Plan may use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the Protected Health Information that the Plan can disclose about you to someone who is involved in your care or the payment for your care, like a family member, relative, or friend. Except as provided below, the Plan is not required to agree to your request. We will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the Plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the Protected Health Information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full. If the Plan does agree to a request for restriction or limitation, the Plan can still disclose the information if you are in need of emergency treatment. You must request restrictions in writing and send them to the Contact Office designated at the end of this Notice. In your request, you must advise the Plan of (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. A restriction that the Plan has agreed to can be terminated as allowed by HIPAA.
- **Right to Request Confidential Communications.** You have the right to request that you receive communication from the Plan by alternative means or at alternative locations. The Plan does not have to agree to your request unless the Plan believes it is reasonable, you clearly state that the confidential communication is necessary to avoid endangering you, your request continues to allow the Plan to collect premiums and pay claims, and you specify an alternative address or other method of contact. To request confidential communications, you must make your request in writing to the Contact Office designated at the end of this Notice.
- **Right to be Notified of a Breach.** You have the right to be notified in the event that the Plan (or a Business Associate) discovers a breach of unsecured Protected Health Information.
- **Right to a Copy of This Notice.** You have the right to request a paper copy of this notice at any time. To obtain a paper copy, contact the Contact Office designated at the end of this Notice.

Changes to This Notice

The Plan is required to abide by the terms of this Notice, but it reserves the right to change the Notice. The Plan reserves the right to make the revised or changed notice effective for Protected Health Information it already has about you as well as any information it creates, receives, or maintains after the Plan revises or changes the Notice. The Plan will promptly distribute a copy of a revised Notice whenever there is a material change to the uses or disclosures, your rights, the Plan’s legal duties, or other of the Plan’s privacy practices stated in the Notice. A changed Notice will be promptly distributed by mail, electronically as allowed by HIPAA, or in any other manner reasonably expected to reach you, as the law may allow. If the Plan has a website, it will post a copy of the current Notice there.

Complaints

If you believe the Plan has violated your privacy rights, you may file a complaint with the appropriate Contact Office designated at the end of this Notice. You may also file a complaint with the Secretary of the Department of Health and Human Services. The Plan encourages you to first file a complaint with the appropriate Contact Office shown below so that the Plan will have an opportunity to address your concerns. HIPAA prohibits entities that are covered by HIPAA from intimidating, threatening, coercing, discriminating against, or taking any retaliatory action against individuals for exercising any right the individual has under HIPAA, including the right to file a complaint. You will not be penalized, or retaliated against, by the Plan, the Plan Sponsor, or the Archdiocese for filing a complaint.

To file a complaint with the Secretary of the Department of Health and Human Services, you must submit your complaint in writing, either on paper or electronically, within 180 days of the date you knew or should have known that the violation occurred. You must state who you are complaining about and the acts or omissions you believe are violations of the Privacy Rules. You can file a complaint with the Secretary of the DHHS by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Other Uses of Protected Health Information

Other uses and disclosures of Protected Health Information by the Plan that are not covered by this Notice or the laws that apply will be made only with your written authorization. For example, in general and subject to specific conditions, the Plan will not do the following without your written authorization:

- Use or disclose your psychiatric notes;
- Use or disclose your Protected Health Information for marketing; and
- Sell your Protected Health Information.
- Protected Health Information related to substance use disorders for use in a legal proceeding (absent a court order accompanied by a subpoena)

If you provide an authorization to the Plan to disclose to others, you may revoke it in writing at any time. If you revoke an authorization, the Plan will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization. However, the revocation will not be effective for action that was taken in reliance on your authorization. You may authorize these uses by contacting the Contact Offices listed below.

Contact Offices

To take advantage of any of the rights you have regarding Protected Health Information that the Plan maintains, or to request additional copies of this Notice, or to receive more information about matters covered by this Notice, contact the following:

Priests: Director of Priest Personnel, The Roman Catholic Archdiocese of Atlanta, *2401 Lake Park Drive S.E., Smyrna, GA 30080-8862*. You may also call the Director of Priest Personnel at (404) 920-7330.

Senior Priests: Bishop Bernard E. (Ned) Shlesinger III, Auxiliary Bishop of the Roman Catholic Archdiocese of Atlanta, *2401 Lake Park Drive S.E., Smyrna, GA 30080-8862*. You may also call (404) 920-7333.

All others: Chief Human Resources Officer, The Roman Catholic Archdiocese of Atlanta, *2401 Lake Park Drive S.E., Smyrna, GA 30080-8862*. You may also call the Chief Human Resources Officer at (404) 920-7482.



