



**Roman Catholic Archdiocese of Boston  
Lay Benefits Office**

## **Employee Benefit Information**

**July 1, 2023 – June 30, 2024**





**Roman Catholic Archdiocese of Boston  
Benefit Trusts**

66 Brooks Drive, Braintree, Massachusetts 02184

Dear Employee,

Our records indicate that you were recently hired or have recently become eligible for benefits as an employee at a parish, school, or other entity that participates in the Roman Catholic Archdiocese of Boston Benefit Plans. To view the Benefits Orientation narrated presentation and view other helpful information, please visit [catholicbenefits.org/new\\_hires.htm](https://catholicbenefits.org/new_hires.htm).

Enclosed please find the following important documents:

- Summary of Benefits
- Important Contact Information
- Medical Plan Comparison Chart
- Summaries of Benefits & Coverage for Enhanced and Basic PPO Plans and High Deductible Health Plan
- High Deductible Health Plan/Health Savings Account
- RCAB Health Benefit Trust Wellness Program Information
- MoveSpring Challenge Information
- Learn to Live Digital Mental Health Program
- Omada Weight Management Program
- SmartShopper Program
- Delta Dental Plan Summary
- Required Legal Notices

Additionally, please view the following helpful links on the following topics:

Understanding and Using the RCAB Health Plans

- [HRA vs. HSA Comparison](#)
- [CVS Caremark Maintenance Choice FAQs](#)
- [CVS Mobile App](#)
- [BCBS Mobile App](#)
- [Well Connection \(telehealth\)](#)

Wellness Resources

- [Blue Cross Blue Shield ahealthyme \(access starts on 7/1/23\)](#)
- [Wellness Rewards](#)
- [Employee Assistance Program](#)

Employees are eligible to enroll in the RCAB Medical and Dental Plans if they are scheduled to work at least 1,000 hours per year and 20 hours/week for employees working 12 months per year or 24 hours/week for employees working 10 months per year. Eligibility for Medical and Dental coverage begins on the first calendar day of the month following the date of hire or the date hours increased to benefit eligible. If the date is the first of the month, eligibility for the Medical and Dental Plans begins on that date.

To enroll in the Medical and/or Dental Plans, you must log in to the MyEnroll system and complete the enrollment wizard within thirty (30) days of your start date as a benefit-eligible employee, which can be accessed at [myenroll.com](http://myenroll.com). Instructions on how to set up MyEnroll credentials are available at [catholicbenefits.org](http://catholicbenefits.org).

If you enroll in the Plans, you may also enroll your spouse (as defined under the Plans) and your children (until age 26). **If you do not affirmatively enroll in the Medical and/or Dental plans within 30 days of your hire date/benefit-eligibility date, you will have no coverage for these Plans until a life event permitting an election change or the next Open Enrollment window, whichever occurs first.**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption by logging in to the benefits enrollment system through [catholicbenefits.org](http://catholicbenefits.org) and completing a Life Event.

Finally, if you enroll in one of the Medical Plans, we encourage you to participate in the Wellness Program, which provides incentives for enrolled employees and spouses. By participating in wellness activities/submitting Wellness Rewards, employees and spouses enrolled in the Enhanced or Basic PPO Plan can each earn up to **\$1,150** in HRA contributions per Plan Year. Employees and spouses enrolled in the High Deductible Health Plan can each earn up to **\$650** in HSA contributions per Plan Year.

Additional information regarding all of the benefit plans offered through the RCAB Benefits Office, including Life and Long-Term Disability Insurance and the Transition Assistance Program, as applicable to your location, is available at [catholicbenefits.org](http://catholicbenefits.org). Please contact your location's business office for details about which Plans are available to you.

We also encourage you to contact us at 617-746-5640 or [benefits@rcab.org](mailto:benefits@rcab.org) if you have any questions.

Sincerely,

Roman Catholic Archdiocese of Boston Benefits Office



## SUMMARY OF BENEFITS\*

RCAB Lay Benefits Office

[benefits@rcab.org](mailto:benefits@rcab.org) | 617-746-5640 | [catholicbenefits.org](http://catholicbenefits.org)

BENEFIT	ELIGIBILITY	ORG. PAYS	EMP. PAYS	SUMMARY
<b>Medical</b> Blue Cross BlueShield of MA	1st of month following date of hire	Check in MyEnroll or consult payroll administrator		Two PPO Plan options and a High Deductible Health Plan with HSA. Medical coverage administered by Blue Cross Blue Shield of MA.
<b>Prescription Drugs</b> CVS/Caremark Pharmacy Benefit Manager	Same as Medical enrollment date	Included in medical rates		Pharmacy co-pays: Generic, Branded, Non-Formulary rates vary by plan; Maintenance Choice provides a 3-month supply for 2 months of co-pays
<b>Nurse Advice Line</b>	Same as Medical enrollment date	Included in medical rates		Talk to a Registered Nurse to help you make informed decisions about your family's health 24 hours a day, 7 days a week 1-888-247-BLUE
<b>Dental</b> Delta Dental	1st of month following date of hire	Check in MyEnroll or consult payroll administrator		In-Network coverage/services 100% preventative svcs; 80% restorative svcs; 50% major restorative svcs; \$50 deductible; max \$1,500 per person, per calendar year
<b>401(k) Plan</b> Voya Financial	New hires are automatically enrolled with a 3% pre-tax deferral. Employer contributions begin after 1 year of benefit-eligible service.	Up to 4% of eligible wages as employer contribution	Up to annual legal limits.  Check with your location's business office to confirm that this benefit applies to you.	Employees may defer their own wages on a pre-tax or Roth after-tax basis into the Plan, up to the annual legal limits. Broad array of investment options available. All employer contributions are immediately vested.
<b>Long Term Disability Plan (LTD)</b> Symetra	1st of month following 1 year of benefit eligible service; 1,000 hours of work	100%	None  Check with your location's business office to confirm that this benefit applies to you.	Provides monthly income benefit of 60% base monthly wage after 26 weeks of total disability, to max of \$10,000/month

\*This document is a summary. In the event of differences between this summary and applicable plan documents, plan documents will prevail. Employee must work a minimum of 20 hours/week to receive these benefits unless otherwise noted above.



BENEFIT	ELIGIBILITY	ORG. PAYS	EMP. PAYS	SUMMARY
<b>Life Insurance Plan Accidental Death and Dismemberment</b> Symetra	1 <sup>st</sup> of month following 1 year of benefit eligible service; 1,000 hours of work	100%	None  Check with your location's business office to confirm that this benefit applies to you.	Benefit level of 2 times annual salary rounded up to the nearest thousand with a maximum benefit of \$300,000 (reduced for employees age 65+)
<b>RCAB Transition Assistance Program</b>	1 <sup>st</sup> of month following 1 year of benefit eligible service; 1,000 hours of work	100%	None  Check with your location's business office to confirm that this benefit applies to you.	Employees who experience involuntary job loss; payment of up to 50% of previous wages to a maximum; for a period of up to 30 weeks; contingent on continued active job search
<b>Employee Assistance Program GuidanceResources EAP</b> Symetra	All employees	None	None	Confidential service offered via a toll-free hotline, 1-888-327-9573 and a user-friendly website, guidanceresources.com. Employees and their families may use the EAP to help address issues on a variety of topics. Web ID: SYMETRA

**\*This document is a summary. In the event of differences between this summary and applicable plan documents, plan documents will prevail. Employee must work a minimum of 20 hours/week to receive these benefits unless otherwise noted above.**



## Lay Benefits Office Contact Information

617-746-5640 | [benefits@rcab.org](mailto:benefits@rcab.org) | [www.catholicbenefits.org](http://www.catholicbenefits.org)

Not all benefits listed here may be applicable to your location. Please speak with your location's benefits contact to confirm eligibility for these benefits.

Plan	Provider	Phone Number	Website	Mobile App
Medical	Blue Cross Blue Shield of Massachusetts	800-832-3871	<a href="http://bluecrossma.org">bluecrossma.org</a>	Yes
Prescription	CVS/Caremark	877-430-8633	<a href="http://caremark.com">caremark.com</a>	Yes
Health Reimbursement Account (HRA) & Health Savings Account (HSA)	Health Equity	866-346-5800	<a href="http://healthequity.com">healthequity.com</a>	Yes
Dental	Delta Dental of Massachusetts	800-872-0500	<a href="http://deltadentalma.com">deltadentalma.com</a>	Yes
Transition Assistance Program	RCAB Human Resources Office	617-746-5825	<a href="http://catholicbenefits.org/tap/tap.htm">catholicbenefits.org/tap/tap.htm</a>	No
Employee Assistance Program (EAP)	ComPsych GuidanceResources	888-327-9573	<a href="http://guidanceresources.com">guidanceresources.com</a> Web ID: SYMETRA	Yes
401(k)	Voya Financial	855-817-1664	<a href="http://rcab.voya.com">rcab.voya.com</a>	Yes
Life, Accidental Death and Dismemberment, and Long Term Disability	Symetra	877-377-6773	<a href="http://symetra.com">symetra.com</a>	No

Below please find a comparison chart for the three medical plan options under the RCAB Health Plan. Additional coverage information can be found in the Summary of Benefits & Coverage (SBC) documents.

