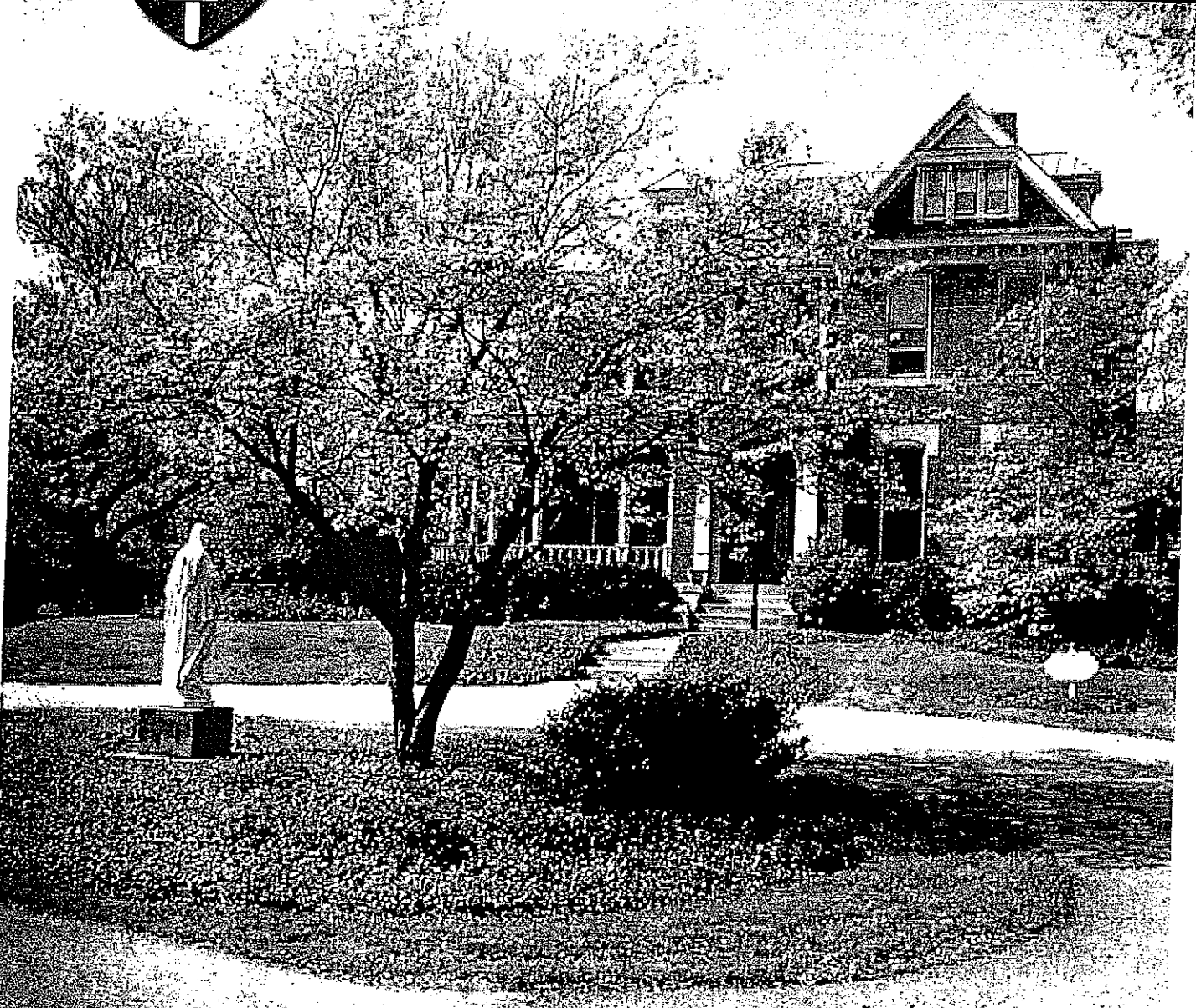


Catholic Diocese of Lexington

[An Employee Benefits Overview]



The Catholic Diocese of Lexington's Benefits Program provides a plan that can enhance the lives of you and your family, both now and in the future. The Diocese is committed to offering a comprehensive benefits package that delivers quality and value while meeting the diverse needs of our workforce.



Eligibility

Employees regularly scheduled to work at least 20 hours per week are eligible for health benefits beginning on the first of the month following 30 days of employment. Employees working less than 20 hours per week are not eligible to participate in health or life coverage. Covered participants can include the employee, spouse, and dependent children of the employee up to the age specified by the carrier.