Employee Health Insurance Eligibility Certification Form

You must complete this form to be enrolled in the RCAA Group Health Plan.

As part of the onboarding process, all employees are required to complete this entire form to verify eligibility for the Roman Catholic Archdiocese of Atlanta (RCAA) Group Health Plan. Your spouse is eligible for the RCAA Group Health Plan only if he/she does not have health coverage available through his/her employer.

PRINT Your Name: _____ **Social Security Number:** _____

Spousal Eligibility Certification: Please select *one* of the following options:

1. ____ I do **not** have a spouse. Continue to Sign and Date below.
2. ____ My spouse **will not be enrolled** in the RCAA Group Health Plan.
3. ____ My spouse **is enrolled** in the RCAA Group Health Plan as an employee of the Archdiocese of Atlanta.

PRINT Full Name of Spouse: _____

Spouse Work Location: _____

4. ____ My spouse **will be enrolled** in the RCAA Group Health Plan and is:
 - ☐ Not employed
 - ☐ Self-employed
 - ☐ An independent contractor
 - ☐ Employed elsewhere but not eligible for employer-sponsored group health coverage through his/her employer. (Certification is required from spouse's employer stating that spouse is not eligible for health coverage.)

Employee Certification

- I certify that the information provided on this form is a true and correct representation.
- I understand that it is my responsibility to notify the Benefits department *in writing* within 31 days if my marital or spousal insurance status changes at any point after submitting this form.
- I understand that false and deliberate misrepresentation on this or future forms may result in disciplinary action, including dismissal; may result in termination of my and/or my spouse's health coverage; and I may have to reimburse all claims paid by the RCAA Group Health Plan on my spouse's behalf.

Employee Signature: _____ **Date:** _____

Work Location: _____



APPLICATION BEING MADE FOR: HEALTH PLAN

(Check One):

- ☐ EMPLOYEE COVERAGE
☐ EMPLOYEE + SPOUSE COVERAGE
☐ EMPLOYEE + CHILD(REN) COVERAGE
☐ EMPLOYEE + FAMILY COVERAGE

Plan Option Selection:

- ☐ Value Plan
☐ Premier Plan

For completion by employer:

Application being made for:

- ☐ New employee coverage
☐ Special enrollee (attach proof)
☐ Late enrollee/open enrollment

EMPLOYEE NAME - LAST, FIRST, MIDDLE INITIAL		DATE OF BIRTH (type)		SEX MALE ☐ FEMALE ☐	SOCIAL SECURITY NO.
HOME ADDRESS		CITY	STATE	ZIP CODE	AREA CODE PHONE NUMBER
SPOUSE ADDRESS (if different)		CITY	STATE	ZIP CODE	AREA CODE PHONE NUMBER
MARITAL STATUS ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed Date:		DIVISION (Select One) ☐ 01 - PRIESTS ☐ 02 - LAY ☐ 03 - SEMINARIANS ☐ 04 - RELIGIOUS			
EMPLOYER: Roman Catholic Archdiocese of Atlanta		LOCATION NAME		EMAIL ADDRESS (optional)	

If you are adding a dependent, you may need to provide additional documentation to prove their eligibility.

PRINT NAMES OF DEPENDENTS APPLYING FOR COVERAGE: (LAST, FIRST) (LIST THE NAME OF EVERY DEPENDENT THAT WILL BE COVERED)	SOCIAL SECURITY NUMBER	LEGAL RELATIONSHIP: SPOUSE, CHILD, STEP-CHILD, ETC	GENDER: (M / F)	DATE OF BIRTH MO DAY YR

I hereby authorize any health plan, provider of health care services or their Business Associates who have any records, knowledge, or Protected Health Information of me or any family member for whom coverage is requested, to share the information with Corporate Benefit Services of America, Inc., and its Business Associates who provide services for the health plan described herein, for the purposes of determining eligibility for enrollment or underwriting for me and for my family members for the health plan. A photographic copy of this authorization shall be as valid as the original.

I hereby request the amount(s) and Benefits for which I am or may become eligible and hereby authorize my employer to deduct the required contributions, if any, from my earnings.

I certify that the information I have set forth in this application is true and correct to the best of my knowledge. No information has been knowingly withheld or omitted concerning me or my dependents. I understand that providing false information in this application is a crime and may result in the denial of claims or cancellation of coverage. In addition I may be subject to civil and/or criminal penalties.

X

Sign your name, DO NOT PRINT OR TYPE

Date

Providing the above authorization makes it possible to determine your eligibility for enrollment in this health plan. As described in the Notice of Privacy Practices, you may revoke this authorization at any time as provided by applicable law and except to the extent that this authorization has been relied upon.