RCAB Health Plan Options Summary - July 1, 2023 - June 30, 2024						
Member Cost Share Provisions	Blue Cross Blue Shield - Enhanced PPO Plan		Blue Cross Blue Shield - Basic PPO Plan		High Deductible Health Plan	
	Blue Cross PPO Network	Out-of-Network	Blue Cross PPO Network	Out-of-Network	Blue Cross PPO Network	Out-of-Network
Deductible	\$750 Ind / \$1,500 Fam	\$1,500 Ind / \$3,000 Fam	\$2,500 Ind/\$5,000 Fam	\$5,000 Ind/ \$10,000 Fam	\$4,000 Ind/ \$8,000 Fam	\$8,000 Ind/ \$16,000 Fam
Coinsurance (Plan pays)	90%	70%	80%	60%	80%	60%
Medical Out-of-Pocket Maximum	\$1,750 / \$3,500	\$3,500 / \$10,500	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 Ind / \$14,000 Fam	\$14,000 Ind / \$28,000 Fam
PCP - Preventive Visits	Covered in Full	30% after deductible	Covered in Full	40% after deductible	Covered in Full	40% after deductible
PCP - Sick Visit	\$25	30% after deductible	\$30	40% after deductible	20% after deductible	40% after deductible
Specialist Visit	\$40 per visit; \$25/physical therapist visit; \$25/chiropractor visit; \$25/acupuncture visit	30% after deductible	\$50 per visit; \$30/physical therapist visit; \$30/chiropractor visit; \$30/acupuncture visit	40% after deductible	20% after deductible	40% after deductible
Inpatient Care	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Care (Hospital)	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Diagnostic test (x-ray, blood work)	\$25 per day	30% after deductible	\$30 per day	40% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET scans, MRIs)	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care	\$40	30% after deductible	\$50	40% after deductible	20% after deductible	40% after deductible
CVS MinuteClinic	\$5	n/a	\$5	n/a	20% after deductible	40% after deductible
Emergency Room Visit	\$150	\$150	\$250	\$250	20% after deductible	40% after deductible
Pharmacy copays	Retail: \$10 generic; \$35 preferred brand; \$55 non-preferred brand Mail: 2x Retail co-pay Out-of-pocket Max: \$1,500 / \$3,000		Retail: \$15 generic; \$40 preferred brand; \$60 non-preferred brand Mail: 2x Retail co-pay Out-of-pocket Max: \$1,500 / \$3,000		Deductible + Coinsurance; Preventive Covered in Full	
Note: "Family" includes Individual +1	Health Benefit Trust's HRA Funding: \$1,150/\$2,300 Employee + Spouse				Heath Benefit Trust's HSA Funding: \$650 Employee/\$1,300 Employee + Spouse	



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) 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, see [catholicbenefits.org](https://catholicbenefits.org). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [bluecrossma.org/sbcglossary](https://bluecrossma.org/sbcglossary) or call 1-800-832-3871 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	<b>\$750</b> member / <b>\$1,500</b> family in-network; <b>\$1,500</b> member / <b>\$3,000</b> family out-of-network.	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. In-network preventive and prenatal care, most office visits, mental health visits, therapy visits, <u>diagnostic tests</u> , <u>hospice services</u> ; emergency room, emergency transportation.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a> .
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> ?	<b>\$1,750</b> member / <b>\$3,500</b> family in-network; <b>\$3,500</b> member / <b>\$10,500</b> family out-of-network.	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.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="https://bluecrossma.com/findadoctor">bluecrossma.com/findadoctor</a> or call the Member Service number on your ID card for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 / visit	30% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric <u>specialist</u> , nurse midwife, licensed dietician nutritionist, multi-specialty <u>provider</u> group, or by a physician assistant or nurse practitioner designated as primary care; a telehealth <u>cost share</u> may be applicable
	<u>Specialist</u> visit	\$40 / visit; \$25 / chiropractor visit; \$25 / acupuncture visit	30% <u>coinsurance</u> ; 30% <u>coinsurance</u> / chiropractor visit; 30% <u>coinsurance</u> / acupuncture visit	<u>Deductible</u> applies first for out-of-network; includes physician assistant or nurse practitioner designated as specialty care; limited to 18 chiropractor visits per <u>plan</u> year; limited to 12 acupuncture visits per <u>plan</u> year; a telehealth <u>cost share</u> may be applicable
	<u>Preventive care/screening/immunization</u>	No charge	30% <u>coinsurance</u> (routine adult exams not covered)	<u>Deductible</u> applies first for out-of-network; limited to age-based schedule and / or frequency; a telehealth <u>cost share</u> may be applicable. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	\$25	30% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>copayment</u> applies per service date; <u>pre-authorization</u> may be required
	Imaging (CT/PET scans, MRIs)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> may be required

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://catholicbenefits.org/health/rx.htm">catholicbenefits.org/health/rx.htm</a> or 877-430-8633	Generic drugs	Retail: \$10 Mail: \$20	Not covered	Deductible does not apply Pharmacy has a separate out-of-pocket maximum of \$1,500 for individual coverage and \$3,000 for family coverage Retail (up to 31-day supply)/Mail or Retail (32-90-day supply)
	Preferred brand drugs	Retail: \$35 Mail: \$70	Not covered	Deductible does not apply Pharmacy has a separate out-of-pocket maximum of \$1,500 for individual coverage and \$3,000 for family coverage Retail (up to 31-day supply)/Mail or Retail (32-90-day supply)
	Non-preferred brand drugs	Retail: \$55 Mail: \$110	Not covered	Deductible does not apply Pharmacy has a separate out-of-pocket maximum of \$1,500 for individual coverage and \$3,000 for family coverage Retail (up to 31-day supply)/Mail or Retail (32-90-day supply)
	<u>Specialty drugs</u>	Same copays as non-specialty drugs, with the exception of PrudentRx-eligible prescriptions.	Not covered	30% coinsurance for PrudentRx-eligible specialty prescriptions. <sup>1</sup>

<sup>1</sup> The PrudentRx program is designed to lower your out-of-pocket costs by assisting you with enrollment in drug manufacturers' discount copay cards/assistance programs. When enrolled in PrudentRx, your out-of-pocket cost will be **\$0** for medications included on the PrudentRx exclusive specialty drug list. If you opt out, you will be responsible for the 30% coinsurance. Please visit [catholicbenefits.org](http://catholicbenefits.org) for more details.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$150 / visit; <u>deductible</u> does not apply	\$150 / visit; <u>deductible</u> does not apply	<u>Copayment</u> waived if admitted
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	\$40 / visit	30% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> / <u>authorization</u> required for certain services
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> / <u>authorization</u> required for certain services
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 / visit	30% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	Inpatient services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge for prenatal care; 10% <u>coinsurance</u> for postnatal care	30% <u>coinsurance</u>	<u>Deductible</u> applies first except for in-network prenatal care; <u>cost sharing</u> does not apply for in-network <u>preventive services</u> ; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound); a telehealth <u>cost share</u> may be applicable
	Childbirth/delivery professional services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	
	Childbirth/delivery facility services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required
	<u>Rehabilitation services</u>	\$25 / visit for outpatient services; 10% <u>coinsurance</u> for inpatient services	30% <u>coinsurance</u> for outpatient services; 30% <u>coinsurance</u> for inpatient services	<u>Deductible</u> applies first except for in-network outpatient services; limited to 60 outpatient visits per <u>plan</u> year (other than for autism, <u>home health care</u> , and speech therapy); limited to 100 days (combined with chronic disease hospitals and skilled nursing facilities) per <u>plan</u> year; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	<u>Habilitation services</u>	\$25 / visit	30% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; outpatient rehabilitation therapy coverage limits apply; <u>cost share</u> and coverage limits waived for early intervention services for eligible children; a telehealth <u>cost share</u> may be applicable
	<u>Skilled nursing care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Deductible</u> applies first; limited to 100 days (combined with chronic disease and rehabilitation hospitals) per <u>plan</u> year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Deductible</u> applies first; in-network <u>cost share</u> waived for one breast pump per birth, including supplies
	<u>Hospice services</u>	No charge	30% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	30% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to one exam per <u>plan</u> year
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	30% <u>coinsurance</u> for members with a cleft palate / cleft lip condition	<u>Deductible</u> applies first for out-of-network; limited to members under age 18



## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Abortion and other services that are not in keeping with teachings of the Catholic church.
- Children's glasses
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Private-duty nursing
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (12 visits per plan year)
- Bariatric surgery
- Chiropractic care (18 visits per plan year)
- Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)
- Infertility treatment (coverage for diagnosis and some treatment per guidelines)
- Non-emergency care when traveling outside the U.S.
- Routine eye care - adult (one exam per plan year)
- Routine foot care (only for patients with systemic circulatory disease)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [dol.gov/ebsa/healthreform](https://dol.gov/ebsa/healthreform) and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [cciio.cms.gov](https://cciio.cms.gov). Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or [mass.gov/doi](https://mass.gov/doi). Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [HealthCare.gov](https://HealthCare.gov) or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's [marketplace](#), if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting [mahealthconnector.org](https://mahealthconnector.org). For more information on your rights to continue your employer coverage, contact your [plan](#) sponsor. (A [plan](#) sponsor is usually the member's employer or organization that provides group health coverage to the member.)