Medical Benefits

The medical coverage for the Catholic Diocese of Lexington is administered by UMR (a national Third Party Administrator). We will continue to utilize the UHC Options PPO network. There is a network of physicians, hospitals and other medical providers who have agreed to provide services at discounted rates. Your employer believes this health plan is (a) "grandfathered health plan" under the Patient Protection and Affordable Care Act.

United Healthcare Options PPO Network Provider Look-up Instructions

How do I find an in-network provider?

United Health Care Options PPO is the Medical Plan Network.

- Visit www.umar.com
- Click "find a Provider"
- Click "Medical"
- Click United Healthcare Options PPO
- Then follow the prompts to find a participating Hospital or Provider

You are covered at the highest level if you select to receive care through one of the medical providers in the UHC Health network, but you have the option to obtain medical care from a medical provider not in the UHC Health network, but at a higher cost to you.

We suggest that you access www.cdlex.org for a full description of the plan, including what is covered and what is not. You will find the document in the Secretariat for Stewardship page under the Insurance/Risk Management subheading.

Please keep in mind that this in no way illustrates the complete benefit package. You should always refer to the Plan Document for complete detail of what is both covered and excluded, as this document governs our plan. DO NOT rely on this Health Plan Benefit Summary as the only source of your information.

UMR	In Network	
	Single	Family
Annual Deductible	\$3,000	\$4,000
Health Reimbursement Account Funding	\$1,500*	\$2,000*
Employee Bridge Deductible	\$1,500	\$2,000
Coinsurance	90/10%	
Total Maximum Out Of Pocket (includes Ded)	\$3,500	\$4,500
Office Visit (Primary Care/Specialist)	\$10.00 Co-Pay	
Outpatient Services	Deductible, 90/10%	
Inpatient Hospitalization	Deductible, 90/10%	
Maternity Hospitalization	90/10%, Deductible Waived	
Emergency Room	Deductible, 90/10%	
Urgent Care	Deductible, 90/10%	
RX Drug Co-Pay	\$10/30/50% (\$50 Min/\$100 Max)	
Mail Order Pharmacy (90 day supply)	\$20/60/50% (\$100 Min/\$200 Max)	
Out of Network	Single	Family
Annual Deductible	\$6,000	\$8,000
Health Reimbursement Account Funding	\$1,500	\$2,000
Employee Bridge Deductible	\$4,500	\$6,000
Coinsurance	70/30%	
Total Maximum Out of Pocket (includes Ded)	\$8,500	\$11,000
All Other Services	Deductible, 70/30%	
Cost to Participate (semi-monthly)*		
Employee	\$0	
Employee + 1	\$305.00	
Family	\$315.00	
Dependent age	Up to age 26	

*Cost may vary if less than 37.5 hours worked per week or if tobacco user(s) are covered on medical plan

Wellness Benefit

The Diocese provides coverage for wellness exams each year. \$600 for adults over age 19 and \$550 for children covered on the plan. This is an annual benefit maximum that does not rollover, so we encourage all covered members to utilize this benefit.

Coverage Includes:

- Routine Physical Exam (age appropriate)
- School Physical Exam
- Routine Mammography
- Prostate Exams and related Labs
- Routine X-rays
- Gynecological Exam
- Pap Smear
- Lab Tests (blood work-up, urinalysis, etc.)
- Immunizations

Health Reimbursement Account

This is an account that is funded by the Diocese for each benefit eligible employee participating in the health insurance program. It is designed to help you in meeting your deductible and encourage responsible use of your health plan. Please keep in mind that your good stewardship of Diocesan resources is always encouraged.

An employee taking single coverage will get \$1,500 contributed to your account, and an employee taking family coverage will get \$2,000. ***HRA Contribution prorated if hired July 1 or after.** For those employees who have money left over in your account after the end of the plan year and all claims have been paid, you will be eligible to rollover money to your account to help meet your deductible next year. To be eligible for the rollover, you must participate in the Wellness Assessment program. Those participants will be eligible to roll over 35% of their unspent Health Reimbursement Account balance. In addition, those employees who are designated for a health coaching program will be eligible to roll over 50% of their unspent balance. This rollover will max out once you have reached your full deductible amount, depending on the health plan coverage option you have chosen.

Short Term Disability

The financial consequences of not being able to work due to a disabling accident or sickness can be devastating. Catholic Diocese of Lexington certainly recognizes this risk and is pleased to provide you with short term disability benefits at no cost to you.

