

Enrollment Application



Diocese of Gary			
9292 Broadway, Merrillville, IN 46410			
Group # 00083915	Location #	Parish School, Agency Name & Address	
Anthem use: Plan	Health Effective Date	Dental Effective Date	
	/ /	/ /	

1. Reason for Application <input type="checkbox"/> New enrollment <input type="checkbox"/> New hire <input type="checkbox"/> Annual open enrollment <input type="checkbox"/> Rehire (date) ____/____/____ <input type="checkbox"/> COBRA <input type="checkbox"/> Add dependent (see section 3) Qualifying event _____ Event date ____/____/____		3. Type of Coverage/Plan Health Coverage <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + One <input type="checkbox"/> Employee + Family		Dental Coverage - Anthem Dental PPO <input type="checkbox"/> Single <input type="checkbox"/> Family	
2. Status Change/Event Event date ____/____/____ <input type="checkbox"/> Adoption* <input type="checkbox"/> Marriage <input type="checkbox"/> Legal guardianship* <input type="checkbox"/> Birth <input type="checkbox"/> Other _____ <i>*Include legal documentation.</i>					
4. Employee Information					
Last name		First name, M.I.		Date of birth / /	Age
				Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #
Home address		City	State	Zip code	County (KY residents include Municipality)
Home telephone ()		Business telephone ()		eMail Address	
Are you:	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation	Full time hire date / /
				Hours working per week	Income reported by: <input type="checkbox"/> W2
5. Family Information <i>Spouse and dependents to be enrolled. (Attach a separate sheet if necessary.)</i>					
1 Last name		First name, M.I.		Relationship to applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	Fulltime student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is dependent's address different than applicant's address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide full address)					
Date of birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #	Court ordered health care benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include legal documentation)		
2 Last name		First name, M.I.		Relationship to applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	Fulltime student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is dependent's address different than applicant's address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide full address)					
Date of birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #	Court ordered health care benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include legal documentation)		
3 Last name		First name, M.I.		Relationship to applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	Fulltime student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is dependent's address different than applicant's address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide full address)					
Date of birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #	Court ordered health care benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include legal documentation)		
4 Last name		First name, M.I.		Relationship to applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	Fulltime student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is dependent's address different than applicant's address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide full address)					
Date of birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #	Court ordered health care benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include legal documentation)		
5 Last name		First name, M.I.		Relationship to applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	Fulltime student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is dependent's address different than applicant's address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide full address)					
Date of birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security #	Court ordered health care benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include legal documentation)		

6. Other Health Coverage Please check one: <input type="checkbox"/> YES (completed below.) <input type="checkbox"/> NO				
On the day your coverage begins, list family members, including yourself, who will be covered by any other health coverage.				
Provide name, phone number and address of the HMO or insurance company			Policy/certificate number	Effective date / /
Policy/certificate holder's name	Social Security number - -	Date of birth / /	Relationship to applicant	
If you and/or your dependents are enrolled in Medicare complete the following.				
Enrollee's name(s)	Medicare ID # / Medicaid ID #	Medicare Part A effective date / /	Medicare Part B effective date / /	ESRD onset date / /
		/ /	/ /	/ /
Medicare Part D ID#	Medicare Part D Carrier	Medicare Part D effective date / /	Medicare Part D term date / /	
Reason for Medicare entitlement: <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> ESRD & Disability <input type="checkbox"/> End Stage Renal Disease (ESRD)				

Significant Terms, Conditions and Authorizations (TERMS)

Please read this section carefully before signing the application.

- I may not assign any payment under my Anthem Blue Cross and Blue Shield administered benefit plan.
- I authorize deduction from my wages/pension, if necessary for the required payment for the benefit for which I, or any dependents have applied.
- I am applying for the benefit selected on this application. If I select a coverage, or combination of coverages, not available to me and / or a class for which I am not eligible, I agree that my selection(s) is hereby automatically amended to be consistent with the employer's application.
- I understand that, to the extent permitted by law, Anthem reserves the right to accept or decline this application and that no right whatsoever is created by this application. I also understand that this coverage, if approved, may exclude coverage for pre-existing conditions.
- I am responsible to timely notify my employer of any change that would make me or any dependent ineligible for benefits.
- By signing this application, I agree and consent to the recording and / or monitoring of any telephone conversation between Anthem and myself.

I acknowledge that I have read the Significant Terms, Conditions and Authorizations, and I accept such provisions as a condition of enrollment. I represent that the answers given to all questions on this application are true and accurate to the best of my knowledge and I understand they are being relied on by Anthem in accepting this application. I understand that any misstatements or failure to report new medical information prior to my effective date may result in a material change to benefits or rates. Any material misrepresentation

or significant omission found in this application may result in denial of benefits or rescission or cancellation of my benefits.