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**Does this plan provide Minimum Essential Coverage? Yes.**

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## About these Coverage Examples:



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### Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$750
■ <u>Delivery fee coinsurance</u>	10%
■ <u>Facility fee coinsurance</u>	10%
■ <u>Diagnostic tests copay</u>	\$25

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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#### In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$750
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$900
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$1,810</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$750
■ <u>Specialist</u> visit <u>copay</u>	\$40
■ <u>Primary care</u> visit <u>copay</u>	\$25
■ <u>Diagnostic tests</u> <u>copay</u>	\$25

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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#### In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$1,400
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,420</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$750
■ <u>Specialist</u> visit <u>copay</u>	\$40
■ <u>Emergency room</u> <u>copay</u>	\$150
■ <u>Ambulance services</u> <u>copay</u>	\$0

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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#### In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$300</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

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Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	<b>\$2,500</b> member / <b>\$5,000</b> family in-network; <b>\$5,000</b> member / <b>\$10,000</b> family out-of-network.	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> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. In-network preventive and prenatal care, most office visits, mental health visits, therapy visits, <u>diagnostic tests</u> , <u>hospice services</u> ; emergency room, emergency transportation.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	<b>\$3,000</b> member / <b>\$6,000</b> family in-network; <b>\$6,000</b> member / <b>\$12,000</b> family out-of-network.	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.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="https://bluecrossma.com/findadoctor">bluecrossma.com/findadoctor</a> or call the Member Service number on your ID card for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$30 / visit	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; family or general practitioner, internist, OB/GYN physician, pediatrician, geriatric <u>specialist</u> , nurse midwife, licensed dietician nutritionist, multi-specialty <u>provider</u> group, or by a physician assistant or nurse practitioner designated as primary care; a telehealth <u>cost share</u> may be applicable
	<u>Specialist</u> visit	\$50 / visit; \$30 / chiropractor visit; \$30 / acupuncture visit	40% <u>coinsurance</u> ; 40% <u>coinsurance</u> / chiropractor visit; 40% <u>coinsurance</u> / acupuncture visit	<u>Deductible</u> applies first for out-of-network; includes physician assistant or nurse practitioner designated as specialty care; limited to 18 chiropractor visits per <u>plan</u> year; limited to 12 acupuncture visits per <u>plan</u> year; a telehealth <u>cost share</u> may be applicable
	<u>Preventive care/screening/immunization</u>	No charge	40% <u>coinsurance</u> (routine adult exams not covered)	<u>Deductible</u> applies first for out-of-network; limited to age-based schedule and / or frequency; a telehealth <u>cost share</u> may be applicable. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	\$30	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>copayment</u> applies per service date; <u>pre-authorization</u> may be required
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> may be required

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b><u>prescription drug coverage</u></b> is available at <a href="https://catholicbenefits.org/health/rx.htm">catholicbenefits.org/health/rx.htm</a> or 877-430-8633	Generic drugs	Retail: \$15 Mail: \$30	Not covered	Deductible does not apply Pharmacy has a separate out-of-pocket maximum of \$1,500 for individual coverage and \$3,000 for family coverage Retail (up to 31-day supply)/Mail or Retail (32-90-day supply)
	Preferred brand drugs	Retail: \$40 Mail: \$80	Not covered	Deductible does not apply Pharmacy has a separate out-of-pocket maximum of \$1,500 for individual coverage and \$3,000 for family coverage Retail (up to 31-day supply)/Mail or Retail (32-90-day supply)
	Non-preferred brand drugs	Retail: \$60 Mail: \$120	Not covered	Deductible does not apply Pharmacy has a separate out-of-pocket maximum of \$1,500 for individual coverage and \$3,000 for family coverage Retail (up to 31-day supply)/Mail or Retail (32-90-day supply)
	<u>Specialty drugs</u>	Same copays as non-specialty drugs, with the exception of PrudentRx-eligible prescriptions.	Not covered	30% coinsurance for PrudentRx-eligible specialty prescriptions. <sup>1</sup>

<sup>1</sup> The PrudentRx program is designed to lower your out-of-pocket costs by assisting you with enrollment in drug manufacturers' discount copay cards/assistance programs. When enrolled in PrudentRx, your out-of-pocket cost will be **\$0** for medications included on the PrudentRx exclusive specialty drug list. If you opt out, you will be responsible for the 30% coinsurance. Please visit [catholicbenefits.org](https://catholicbenefits.org) for more details.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$250 / visit; <u>deductible</u> does not apply	\$250 / visit; <u>deductible</u> does not apply	<u>Copayment</u> waived if admitted
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	\$50 / visit	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> / authorization required for certain services
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> / authorization required for certain services
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 / visit	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you are pregnant	Office visits	No charge for prenatal care; 20% <u>coinsurance</u> for postnatal care	40% <u>coinsurance</u>	<u>Deductible</u> applies first except for in-network prenatal care; <u>cost sharing</u> does not apply for in-network <u>preventive services</u> ; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound); a telehealth <u>cost share</u> may be applicable
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required
	<u>Rehabilitation services</u>	\$30 / visit for outpatient services; 20% <u>coinsurance</u> for inpatient services	40% <u>coinsurance</u> for outpatient services; 40% <u>coinsurance</u> for inpatient services	<u>Deductible</u> applies first except for in-network outpatient services; limited to 60 outpatient visits per <u>plan</u> year (other than for autism, <u>home health care</u> , and speech therapy); limited to 100 days (combined with chronic disease hospitals and skilled nursing facilities) per <u>plan</u> year; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	<u>Habilitation services</u>	\$30 / visit	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; outpatient rehabilitation therapy coverage limits apply; <u>cost share</u> and coverage limits waived for early intervention services for eligible children; a telehealth <u>cost share</u> may be applicable
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; limited to 100 days (combined with chronic disease and rehabilitation hospitals) per <u>plan</u> year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; in-network <u>cost share</u> waived for one breast pump per birth, including supplies
	<u>Hospice services</u>	No charge	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to one exam per <u>plan</u> year
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	40% <u>coinsurance</u> for members with a cleft palate / cleft lip condition	<u>Deductible</u> applies first for out-of-network; limited to members under age 18

#### Excluded Services & Other Covered Services:

##### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Abortion and other services that are not in keeping with teachings of the Catholic church
- Children's glasses
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Private-duty nursing
- Weight loss programs

##### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (12 visits per plan year)
- Bariatric surgery
- Chiropractic care (18 visits per plan year)
- Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)
- Infertility treatment (coverage for diagnosis and some treatment per guidelines)
- Non-emergency care when traveling outside the U.S.
- Routine eye care- adult (one exam per plan year)
- Routine foot care (only for patients with systemic circulatory disease)

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### Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$2,500
■ <u>Delivery fee coinsurance</u>	20%
■ <u>Facility fee coinsurance</u>	20%
■ <u>Diagnostic tests copay</u>	\$30

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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#### In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$400
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,160</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$2,500
■ <u>Specialist</u> visit <u>copay</u>	\$50
■ <u>Primary care</u> visit <u>copay</u>	\$30
■ <u>Diagnostic tests</u> <u>copay</u>	\$30

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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#### In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$1,500
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,520</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$2,500
■ <u>Specialist</u> visit <u>copay</u>	\$50
■ <u>Emergency room</u> <u>copay</u>	\$250
■ <u>Ambulance services</u> <u>copay</u>	\$0

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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#### In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$400
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$400</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) 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, see [catholicbenefits.org](https://catholicbenefits.org). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [bluecrossma.org/sbcglossary](https://bluecrossma.org/sbcglossary) or call 1-800-832-3871 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	<b>\$4,000</b> member / <b>\$8,000</b> family in-network; <b>\$8,000</b> member / <b>\$16,000</b> family out-of-network.	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. In-network prenatal and <u>preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a> .
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> ?	<b>\$7,000</b> member / <b>\$14,000</b> family in-network; <b>\$14,000</b> member / <b>\$28,000</b> family out-of-network.	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.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="https://bluecrossma.com/findadoctor">bluecrossma.com/findadoctor</a> or call the Member Service number on your ID card for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; a telehealth <u>cost share</u> may be applicable
	<u>Specialist</u> visit	20% <u>coinsurance</u> ; 20% <u>coinsurance</u> / chiropractor visit; 20% <u>coinsurance</u> / acupuncture visit	40% <u>coinsurance</u> ; 40% <u>coinsurance</u> / chiropractor visit; 40% <u>coinsurance</u> / acupuncture visit	<u>Deductible</u> applies first; limited to 18 chiropractor visits per <u>plan</u> year; limited to 12 acupuncture visits per <u>plan</u> year; a telehealth <u>cost share</u> may be applicable
	<u>Preventive care/screening/immunization</u>	No charge	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to age-based schedule and / or frequency; a telehealth <u>cost share</u> may be applicable. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> may be required
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> may be required
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="https://catholicbenefits.org/health/rx.htm">catholicbenefits.org/health/rx.htm</a> or 877-430-8633	Generic drugs	20% <u>coinsurance</u>	Not covered	If drug is preventive, no charge. Otherwise, deductible applies first.
	Preferred brand drugs	20% <u>coinsurance</u>	Not covered	If drug is preventive, no charge. Otherwise, deductible applies first.
	Non-preferred brand drugs	20% <u>coinsurance</u>	Not covered	If drug is preventive, no charge. Otherwise, deductible applies first.
	<u>Specialty drugs</u>	20% <u>coinsurance</u>	Not covered	If drug is preventive, no charge. Otherwise, deductible applies first.