Catholic Diocese of Lexington provides up to 12 weeks of short-term disability coverage up to 66 2/3% of gross weekly salary, to a maximum of \$200 per week. Disability benefits begin after the 15th day of disability.

Group Life/AD&D

Life insurance is an important part of your financial well being, especially if others depend on you for support. Catholic Diocese of Lexington provides basic life and AD&D coverage at no cost to you. The life/AD&D benefit amount is \$10,000. AD&D insurance provides benefits to you or your beneficiary if you suffer loss of life or limb due to an accident. When you leave the employment of the Diocese, you can convert this life insurance (within 30 days) to an individual policy by contacting Assurant Employee Benefits.

Health and Wellness

The health and wellness program provides at no cost to you, a comprehensive health risk assessment and customized individual guidance to identify and manage areas for health improvement. If results indicate you are at high risk for chronic disease, due to factors such as obesity, high-blood pressure and high cholesterol, you will be assigned a health professional who will help you set and reach your health goals.

The health and wellness program will help you focus on living a healthier lifestyle. By participating in the program, you will take a greater role in maintaining your health, as well as becoming a wiser consumer. **Don't forget to take your voucher to your doctor for your blood draw, as well as taking a few minutes to complete your health risk assessment for an incentive of \$10 cash, plus rollover opportunities!**

Dental



Staying healthy includes obtaining quality dental care for you and your family. Catholic Diocese of Lexington's dental plan is provided through Delta Dental which includes an extensive network of providers and offers flexibility based upon where you choose to access care. Two plans are offered: a traditional Delta Premier Plan and a DeltaCare DHMO plan. The benefits are outlined below. Once enrolled, you may visit Delta Dental's website at www.deltadentalky.com or call (800) 955-2030 to locate a provider. Dependent age for both dental plans is age 26.

DELTA DENTAL®		Delta Dental Premier
Annual Deductible Individual/Family		\$50/\$100
Annual Maximum		\$1,000
Orthodontia Lifetime Maximum		\$1,000
		In-Network/Out-of-Network
Preventive/Diagnostic		100%
Basic Restorative		50%
Endodontics		50%
Periodontics		50%
Major Restorative Orthodontics		50%
		Cost to Participate (Semi-monthly)
Employee		\$13.00
Employee+1		\$25.50
Family		\$45.50

DeltaCare DHMO

Gives members a choice in selecting a primary care dentist. Members may be referred to participating oral surgeons or orthodontists when necessary. Delta Care provides preventive care services such as checkups, cleanings, X-rays at 100% and other services such as oral surgery, fillings, root canals have a specific dollar amount the member pays so out of pocket expenses are predictable. Please refer to your complete schedule of benefits for specific procedure costs.

DeltaCare DHMO	Cost to Participate (semi-monthly)
Employee	\$6.50
Employee + 1	\$12.00
Family	\$19.00

Vision

Delta Dental offers a discounted optical benefit providing a reduced fee on eye exams, prescription lenses, eyeglass frames, and contact lenses. These benefits are extended automatically to those enrolled in the Delta Dental plan. Delta Vision offers a discount from the provider's regular fee.

Flexible Spending Account

Section 125, or S125 is a voluntary plan that lets you convert part of your compensation into pre-tax benefits. Contributions made through S125 are entirely free of federal, state and FICA taxes. Under your S125 Plan, you may elect to have part of your paycheck deducted before taxes are computed, to use for health care and day care expenses.

Please see Catholic Diocese of Lexington website for further details and how to sign up. Go to www.cdlex.org, look in the column to right for offices, then Secretariat of Stewardship and scroll down to Section S125 Flexible Benefit Plan. If you have questions please see your Office Administrator.

Lay Employee Pension Plan

Open Enrollment is September 16, 2011 to October 20, 2011. Participant eligibility is outlined in the employee handbook. The handbook is available on the home page at www.cdlex.org.

NO LATE APPLICATIONS CAN BE ACCEPTED!!!

If you have not received an application or have questions, please see your Office Administrator.

403(b)

The Diocese sponsors a 403(b) tax deferred retirement plan through The Standard Insurance Company. Standard's platform allows participants access to several socially responsible funds that meet Catholic guidelines.

Voluntary Benefits

The following voluntary benefits are available to full-time employees (that work 20 hours or more per week for 5 months or more of the year and are on Central Pay).