FOR EMPLOYER USE ONLY/EMPLOYEE BENEFITS OFFICE:

DIVISION # _____ LOCATION # _____ DATE OF FULL TIME EMPLOYMENT _____

EFFECTIVE DATE OF CHANGE / COVERAGE _____ ORIGINAL PART TIME HIRE DATE _____

WHAT IS THE MINIMUM NUMBER OF HOURS WORKED PER WEEK? _____

Comments: _____

FOR MERITAIN HEALTH USE ONLY:

- ☐ Timely
☐ Late
☐ Special
☐ New
- Prior Plan Credits
 Wait Start
 Cert Start _____
 Cert End

Group Number 10974

Effective Date

Account Rep

LF _____ MD _____ DI _____ DN _____ DL _____ OTH _____ VS _____ 24 _____ SAL _____ LTD _____ PPO _____

DEPT _____ LIFE2 _____ CV SUFFIX _____ COMMENTS: _____ RETURN TO REP: _____

EMPLOYEE NAME - PLEASE PRINT: _____

LAST

FIRST

MIDDLE INITIAL

OTHER COVERAGE INFORMATION

This information you provide about other coverage will be used to coordinate benefits with any other group health plan you may have. Please provide the month, day and year for effective dates of coverage.

1. Will your dependents continue to be covered under another health insurance or dental plan **while covered by this plan**?

Medical ☐ Yes ☐ No Dental ☐ Yes ☐ No

If yes, please answer the following:

a. Name of policy holder _____ Date of birth _____

b. If this coverage is through your spouse's employer, please list the employer's name: _____

c. If this is not through an employer, please list the source of other coverage: _____

Name of medical insurance company _____ Telephone number _____

Name of dental insurance company _____ Telephone number _____

d. Who will continue to be covered: ☐ Spouse ☐ Children

List names of covered persons: _____

e. Effective date of medical policy _____ Type of plan: ☐ Group ☐ Individual ☐ COBRA ☐ Other

f. Term date of medical policy _____

g. Effective date of dental policy _____ Type of plan: ☐ Group ☐ Individual ☐ COBRA ☐ Other

h. Term date of dental policy _____

MEDICARE INFORMATION

1. Do your dependents currently have Medicare coverage? ☐ Yes ☐ No

(If yes, please answer the following:)

a. If you or your spouse are retired, please supply the retirement date(s) _____

b. Name of person covered by Medicare _____ Medicare claim Number _____

c. Medicare eligibility is due to: ☐ Overage 65 ☐ End-stage renal disease ☐ Total Disability

d. Part A effective date _____ Part B effective date _____

OTHER COVERAGE

1. Is there other coverage for your children due to a court decree? ☐ Yes ☐ No

If yes, name of parent(s) with legal custody of children: _____

Address of parent(s) with legal custody: _____

Is there a court order making the non-custodial parent responsible for the child(ren)'s medical/dental expenses? ☐ Yes ☐ No

If yes, please supply a copy of the legal documentation for this decision.

Failure to provide this information will result in denial of claims submitted for you or your family members.

DECLINATION OF ENROLLMENT IMPORTANT! If you are waiving your dependents' right to coverage under this plan, you must declare the reason for declination in writing below. Failure to declare your reasons for waiving coverage may limit your opportunity to join the plan later.

If you are declining enrollment for your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll your dependents in this plan, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

I have been given the opportunity to participate in the benefit plan, but after due consideration, I have elected not to participate in each of the categories checked below:

Effective Date of Declination _____ ☐ SPOUSE ☐ CHILD(REN)

List names of dependents to be declined: _____

REASON FOR REFUSAL OF MEDICAL COVERAGE:

☐ Have coverage under another plan. Name of Other Plan _____

Indicate who is currently covered under other plan(s): ☐ Spouse ☐ Children

☐ Other. Give Explanation _____

I understand that failure to specify that I am declining coverage because my spouse and/or children have other coverage may waive my special enrollment rights as described above. I further understand that by not applying for the coverage above, I will not be entitled to those benefits. I further understand that by applying for coverage at a future date, I may be asked to provide health status information. Penalties such as deferred effective dates may be imposed. I hereby certify that I am declining coverage for the dependents indicated above because such dependents are currently covered under the plan(s) named above, and that this information is true and correct to the best of my knowledge. I understand that if I have provided false information regarding the coverage of my dependents under other plan(s) that I may be subject to adverse employment action, including but not limited to termination.

X

Sign your name, DO NOT PRINT OR TYPE

Date