	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	In-network <u>deductible</u> applies first for in-network and out-of-network services
	<u>Emergency medical transportation</u>	No charge	No charge	In-network <u>deductible</u> applies first for in-network and out-of-network services
	<u>Urgent care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; a telehealth <u>cost share</u> may be applicable
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> / authorization required for certain services
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> / authorization required for certain services
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge for prenatal care; 20% <u>coinsurance</u> for postnatal care	40% <u>coinsurance</u>	<u>Deductible</u> applies first except for in-network prenatal care; <u>cost sharing</u> does not apply for in-network <u>preventive services</u> ; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound); a telehealth <u>cost share</u> may be applicable
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	

If your child needs dental or eye care	Children's eye exam	No charge	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to one exam per <u>plan</u> year
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	40% <u>coinsurance</u> for members with a cleft palate / cleft lip condition	<u>Deductible</u> applies first for out-of-network; limited to members under age 18
If you need help recovering or have other special health needs	<u>Rehabilitation services</u>	20% <u>coinsurance</u> for outpatient services; 20% <u>coinsurance</u> for inpatient services	40% <u>coinsurance</u> for outpatient services; 40% <u>coinsurance</u> for inpatient services	than for autism, <u>home health care</u> , and speech therapy); limited to 100 days (combined with chronic disease hospitals and skilled nursing facilities) per <u>plan</u> year for inpatient admissions; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	<u>Habilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; outpatient rehabilitation therapy coverage limits apply; in-network <u>coinsurance</u> and coverage limits waived for early intervention services for eligible children; a telehealth <u>cost share</u> may be applicable
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; limited to 100 days (combined with chronic disease and rehabilitation hospitals) per <u>plan</u> year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first; in-network <u>cost share</u> waived for one breast pump per birth, including supplies
	<u>Hospice services</u>	No charge	40% <u>coinsurance</u>	<u>Deductible</u> applies first; <u>pre-authorization</u> required for certain services



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to one exam per <u>plan</u> year
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	40% <u>coinsurance</u> for members with a cleft palate / cleft lip condition	<u>Deductible</u> applies first for out-of-network; limited to members under age 18

#### Excluded Services & Other Covered Services:

##### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Abortion and other services that are not in keeping with teachings of the Catholic church
- Children's glasses
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Private-duty nursing
- Weight loss programs

##### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (12 visits per plan year)
- Bariatric surgery
- Chiropractic care (18 visits per plan year)
- Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)
- Infertility treatment (coverage for diagnosis and some treatment per guidelines)
- Non-emergency care when traveling outside the U.S.
- Routine eye care- adult (one exam per plan year)
- Routine foot care (only for patients with systemic circulatory disease)



**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [dol.gov/ebsa/healthreform](https://dol.gov/ebsa/healthreform) and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [cciio.cms.gov](https://cciio.cms.gov). Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or [mass.gov/doi](https://mass.gov/doi). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [HealthCare.gov](https://HealthCare.gov) or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting [mahealthconnector.org](https://mahealthconnector.org). For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, call 1-800-832-3871 or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

**Does this plan provide Minimum Essential Coverage? Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Disclaimer:** This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$4,000
■ Delivery fee <u>coinsurance</u>	20%
■ Facility fee <u>coinsurance</u>	20%
■ Diagnostic tests <u>coinsurance</u>	20%

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$4,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,700

*What isn't covered*

Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$5,760</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$4,000
■ <u>Specialist</u> visit <u>coinsurance</u>	20%
■ Primary care visit <u>coinsurance</u>	20%
■ Diagnostic tests <u>coinsurance</u>	20%

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$4,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$300

*What isn't covered*

Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$4,320</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$4,000
■ <u>Specialist</u> visit <u>coinsurance</u>	20%
■ Emergency room <u>coinsurance</u>	20%
■ Ambulance services <u>copay</u>	\$0

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0

*What isn't covered*

Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,800</b>

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

001490453 (03/22) JM



# The Archdiocese of Boston High Deductible Health Plan

## Understanding how the RCAB High Deductible Health Plan works

- ▶ The RCAB High Deductible Health Plan (HDHP), offered through Blue Cross Blue Shield of Massachusetts, provides 100% coverage for preventive care like annual check-ups, vaccines, cancer screenings from in-network providers, and preventive medications.
- ▶ For other medical services and prescriptions, you'll first have to meet your deductible before the RCAB HDHP starts to pay. There are no co-pays under the HDHP.
- ▶ The deductible amount is \$4,000 for an individual plan and \$8,000 for a family or individual+1 plan. Once your deductible is satisfied, co-insurance applies until applicable out-of-pocket maximums are met.
- ▶ Use your HealthEquity Health Savings Account (HSA) to pay deductibles, co-insurance, and other claims expenses.

**HealthEquity**

## Until you meet your deductible, you'll pay in full for services like these:

**Sick visits to your primary care provider and specialist office visits**

**Non-preventive prescriptions**

**Lab tests and bloodwork**

- Strep test if you have a sore throat
- Testing for high cholesterol
- Monitoring your blood sugar quarterly

**Emergency room or urgent care visits**

**X-rays, imaging, and tests**

- Chest X-ray for a cough
- MRIs
- CT scans

**Surgery (inpatient and outpatient) and related care**

- Childbirth/delivery (hospital and provider services)
- Knee surgery

Log in to [myblue.bluecrossma.com](https://myblue.bluecrossma.com) (medical) and [caremark.com](https://caremark.com) (prescription) to see more.

## What to expect when using the RCAB HDHP

### PAYING FOR PROVIDER SERVICES



Visit a provider



Blue Cross Blue Shield of Massachusetts sends you a Summary of Health Plan Payments



The provider sends you a bill



Compare the bill and the summary to understand what you owe



Pay the provider's bill using your HealthEquity HSA

### PAYING FOR PRESCRIPTIONS



Pick up a non-preventive prescription at the pharmacy



Check your deductible on the MyBlue app

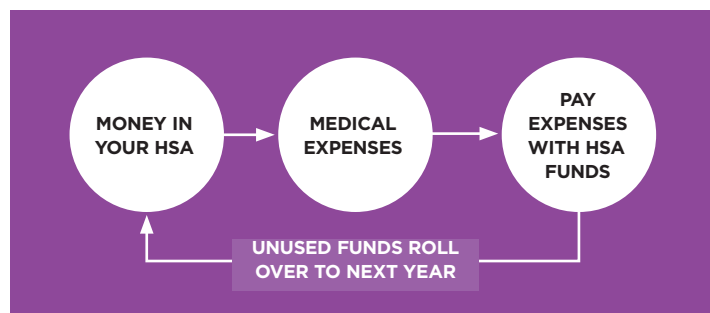


Pay for your prescription using your HealthEquity HSA (until you reach the out-of-pocket max)

# What is a Health Savings Account?

**Your Health Savings Account can give you control, flexibility, and peace of mind.**

If you enroll in the RCAB HDHP, a Health Savings Account (HSA) will automatically be set up for you. If you enroll in the HDHP, you can earn \$650 (if enrolled in an individual plan) or \$1,300 (if enrolled with a spouse in a family or individual+1 plan) in HSA contributions each Plan Year (July 1 to June 30) by completing wellness activities. In addition, you can deposit your own money into the HSA through pre-tax payroll deductions, up to the total annual legal limits each calendar year.



## What is an HSA?

HSAs allow you to set aside tax-free dollars that you can save for medical expenses today, tomorrow, and even for retirement.

## How does an HSA work?

Your HealthEquity HSA works a lot like a savings account that you use to pay for qualified health care expenses. Money is deposited into the account when you (and your spouse, if enrolled) complete wellness activities, and you can spend it when you need it. You can also deposit money into your HSA through pre-tax payroll deductions, up to annual legal limits.