Colonial

- Cancer Insurance
- Accident Insurance
- Short Term Disability Income Protection
- Universal Life Insurance
- Level Term Life Insurance
- Juvenile Universal Life Insurance

Enrollment for any of the Colonial benefits are made directly with Mary Duff, Benefits Representative, 800-325-4368. All premiums are withheld through payroll deduction.

Assurant

- Voluntary Life
- Voluntary Long Term Disability

Patrick Shannon

- Voluntary Long Term Care

Once enrolled in voluntary benefits, employees are not permitted to terminate benefit elections until the next open enrollment period. Some exceptions may be granted for hardship situations only and will be considered on a case by case basis.

Questions	Company	Who are they?	Telephone	Web Address
General Information	Catholic Diocese	Risk Management	859-253-1993	www.cdlex.org
Medical/Pharmacy Information		Insurance Company	888-413-0934	www.umar.com
Life & AD&D Information		Insurance Company	800-733-7879	www.assurantemployeebenefits.com
Dental Information		Insurance Company	800-955-2030	www.deltadentalky.com
Voluntary Benefits Information		Insurance Company	Mary Duff-Michael 800-325-4368	mary@coloniallex.com
Voluntary Life/LTD Information		Insurance Company	513-287-8059	www.assurantemployeebenefits.com
Voluntary Long Term Care Information	Patrick Shannon	Insurance Company	859-536-3189	pshannon626@gmail.com
Short Term Disability Information		Insurance Company	800-245-1522	www.principal.com
Additional Assistance Claims Resolution		Rose Taylor Teresa Lainhart	859-255-9455 X102 X113	www.teambim.com

The benefits overview is intended for summary purpose only. It is not to be relied upon for the determination of any policy benefits, limitations or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.

Health & Wellness Program Catholic Diocese of Lexington

Member Enrollment Instructions

Health & Wellness Program Compliance Information

*****In order for you to obtain and continue to receive your program incentive, several requirements need to be met on an ongoing basis. The following outlines the program requirements defined by your employer. *****

1ST QUARTER (OCTOBER- DECEMBER)

- You must complete a CHRA.
- You must complete a health screening consisting of height, weight, blood pressure, total cholesterol, triglycerides and fasting glucose.

2ND QUARTER (JANUARY-MARCH)

- You must have been compliant in Quarter 1.
- If you were identified with a high risk condition, you must be enrolled in or completed sessions with a Health Coach. You will be invited to enroll in Health Coaching sessions. The Health Coach will work with you on a one-on-one basis through a series of scheduled phone appointments to help you set goals to improve your health. You must complete all coaching appointments and have a rating of "good". A good rating is defined by phone availability, meeting goals and compliance.

3RD QUARTER (APRIL-JUNE)

- You must have been compliant in Quarter 2.
- If you were identified with a high risk condition, you must be enrolled in or completed sessions with a Health Coach. You will be invited to enroll in Health Coaching sessions. The Health Coach will work with you on a one-on-one basis through a series of scheduled phone appointments to help you set goals to improve your health. You must complete all coaching appointments and have a rating of "good".

4TH QUARTER (JULY-SEPTEMBER)

- You must have been compliant in Quarter 3.
- If you were identified with a high risk condition, you must be enrolled in or completed sessions with a Health Coach. You will be invited to enroll in Health Coaching sessions. The Health Coach will work with you on a one-on-one basis through a series of scheduled phone appointments to help you set goals to improve your health. You must complete all coaching appointments and have a rating of "good".

It's that simple! If you have any questions about your incentive program, please contact your HR Administrator.

The Health & Wellness Program

Phone: 1-800-207-7680

Fax: 1-866-681-0855



Health & Wellness Program Catholic Diocese of Lexington

Member Enrollment Instructions

For employees and spouses currently participating in Catholic Diocese of Lexington's Medical Plan

It's easy to enroll in the Health and Wellness Program. Your first step is to complete a Clinical Health Risk Assessment (CHRA). Second is to participate in a biometric screening. Simply follow the instructions below to get started with the program! If you have any questions, please contact Customer Service at 1-800-207-7680. NOTE – You will need your waist and hip measurements to complete your CHRA.