You can then use the HSA to pay for qualified medical expenses for yourself and other eligible dependents, such as:

- Qualified medical, dental, and vision services and prescriptions
- Deductibles
- Co-insurance

You can use your HSA funds for some qualified expenses that aren't covered by traditional health plans, such as laser eye surgery and certain over-the-counter items.

You can also use your HSA funds for non-qualified services, such as to buy food, but you'll be responsible for regular income taxes and, in many cases, additional federal taxes.

## What are the advantages of an HSA?

HSAs allow you to put money aside for health care expenses, control the funds, and enjoy the benefits of:

- Pre-tax contributions—Reduce your taxable income each year you contribute to the HSA.
- Tax-free growth—Earn interest and build savings tax-free.
- Tax-free withdrawals—For qualified medical expenses
- Portability—The funds stay with you if you change employers or disenroll from the RCAB HDHP.
- Control—Decide for yourself whether to spend your HSA funds or save them for later. Any unused funds roll over from year to year.
- Investment flexibility—Help your money grow by investing in mutual funds and other securities once you have at least \$1,000 in your HealthEquity HSA.
- Retirement savings—If you do not need the funds now, you can save them for when you retire, when you may have higher medical expenses and lower income.

## How much can I contribute to my HSA?

You can contribute your own money to the HealthEquity HSA through payroll deductions, up to the annual limits set by the Internal Revenue Service:

Maximum HSA Contribution <sup>1,2</sup>	Individual	Individual +1 and Family
(includes employee payroll deductions and wellness incentive deposits)		
2023	\$3,850	\$7,750

1. Adjusted annually for inflation. If you're age 55 or older, you can make additional "catch-up" contributions. The "catch-up" contribution limit for 2023 is \$1,000 each year.

2. Limits and tax penalties may apply if you leave employment or disenroll from the RCAB HDHP prior to December 31, 2024.

**Need help? Call Blue Cross Blue Shield of Massachusetts Member Services at the number on your ID card for information about how the RCAB HDHP works. Call HealthEquity at 877.694.3938 for information about your HSA.**





# RCAB Health Benefit Trust Wellness Program

July 1, 2023 – June 30, 2024



## Earn Rewards for Living Healthy!

By participating in the RCAB Health Benefit Trust Wellness Program, you and your spouse (if enrolled in the Blue Cross Blue Shield Enhanced or Basic PPO Health Plan) can each earn up to **\$1,000** per Plan Year into a HealthEquity Health Reimbursement Arrangement (HRA) account. If enrolled in the RCAB High Deductible Health Plan (HDHP), you and your spouse can each earn up to **\$500** per Plan Year into the employee's HealthEquity Health Savings Account.

The Roman Catholic Archdiocese of Boston (RCAB) Health Plans are committed to supporting you on your health and wellness journey through the Blue Cross Blue Shield of Massachusetts *ahealthyme* wellness program and other wellness programs sponsored by the RCAB Health Plans. These programs are designed to help you improve your physical, mental, and social health. **The newly enhanced *ahealthyme* program** offers a wide variety of resources on wellness topics, expanded device and tracking integration, a modernized digital platform, and seamless access through MyBlue, a personalized Blue Cross Blue Shield health website, and the MyBlue app.

Employees and spouses can earn points by attending routine health visits and performing various wellness activities. **One point is equal to 10 HRA/HSA dollars.**

Unused HRA dollars earned in prior Plan Years roll over from year to year and remain available so long as the employee is enrolled in one of the RCAB Health Plans. HSA funds roll over from year to year and are available even after an employee disenrolls from the RCAB HDHP or leaves employment.

Participation in the Wellness Program is voluntary. **To be eligible to earn points, participants must be registered in the new *ahealthyme* program starting July 1, 2023 or later (even if they have registered in the past).** Registration is easy! Sign in to MyBlue at [member.bluecrossma.com/login](https://member.bluecrossma.com/login) and click ***ahealthyme*** under **My Care** anytime on or after July 1, 2023. Once registered, you will have access to the mobile app. Search for **Alaveda** in the Apple or Google Play store and install the app. Enter the code **wellness**.

## Wellness Rewards Program

In addition to earning points through the *ahealthyme* program, you and your spouse (if enrolled in one of the RCAB Health Plans) are each eligible to receive a Wellness Reward of up to \$150 per Plan Year as reimbursement for certain wellness expenses, such as a fitness club membership, fitness tracker, workout class, etc. Visit [catholicbenefits.org/health/wellnessrewards.pdf](https://catholicbenefits.org/health/wellnessrewards.pdf) to learn more.

## How to Earn Wellness Incentive Points

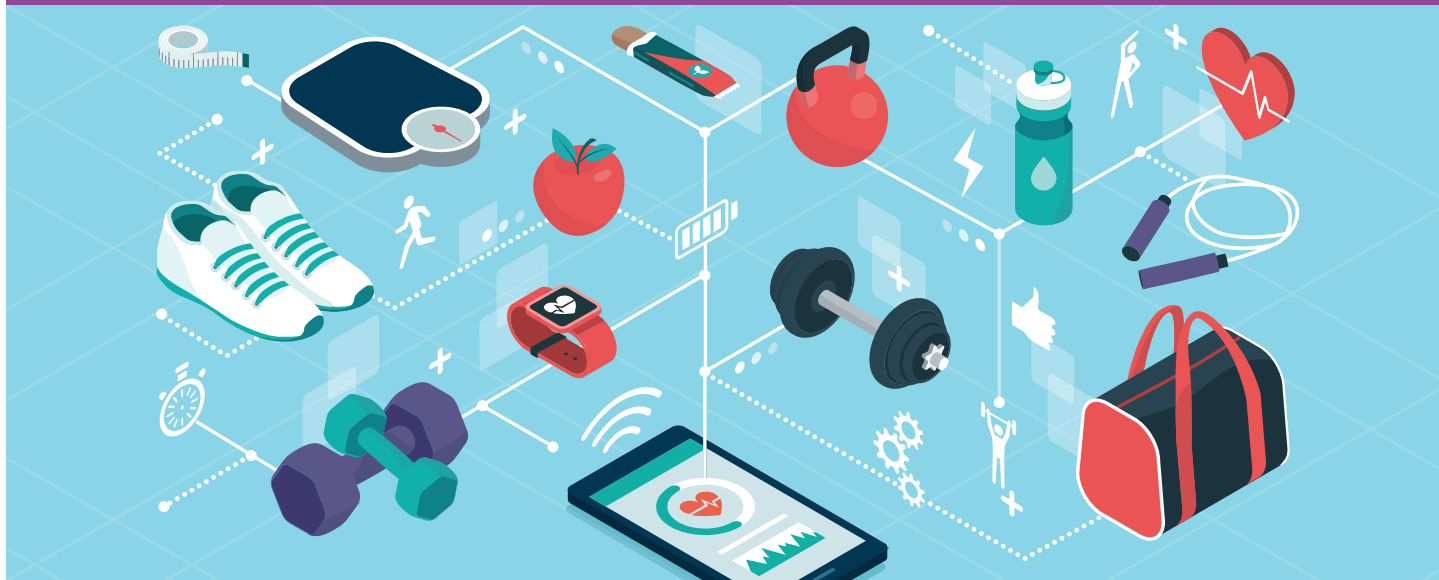
The new *ahealthyme* platform is created and operated by Blue Cross Blue Shield for their clients. The RCAB Health Benefit Trust does not have any discretion or control over the questions, content, or resources on this platform. Blue Cross Blue Shield doesn't share with the RCAB Health Benefit Trust or Benefits Department specific responses you provide on this platform on a member level, but general data is collected for aggregate level reporting.

WELLNESS COMPONENT	POINTS/ACTIVITY	MAX #	MAX POINTS	HOW TO EARN POINTS
Health Assessment	20	1	20	Complete an online Health Assessment designed to identify health risks.
Routine Health Checkup: Well Visit	10	1	10	After completing your visit, points are automatically awarded. If you don't see points awarded within a three month period, you may complete a well visit attestation by selecting the <b>Wellness Activities &amp; Points</b> tile on the <i>ahealthyme</i> site. Select <b>View program</b> . Next to <b>Well Visit</b> , select the "+" symbol and then <b>Sign Here</b> . Type your name and the name of the provider you visited. Once you have completed the attestation by clicking <b>Submit</b> , you will earn points.
Routine Health Checkup: Dental Visit	10	1	10	Earn points for an annual dental exam and cleaning. After your dental visit, complete the dental visit attestation by selecting the <b>Wellness Activities &amp; Points</b> tile on the <i>ahealthyme</i> site. Select <b>View program</b> . Next to <b>Routine Health Checkup: Dental Visit</b> , select the "+" symbol and then <b>Sign Here</b> . Type your name and the name of the provider you visited. Once you have completed the attestation by clicking <b>Submit</b> , you will earn points.
Routine Health Checkup: Cancer Screening	10	1	10	Earn points for a cancer screening: Colonoscopy, Mammogram, or Pap Smear. If your points have not been awarded within three months of your visit, the same instructions above apply regarding the attestation option (after selecting <b>View program</b> , select the "+" symbol next to <b>Routine Health Checkup: Cancer Screening</b> ).
Plan for Wellness	5	2	10	Plans are personalized based on each participant's Health Assessment responses and displayed on the <i>ahealthyme</i> home page or on the Health Assessment results page. Each plan comes with tips for success and is delivered in three segments: understanding the problem, taking steps toward improvement, and maintaining results.
Webinars	5	1	5	Attend at least three webinars offered by the Benefits Department on a variety of wellness topics. Monthly webinars are advertised in the Benefits Department's monthly newsletters and at <a href="https://catholicbenefits.org">catholicbenefits.org</a> .
Worksite or Family Event	5	1	5	Attend two worksite benefits events or participate in two recreational family activities, such as biking or hiking. You can mix-and-match events (i.e. attend one worksite event and complete one family event).
Health Coaching	5	1	5	<b>Health Coaching:</b> Work with a Blue Cross Blue Shield of Massachusetts certified Wellness Coach to help you meet your personal health goal, such as improved fitness, weight loss, healthier eating habits, and stress management. <b>Care Management:</b> Work with a nurse coach to meet one health improvement goal. Care management supports those with chronic or complex health conditions and associated co-morbidities. You must contact a coach between July 1, 2023 and March 1, 2024, and complete your goal by May 31, 2024, to earn points.
Note on Challenges				Although employees can see an option to participate and earn points for enrolling in and completing a Challenge in the <i>ahealthyme</i> platform, points will only be awarded for Challenges completed outside the <i>ahealthyme</i> platform through the <b>MoveSpring Challenge platform</b> .
MoveSpring Challenges	5	11	55	Refer to the <b>MoveSpring Challenge Flyer</b> for details on how you can earn points for participating in Challenges throughout the Plan Year.
Wellness Champions	15	1	15	Promote wellness and serve as a resource at your worksite regarding the RCAB Health Benefit Trust Wellness Program and the RCAB Health Plans. Points are awarded twice during the Plan Year based on satisfactory levels of engagement. Online meetings occur on the first Wednesday of every month.
Tobacco Attestation Program	5	1	5	Attest to being a non-smoker on the platform by selecting the <b>Wellness Activities &amp; Points</b> tile. Select <b>View program</b> . Next to <b>Tobacco Attestation</b> , select "+" and then <b>Sign Here</b> . Type your name certifying that you have not used tobacco products in the prior 12 months. Once you have completed the attestation by clicking <b>Submit</b> , you will earn points. If you are a smoker, to earn points you must complete the multi-week LivingFree course by selecting the <b>Health and Wellness Courses</b> tile on your <i>ahealthyme</i> home page.

**Important Note:** Rewards for participating in the RCAB Health Benefit Trust Wellness Program are available to all similarly situated employees, regardless of health status. If you think you might not be able to meet a health contingent standard (i.e. a program that requires an individual to satisfy a standard related to a health factor to obtain a reward or requires an individual to undertake more than a similarly situated individual to obtain the same reward) under this Wellness Program, you might qualify for an opportunity to earn the same reward by different means. Furthermore, if you have a medical condition that makes any of the activities inadvisable or unreasonably difficult, we'll work with you to provide a reasonable accommodation to help you meet any standards (whether health contingent or not) under this Wellness Program. Contact Donna Ynaya Porter at the RCAB Benefits Department at 617-746-5641 or [dporter@rcab.org](mailto:dporter@rcab.org) and she will work with you (and if you wish, your doctor) to find a wellness activity with the same reward that is more compatible with your health status. Recommendations from your personal physician may be considered. A more detailed notice of your rights relating to the Wellness Program is posted at [catholicbenefits.org/PDF/health/additional\\_health\\_plan\\_notices.pdf](https://catholicbenefits.org/PDF/health/additional_health_plan_notices.pdf).

ROMAN CATHOLIC ARCHDIOCESE OF BOSTON HEALTH BENEFIT TRUST

# MoveSpring Challenge Program



The RCAB Health Benefit Trust is excited to partner with MoveSpring to offer 11 new Challenges for the 2023-2024 Plan Year. MoveSpring combines activity challenges, social features, and educational content to motivate employees to engage in a healthy lifestyle. Register to participate and you can earn 50 HRA/HSA dollars for the completion of each Challenge (subject to HRA/HSA maximums).

## Who is eligible to participate?

Employees and spouses enrolled in one of the Roman Catholic Archdiocese of Boston Health Plans and registered in *ahealthyme* are eligible to participate. Register in the newly updated *ahealthyme* program by accessing your MyBlue account at [member.bluecrossma.com/login](https://member.bluecrossma.com/login). Select *ahealthyme* under the My Care tab. **In order to be eligible to earn incentive points, employees and spouses must be enrolled in the new *ahealthyme* platform starting July 1, 2023 or later (even if they have registered in the past).**

## How do I sign up?

The Benefits Department will send eligible employees a registration link and code via email (work email address on file). Employees should share this link and code with their spouses if they are eligible and interested in participating. Throughout the Plan Year, employees and spouses can participate in whichever challenges they choose.

## Can I log activity on either the website platform or a mobile app?

Yes, you can download the MoveSpring mobile app from Apple or Google Play stores.

## How frequently do I need to log my activity in the MoveSpring site?

You don't have to access the app and sync daily. The MoveSpring platform pulls data from prior days if you forget to sync. When a challenge ends, you will have a grace period of three days to sync your device or enter your activity in the platform.

## Whom do I contact if I have any questions?

You may contact MoveSpring's customer support team for any technical issues or platform questions via the mobile app or web platform or by email at [help@movespring.com](mailto:help@movespring.com). From the dashboard on your mobile app, tap the menu bar at the top left corner and then select **Message Support**. Then select **Send us a message**. You can also search for articles from the Help Center at [help.movespring.com/en/](https://help.movespring.com/en/) to find the answer.





# MoveSpring Challenges

The Benefits Department will announce the criteria for earning incentive prizes at the start of each Challenge.

MONTH/ACTIVITY	DESCRIPTION
August <b>RCAB STRONG</b>	Complete 30 reps of one strength exercise for at least 28 days this month. Pick an exercise that is challenging for you (ex. push ups, squats, lunges, planks). With each rep, you will grow stronger every day! Not only does strength training protect your joints from injury, but when you build muscle, you reduce the risk of heart disease and diabetes.
September <b>STEPtember</b>	It's time to get moving! Take 7,000 steps a day for at least 28 days this month. It doesn't matter if you walk or run. All recorded exercise data on your fitness device will auto-sync after the first set-up connection. Make walking part of your routine and you can increase your cardiovascular fitness, strengthen your bones, and boost your endurance.
October <b>CLEAN EATING</b>	By eating clean, you will feel better and develop healthier eating habits. This month you are challenged to eliminate sugar, fried foods, and refined grains from your diet for 28 days. These foods contain empty calories and have little to no nutritional value. When you eliminate these foods from your diet, not only will you feel healthier, but you will probably lose a few pounds in the process!
November <b>SERVE OTHERS</b>	Helping others can benefit not only the person you serve but also you! Research shows that giving to others can benefit mental health and wellbeing and even lower blood pressure and reduce cortisol levels. Look for opportunities to serve others for at least 300 minutes this month. Consider these ideas: volunteering at a soup kitchen, performing someone else's chores, spending time with someone who is lonely, or baking/cooking and offering the food to someone in need.
December <b>DON'T WAIT TO HYDRATE</b>	We all know about the benefits of hydration, but do we actually follow our own advice? This month's Challenge invites you to drink a glass of water when you wake up in the morning. If you forget, drink a glass as soon as you remember. A glass of water to start your day will hydrate your body, make you feel full, and help you eat less. To successfully complete this Challenge, drink an 8 ounce glass of water in the morning for at least 28 days this month.
January <b>JANUARY JOURNEY</b>	January Journey challenges you to walk outside in the cold and refreshing air 3 miles a day for 28 days this month. You are free to participate solo or as part of a team. If you choose to participate as a team, your team needs to average 3 miles a day per teammate for 28 days this month. Aside from burning calories, the invigorating cold air will help clear your mind, reduce stress, and improve your mood. As you log steps, you will trek through the National Parks of the United States. Learn about some of the most breathtaking and unique sites that nature has to offer!
February <b>GOOD NIGHT</b>	Sleep problems are becoming more common. Stress about work, finances, and family can keep your minds active at night, preventing you from getting a good night's sleep. One of the ways you can improve your ability to sleep is by going to bed and waking up at the same time. The Good Night Challenge invites you to go to bed at the same time at least 26 times this month. A consistent bedtime can help you sleep better and make sure you are getting enough sleep.
March <b>MARCH INTO SPRING</b>	Let's get physical! Cycling. Running. Dancing. Hiking. Cardio fitness options are endless. This month's Challenge is to complete at least 500 minutes of cardio exercise. The goal is to raise your heart rate for 20 minutes or more at a time. Cardio exercise will increase your stamina and fitness, help you maintain your weight or keep off excess pounds, strengthen your heart, and boost your mood!
April <b>KINDNESS COUNTS</b>	Spreading kindness not only improves your mood and mental health but also touches the lives of everyone around you. This month's Challenge invites you to pay at least 30 sincere compliments to different people over 30 days. Compliment a friend, a co-worker, and better yet, a stranger. You will find your words of encouragement and positivity will make both of you happier.
May <b>AROUND THE WORLD IN 8 PLATES</b>	Eat your way around the world with this culinary journey focused on nutrition and healthy eating. As you log steps with your team of steppers, enjoy a journey across the globe! Explore healthy meal ideas and learn how to incorporate foods like Icelandic skyr, soba noodles, and knekkebrød into your diet. To successfully complete this Challenge, as a team you must average at least 3 miles a day per teammate for 29 days this month. You also have the option to participate solo.
June <b>FOOD TRACKER</b>	Grab a notebook and start tracking! The Food Tracker Challenge invites you to track everything you eat for 28 days. You can use the health app that comes with your phone or fitness tracker, a food tracker app, or an old-fashioned journal. The goal of this Challenge is to increase your awareness of what and how often you eat and the calories you consume. Tracking will help you understand your eating habits and patterns better and identify foods you eat on a regular basis. Research shows that tracking your food can be an effective tool to change eating behavior and make better food choices.