Complete a Clinical Health Risk Assessment (CHRA) Online

1. Go to www.umar.com anytime between October 3, 2011 and November 30, 2011. DO NOT start or complete your CHRA before October 3rd.
2. Click on "Members".
3. In the Online Services Access box, enter the Member ID number located on your Benefits ID card (no dashes). Click "Go to my online services".
4. If you have previously registered, please enter your username and password in the Member login section and click "Submit". Then, skip to #8.
NOTE: Spouses will have to create their own separate account.
5. First time users and those that need to re-register, click "Need a Username? Register here" located beneath the Member login box.
6. Select "Yes" to the question "Do you have a benefits ID card?" If you are the employee, select the option "I am the employee/retiree". If you are the spouse, select "Another person covers me under their plan." Click on "Continue".
7. Provide the following information: a) First Name, b) Last Name, c) Member ID/Employee ID—enter the number located on your Benefits ID card - no dashes, d) Group Number: 76530007 - no dashes, e) Date of Birth, f) Gender, g) Email Address (optional). You will then be asked to select a Username and Password as well as two Security Questions. Be sure to record these for future reference. Click "Continue".
8. Click on "myCareManagementCenter".
9. In the My Health Tools box, located in the lower, middle section of the page, click on "Get Started".
10. Once redirected, click "Start an Assessment" – the CHRA takes approximately 20 minutes to complete.
11. When you are finished, **LOCK** to **SAVE** your CHRA – if the CHRA is not locked, it is considered incomplete and will not get processed!
12. Click on "User Report" to print a copy of your CHRA results for your records.
13. Click on "Provider Report" to view a summary of your CHRA results.

Your Clinical Health Risk Assessment (CHRA) Report

You will receive the results of your CHRA in the mail approximately 2-4 weeks after the closing date of your company's CHRA. The CHRA Report provides you with summary information about your health, lifestyle habits and readiness to make changes, if needed. All results are compared against nationally accepted calculations from the American Diabetes Association, American Cancer Society and the American Heart Association. If you have any questions, please call UMR Customer Service at 1-800-207-7680.



Catholic Diocese of Lexington**UMR Health and Wellness Program****BIOMETRIC SCREENING RESULTS FORM****To the Health Care Provider:**

The below requested tests are components of the wellness program, not subject to a co-pay, and **are 100% reimbursable if submitted to the exact claim address stated on this form and on a HCFA 1500.**

The Health and Wellness program is administered by UMR Care Management on behalf of the participant's or the participant spouse's employer. The program is designed to identify and reduce the risk of developing a chronic health condition in the future. The program is not intended to replace or provide medical advice. If you have questions, or would like information about the Health and Wellness program, you can contact a Health and Wellness representative at: 1-800-207-7680.

Please provide the participant's results and test completion dates for the laboratory tests listed below.

PARTICIPANT Name: _____
 PARTICIPANT Birth Date: _____
 PARTICIPANT Phone Number: _____

Important – If we receive forms with missing data, your results will not be processed.

LAB TEST	RESULT	UNITS	TEST DATE
Height		Feet & Inches	
Weight		Pounds	
Systolic Blood Pressure		mm Hg	
Diastolic Blood Pressure		mm Hg	
Total Cholesterol		mg/dL	
HDL Cholesterol		mg/dL	
LDL Cholesterol		mg/dL	
Triglycerides		mg/dL	
Fasting Blood Glucose		mg/dL	
Waist Circumference		Inches	
Hip Circumference		Inches	

PROVIDER SIGNATURE: _____
 PROVIDER NAME (Please print): _____
 PROVIDER PHONE NUMBER: _____
 CLINIC or LAB NAME: _____
 CLINIC or LAB PHONE NUMBER: _____

Fax this completed form to:
UMR Health and Wellness program
FAX: 866-681-0855

Claims Address: UMR
Attn: Lori Donnelly
973 Featherstone, Ste 200
Rockford, IL 61107

Catholic Diocese of Lexington**UMR Health and Wellness Program****BIOMETRIC SCREENING RESULTS FORM****Participant Information****Option 1**

If you participated in a biometric screening within the last 3 months, you can have your Provider submit those results to the UMR Health and Wellness Team.

- Each test listed on the second page of this document needs to have been completed on or after **August 31, 2011**.
- **The testing needs to include all tests listed on this document.**
- The results need to be entered on this form and signed by your provider. You will need to complete all information in sections 1 & 2. If you are the spouse, provide your own Social Security number in section 1 and the employee's Social Security number in section 2 below.
- Results must be received no later than **November 30, 2011**.

Option 2

You may go to your health care provider and have the biometric screening completed. In this case, you may be responsible for the cost of the testing (as determined by your benefit plan).