# Not feeling like yourself?

*Learn to Live can help*

You have access to Cognitive Behavioral Therapy (CBT) programs through Learn to Live. The Roman Catholic Archdiocese of Boston Health Benefit Trust has partnered with Learn to Live to help you learn more about what issues might be affecting you, recognize your fears and stressors, and understand how to deal with the thoughts and behavior patterns that may be keeping you from living your best life.



## Benefits of Learn to Live:

- ✓ No additional cost to you
- ✓ Private and Confidential
- ✓ Accessible anytime, anywhere
- ✓ Available via mobile app or online
- ✓ Optional personal coach
- ✓ Available in Spanish
- ✓ Employees enrolled in the RCAB Health Plans (and their spouses and dependents age 13 and older) are eligible to participate

*Start your journey today!*

Visit [learntolive.com/partners](https://learntolive.com/partners)  
or download the Learn to Live  
app, access code: RCAB

Scan the  
QR code



Proven Digital Mental Health Programs for:

**RESILIENCE | STRESS, ANXIETY & WORRY | SOCIAL ANXIETY | DEPRESSION | INSOMNIA | SUBSTANCE USE | PANIC**

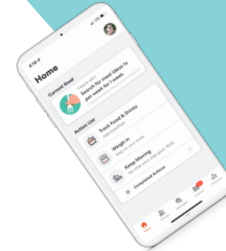


# Access a health program built just for you

You have access to Omada as a covered benefit thanks to the Roman Catholic Archdiocese of Boston Health Benefit Trust. Sign up and get your welcome kit shipped to your door.

**The best part: the program – a \$700 value – is at no cost to you if you're eligible to join.**

If you or family members (age 18+) are enrolled in the RCAB Health Plans and at risk for type 2 diabetes or heart disease, the Roman Catholic Archdiocese of Boston Health Benefit Trust will cover the entire cost of the program – a \$700 value.



Get started today:  
[omadahealth.com/rcab](https://omadahealth.com/rcab)

**\$0**  
cost  
to you.

## Your personal Omada health coach will help you:

### ✓ Eat healthier

Rethink your plate without counting calories or cutting your favorite foods.

### ✓ Gain more energy

Improve your energy with weekly lessons and tips.

### ✓ Sleep better

Learn how to get better sleep at night.

### ✓ Better manage stress

Get exercises and tools to help set your mind at ease.

## What do you get as a member?

- ✓ A dedicated health coach
- ✓ A personalized care plan
- ✓ Weekly lessons
- ✓ Tools for managing stress
- ✓ Online peer group and communities
- ➕ **Plus, you get a welcome kit with a smart scale to track your progress. And it's yours to keep!**

## “Members love Omada

“The health coaches make the difference! There is no criticism! There is positive reinforcement and celebration of successes, no matter how small.”

- Omada member

Testimonials are based on the member's real experiences and individual results. Results may vary based on individual and demographic factors. We do not claim that these are typical results that members will generally achieve.

App images are fictionalized samples and do not reflect information about a specific person.



## Earn cash rewards with SmartShopper!

It's so easy to earn cash rewards as your share of the savings when you have one of the 100+ procedures offered by your plan. Use SmartShopper to compare in-network prices for 100+ procedures at high-quality locations. Call or shop online so you can earn cash rewards and save money out-of-pocket with SmartShopper!

## Get Started Today!

To sign up, visit [bluecrossma.org](https://bluecrossma.org) or sign in to your MyBlue account. Click on My Care and select Find a Doctor & Estimated Costs. In the Browse by Category section, select SmartShopper for procedures and providers. If you prefer to engage by phone, you can call the Personal Assistant Team at 877-281-3722.

### Here's how it works:



**Compare** prices and rewards by shopping online or calling the Personal Assistant Team at **877-281-3722**.



**Schedule** your appointment or let the Personal Assistant Team do it for you.



**Earn** your cash reward by having your appointment within the year.



Visit [bluecrossma.org](https://bluecrossma.org) or call the SmartShopper Personal Assistant Team at **877-281-3722**. The Personal Assistant Team is available to help you shop, find a location, compare costs, confirm rewards, and even schedule your appointment. Call today!

**Go Green by going paperless! Contact us or scan this code to register your email today.**

The Personal Assistant Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.



**MASSACHUSETTS**



This program is brought to you by  
the RCAB Health Benefit Trust

**SmartShopper®**

The SmartShopper program is offered by Sapphire Digital, an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711). ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Some plans and services may require a referral from your doctor. Be sure to check your benefits or call Member Service at the number on the back of your ID card. The money you receive may be considered taxable income. Consult your tax advisor. Members with coverage under Medicaid or Medicare (including as secondary payer) are not eligible to receive incentive rewards under the SmartShopper Program. For HMO Blue New England plans, only network providers located in Massachusetts, Rhode Island, New Hampshire, and Vermont may qualify for rewards under the SmartShopper program. For HMO Blue plans, only network providers located in Massachusetts may qualify for rewards.

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Visit [deltadentalma.com](http://deltadentalma.com) for detailed benefit information

**Coverage Summary for  
Archdiocese of Boston Health Benefit Trust  
Group #013444  
Effective 7/1/2023**

**Deductible: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories.**

**Calendar Year Maximum: \$1,500 per person.**

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
<b>Diagnostic</b> Comprehensive Evaluation Periodic Oral Exam Panoramic or Full Mouth X-rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Two times per calendar year. Once every 60 months. Two times per calendar year. As needed.	100%	100%
<b>Preventive</b> Teeth Cleaning Periodontal Cleaning Fluoride Treatments Space Maintainers  Sealants	Two times per calendar year. Four times per calendar year following active Periodontal treatment. Two times per calendar year for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants also covered for members age 16 up to age 19 with a recent cavity and are at risk for decay.	100%	100%
<b>Restorative</b> Silver Fillings White Fillings (Front Teeth) Inlays and White Fillings (Back Teeth) Protective Restorations Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Once per tooth. Once every 24 months per tooth (on primary teeth only).	80%	80%
<b>Oral Surgery</b> Extractions General Anesthesia	Once per tooth. General Anesthesia and IV sedation allowed with covered surgical impacted teeth only (up to one hour).	80%	80%
<b>Periodontics (on natural teeth only)</b> Periodontal Surgery Scaling and Root Planing Bone Grafts/GTR	One surgical procedure per quadrant in 36 months. Once in 24 months, per quadrant. No more than 2 quadrants per date of service. No more than 2 teeth per quadrant per 36 months on natural teeth.	80%	80%
<b>Endodontics</b> Root Canal Treatment Root Canal Retreatment Vital Pulpotomy	Once per tooth. Once per tooth after 24 months have elapsed from initial treatment Limited to deciduous teeth.	80%	80%
<b>Prosthetic Maintenance</b> Bridge or Denture Repair Crown or Onlay Repair Rebase or Reline of Dentures Recement of Crowns & Onlays, Bridges	Once per bridge/denture per 12 months, after 24 months of initial insertion. Once per tooth per 12 months after 24 months of initial placement Once per denture within 36 months. Once per crown, onlay or bridge.	80%	80%
<b>Emergency Dental Care</b> Palliative Treatment	Three occurrences in 12 months.	80%	80%
<b>Prosthodontics</b> Dentures Fixed Bridges Implants  Implant Abutments	Once within 84 months (age 16 and older). Once within 84 months (age 16 and older). Once per tooth per 60 months. All related services (abutments, crowns etc.) performed following the 10/1/14 effective date will be covered regardless of history. Once per implant only when surgical implant is benefitted.	50%	50%
<b>Major Restorative</b> Crowns or Onlay Cast Posts/Buildups	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). Once per tooth per 60 months only benefitted to retain a crown.	50%	50%
<b>Orthodontics:</b> Covered at 50% of Maximum Plan Allowance charges up to any age \$1,000 separate LIFETIME maximum. Orthodontic treatment must be administered/supervised by a licensed dentist			

**Dependent Eligibility** Covered until the end of the month in which the dependent turns 26.

\*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.



### Additional Benefit Information

Deductible waived for periodontal cleanings.

**This plan is eligible for Rollover Max:** Rollover Max dollars do not apply to orthodontic services. To qualify for Rollover Max, you must receive at least one cleaning or oral exam in the calendar year. You must be enrolled for dental coverage before the 4th quarter of the plan year (10/1-12/31) and your paid claims must not exceed the maximum "threshold" amount.

Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds \$300. This will help you estimate any out-of-pocket expenses you may incur and will confirm that the services are covered under your dental coverage.

Your calendar year maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next year, and beyond.	Your accumulated rollover total is capped at this amount.
\$1,500	\$700	\$500	\$1,250

Delta Dental PPO *Plus Premier*



### Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental PPO *Plus Premier* subscriber, you have access to two of Delta Dental's extensive national networks- Delta Dental PPO, with more than 283,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 358,000 dentist locations. Three out of four dentists nationwide participate in one or both of these networks.

You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists due to even deeper discounts.
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at <http://www.deltadentalma.com/members/discounts-on-covered-services/>

Simply visit [www.deltadentalma.com](http://www.deltadentalma.com) to find a participating dentist in your area.

### Learn more at [deltadentalma.com](http://deltadentalma.com)

Visit the member area of [www.deltadentalma.com](http://www.deltadentalma.com) to find plan information, review eligibility status, check on claim status, or find a dentist. If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

You can also find more information about your plan in the Delta Dental Member Guide, available from your benefits administrator or online at [www.deltadentalma.com](http://www.deltadentalma.com). In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how to access online resources, and more about keeping a healthy mouth for life.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

Your Plan is Administered by:  
**Delta Dental of Massachusetts**  
1-800-872-0500  
[www.deltadentalma.com](http://www.deltadentalma.com)

465 Medford Street  
Boston, MA 02129

## **Important Notices**

### ***Notice Regarding RCAB Health Benefit Trust Wellness Program***

The RCAB Health Benefit Trust's Wellness Program ("Wellness Program") is a voluntary wellness incentive program available to all eligible employees and spouses enrolled in one of the RCAB Health Plans. The Wellness Program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Wellness Program, you will be asked to complete a voluntary health assessment through the Blue Cross Blue Shield of Massachusetts *ahealthyme* site that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the *ahealthyme* health assessment or other medical examinations. The information from your *ahealthyme* health assessment will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Eligible employees and spouses can earn HRA or HSA points by participating in activities listed on the flyer in this booklet. One point is equal to \$10. Each enrolled employee or spouse can receive credit for a maximum of 1,000 points (if enrolled in the Enhanced or Basic PPO Plan) or 500 points (if enrolled in the RCAB High Deductible Health Plan "HDHP") per Plan Year through participation in the Blue Cross Blue Shield of Massachusetts *ahealthyme* Program and MoveSpring Challenge Program. Points for completed wellness incentives will be deposited into HRA accounts (or HSA accounts for those enrolled in the HDHP) with HealthEquity. An additional \$150 HRA or HSA contribution per enrolled employee and spouse per Plan Year can be earned as a Wellness Rewards reimbursement for qualified expenses. Visit [catholicbenefits.org/health/wellnessrewards.pdf](http://catholicbenefits.org/health/wellnessrewards.pdf) for information.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Donna Ynaya Porter, RCAB Benefits Department, at [dporter@rcab.org](mailto:dporter@rcab.org).

### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the RCAB Health Benefit Trust may use aggregate information they collect to design a program based on identified health risks in the workplace, we will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Wellness Program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the Wellness Program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold. In addition, your information will not be exchanged, transferred, or otherwise disclosed, except to the extent permitted by law, to carry out specific activities related to the Wellness Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Wellness Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the Wellness Program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the Wellness Program will be maintained separately from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the Wellness Program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the Wellness Program, we will notify you immediately and take appropriate mitigating action as needed.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Wellness Program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Donna Ynaya Porter, RCAB Benefits Department, at [dporter@rcab.org](mailto:dporter@rcab.org).

### ***Hospital Stays for New Mothers and Newborns***

Under federal law, health plans may not restrict benefits for any length of stay in a hospital for new mothers and their newborn child(ren) to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. The mother and newborn's attending provider is not required to obtain authorization from the health plan for prescribing a length of stay over 48 (or 96) hours and may also discharge the mother and newborn (after consulting with the mother) earlier than 48 (or 96) hours.

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

The Roman Catholic Archdiocese of Boston Health Benefit Trust Health Plan (the "Plan"), as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Contact the RCAB Benefits Department at (617) 746-5640 for more information.

### ***HIPAA Special Enrollment***

If you have declined enrollment in the Plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 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 yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

### ***Medicaid/CHIP – Special Enrollment***

The Plan will also hold a special enrollment opportunity for employees and their eligible dependents that have either:

- Lost Medicaid or Children's Health Insurance Program (CHIP) coverage because they are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change. See the enclosed Notice for more details.

### ***HIPAA Privacy Notice Reminder***

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require The

Archdiocese of Boston Health Benefit Trust (the “Trust”) to periodically send a reminder to participants about the availability of the Plan’s Privacy Notice and how to obtain that notice. The Privacy Notice explains participants’ rights and the Plan’s legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice, contact the RCAB Benefits Department at (617) 746-5640 for more information or visit [catholicbenefits.org/privacy.htm](https://catholicbenefits.org/privacy.htm).

You may also contact Carol Gustavson at [cgustavson@rcab.org](mailto:cgustavson@rcab.org) for more information on the Trust’s privacy policies or your rights under HIPAA.



**Important Notice from the Roman Catholic  
Archdiocese of Boston Health Benefit Trust about  
Creditable Prescription Drug Coverage and Medicare  
May 2023**

The purpose of this notice is to advise you that the prescription drug coverage listed below under The Archdiocese of Boston Health Benefit Trust Health Plan (the “Plan”) is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2023. This is known as “creditable coverage.”

**Why this is important.** If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2023 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren’t currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice doesn’t apply to you.

Please read this notice carefully. It has information about prescription drug coverage under the Plan and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare’s prescription drug coverage (called Part D) and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the Plan, you’ll be interested to know that the prescription drug coverage under the Plan is, on average, at least as good as standard Medicare prescription drug coverage for 2023. This is called creditable coverage. Coverage under this plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop coverage under the Plan, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Plan.

You should know that if you waive or drop coverage under the Plan and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will

always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if the prescription drug coverage under the Plan changes, or upon your request.

### **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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:  
Carol Gustavson, Plan Administrator, 66 Brooks Drive, Braintree, MA 02184; (617) 746-5830;  
[benefits@rcab.org](mailto:benefits@rcab.org); [www.catholicbenefits.org](http://www.catholicbenefits.org).

## 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](http://www.healthcare.gov).

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

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

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

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If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Health Insurance Premium Payment (HIPP) Program Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Health First Colorado Website:  <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>  Health First Colorado Member Contact Center:  1-800-221-3943/ State Relay 711  CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a>  CHP+ Customer Service: 1-800-359-1991/ State Relay 711  Health Insurance Buy-In Program  (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>  HIBI Customer Service: 1-855-692-6442</p>	<p>Website:  <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a>  Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-766-9012</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>

<p><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: (617) 886-8102</p>
<p><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>	<p><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>	<p><b>NEW YORK – Medicaid</b></p> <p>Website:  <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>
<p><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.vermont.gov/health/hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

### Paperwork Reduction Act Statement

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

collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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

OMB Control Number 1210-0137 (expires 1/31/2026)





## Your Rights and Protections Against Surprise Medical Bills

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

### What is “balance billing” (sometimes called “surprise billing”)?

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

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

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

### You are protected from balance billing for:

#### **Emergency services**

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

#### **Certain services at an in-network hospital or ambulatory surgical center**

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

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

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

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.
- Visit the federal website below for more information about your rights under federal law: [Consumers | CMS](#)
- **If you believe you've been wrongly billed**, you may contact the federal No Surprises Help Desk (NSHD) at 1-800-985-3059 or submit a complaint via the website listed above.

**Information regarding applicable state laws:**

Existing laws in Massachusetts aim to protect consumers in certain balance billing circumstances but may not provide full protection. Under state law, HMO and PPO plans in Massachusetts must pay a "reasonable" amount for out-of-network emergency services while requiring insurers to hold enrollees harmless for amounts beyond in-network level of cost sharing. Under current Massachusetts laws, balance billing of the patient is not explicitly prohibited in many situations – and there is no standardized insurer approach to addressing out-of-network billing concerns.