- **The testing needs to have been completed after a fasting period (8 or more hours) and include all tests listed on the second page of this document.**
- The results need to be entered on this form and signed by your provider. You will need to complete all information in sections 1 & 2. If you are the spouse, provide your own Social Security number in section 1 and the employee's Social Security number in section 2 below.
- Results must be received no later than **November 30, 2011**.

Important – If we receive forms with missing data, your results will not be processed.

Consent to Release Medical Information

1

PARTICIPANT Name: _____
 PARTICIPANT Birth Date: _____
 PARTICIPANT Social Security Number: _____
 PARTICIPANT Phone Number: _____

2

I agree to the release of the laboratory test results requested below from the provider to UMR Care Management for the purpose of administering the Health and Wellness program. I understand that the Health and Wellness staff may contact me regarding my results, but that any additional participation on my part after this contact is purely voluntary. I understand that I have a right to revoke this authorization in writing to the provider at anytime, but the revocation will not apply to information that has already been released in response to this authorization.

PARTICIPANT Signature: _____



Making Healthy Changes

A health and wellness program from UMR



For more information, contact UMR toll-free at 1-800-207-7680 or visit the Web site at www.umar.com

When you're ready to work on improving your overall health, it's nice to have a team of wellness experts on your side.

Catholic Diocese of Lexington continues to team with UMR Care Management to offer a health and wellness program to employees and spouses who are enrolled in the medical plan.

Most chronic diseases are preventable

Through healthy lifestyle choices, many chronic diseases can be prevented. The health and wellness program evaluates your risk for developing a chronic disease so you can take action for disease prevention.

The UMR health and wellness program provides a comprehensive clinical health risk assessment (CHRA) and a customized report to identify your areas of strength, as well as opportunities for improvement. And there's no cost to you!

If your report indicates you're at high risk for developing a chronic condition, like diabetes or heart disease, you'll be invited to participate in up to ten personal health coaching sessions by phone. A coach can help you avoid or delay the development of a chronic disease.

Your coach will give you resources that can help you make wise choices for staying healthy and improving your quality of life for the long term.

Helpful online wellness tools

UMR's Health and Wellness program provides useful, interactive tools online to help you reach your health goals. With myHealthTools, you can set goals and track your progress, maintain a personal health record, and more. You'll even have online access to a health coach.

Incentive to participate

When you participate in the health and wellness program, not only will you be taking an active role in improving your overall health, but Catholic Diocese of Lexington will provide a \$10 cash incentive along with a 35% rollover of the remaining dollars in your Health Reimbursement Account if you and your covered spouse complete the clinical health risk assessment and biometrics. An additional 15% rollover of the remaining dollars in your Health Reimbursement Account as of 12/31/11 will be provided to members actively participating in the Health and Wellness and Disease Management programs.

To receive the incentive, you must:

- Complete your clinical health risk assessment (CHRA) between **October 3, 2011** and **November 30, 2011** (no earlier, no later) and
- Call to schedule your appointment if you are invited to participate in coaching

As long as you continue to participate and meet the health and wellness program guidelines, you continue to receive your incentive.

UMR

A UnitedHealthcare Company

Seize the coaching session opportunity

When you're ready to spring into action and make a lifestyle change to reduce your areas of risk, a personal health coach is assigned to you.

The health coach:

- Helps you better understand your areas of risk and provides new ideas on lowering your risk
- Mails specific education materials on lowering that risk to you
- Offers suggestions for realistic actions to help you succeed in reaching your personal health goals
- Conducts follow-up calls to help keep you moving forward to reach your individual goals

Something for everyone

All members, regardless of risk level, are encouraged to take an active role in managing their health by getting

appropriate screening tests and immunizations and by making healthy lifestyle choices. To help everyone, we offer a quarterly newsletter and other communications. All participants receive a subscription to *Healthy Living*, that features new and innovative ways to make healthy choices a way of life.

Your health information is confidential

The health and wellness program is confidential. Only you and your UMR health coach will know about your health. No individual health information is shared with Catholic Diocese of Lexington.

No participation fees

There is no cost to participate. This program could add years to your life and life to your years!

Additional information

The document, "Member Enrollment Instructions and Compliance Rules," provides you with specific details on enrolling in the program and the steps necessary for compliance. If you have additional questions, please contact us toll-free at: 1-800-207-7680.



The UMR Health and Wellness program: it's free and it's completely confidential.



United HealthCare Services, Inc. UMR05 1010
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UMR

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