Kentucky: Any person who knowingly and with intent to defraud any insurance company, health maintenance organization, self-insured plan, or other person, files an application for insurance or other form of health care coverage containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

I give this authorization for and on behalf of any eligible dependents and myself if covered by the Plan. I am acting as their agent and representative.

Your health benefit plan will be administered by one of the following companies based upon the state in which your employer is located:

In Indiana: Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.

In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc.

In Missouri: Anthem Blue Cross and Blue Shield is the trade name RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance Life Insurance Company (HALIC) and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc.

In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.

In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") administers the HMO and POS policies.

Thank you for choosing Anthem Blue Cross and Blue Shield.

8. Read the TERMS section above carefully before signing. Please review your application for errors or omissions.	
By signing this, I am indicating that I have read and understand the language in the TERMS section of this application and agree to all of its terms.	
Applicant Signature	Date / /

DIOCESE OF GARY

Dependent Health Insurance Premium

Authorization for Payroll Deduction

Please be advised that I wish to enroll my dependent(s) in the Diocese of Gary Health Care Plan. I understand that my employer does not pay dependent coverage.

I authorize a monthly payroll deduction to be made from my salary in the amount indicated below as payment for health insurance coverage for my dependents. The coverage will be continuous, unless I otherwise notify, in writing, the Diocese of Gary Benefits Office of my wish to drop the coverage. I understand the premium is subject to increases without notification.

Number of dependents enrolled: _____

Names: _____

Current monthly payroll deduction is: \$ _____

Employee's Signature

Date

Printed Name

Location (Parish, School or Institution)

Voluntary Waiver of Health Insurance Benefits

1. It has been explained to me, that as an eligible employee, I am entitled to participate in the Diocese of Gary Health Care Insurance Plan.
2. I understand that if I participate in the plan, I would contribute only twenty-five dollars (\$25.00) each month for my coverage and any cost for dependent coverage if applicable. My employer will pay the remaining costs for my own participation in the plan.
3. I realize that in waiving participation in the plan, I am also waiving any claim to contributions, which would have been made, on my behalf for health insurance coverage.
4. I understand that periods of service during which I do not participate in the plan will not count toward "service credit" if I elect to enter the plan at a future date. And, that eligibility for health insurance coverage at retirement is based on years of continuous coverage, not years of continuous employment.
5. I have been informed that a condition of my election not to participate in the plan is proof that I am covered by another health insurance plan, other than the Diocese of Gary Health Care Plan.
6. I hereby acknowledge the receipt of the summary Health Insurance Portability and Accountability Act of 1996 (HIPAA) provided separately.

IMPORTANT NOTICE TO LATE ENROLLEES: If you do not enroll within 31 days after becoming eligible, you will be considered a late Enrollee and may need to provide evidence of insurability to Anthem.

Please be advised that I freely choose **not** to participate in the Diocese of Gary Health Care Plan. I state that I have health care coverage in the plan named below:

Name of your insurance plan:

*

****If you are currently enrolled in an Affordable Care Act Marketplace medical plan, please contact the Human Resources Department.***

Policy/Certificate Holder's Name: _____

Please mark one:

- ☐ I also waive the term life insurance coverage. I understand that by waiving insurance coverage I cannot enroll until the 2023/2024 open enrollment period with an effective date of July 1, 2023 or unless I have a change in status. A change in status needs to be reported to the Human Resources Department within 31 days of the date of the change.

Employee Signature _____ Date _____

Printed Employee Name _____

Employer (School, Parish or Institution) _____

INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)

Employee/Retired Employee Name	SSN	Date of Birth	Home Telephone Number
Home Address	City	State	Zip
Employer	Group Number		

Irrevocable Beneficiary: ☐ Yes ☐ No

Note: If you select irrevocable beneficiary, you may not change the beneficiary without the consent of the irrevocable beneficiary. An irrevocable beneficiary has a vested interest in the proceeds of the contract, therefore the contract holder cannot exercise certain rights without the permission of the irrevocable beneficiary.

DEFINITIONS & STATEMENTS

Primary Beneficiary means the person or persons who will receive the benefits in the event of the Insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated. If percentages are listed, the total of the combination must equal 100%.

Contingent Beneficiary means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death.

Will or Trust as Beneficiary Designation can be done by using the following written statement: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]." If you wish to designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will which was intended to create a trust may not be admitted to probate (because it is lost, contested or suspended by a later will). Claim payment delays can result if the beneficiary designation does not provide for this situation. **

Minors as Beneficiary Designation can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations. **

Dependent Beneficiary – In the event a dependent dies, the employee is the beneficiary of their life insurance proceeds.

**You may want to obtain the assistance of an attorney to help consider any special circumstances before drafting your beneficiary designation.

BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIRED EMPLOYEE LIFE BENEFITS

Primary Beneficiary	Birth Date	Relationship	Social Security #	Address	%
Contingent Beneficiary	Birth Date	Relationship	Social Security #	Address	%

WARNING: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in Oregon or Virginia.)

Employee/Retired Employee Signature _____ **Date** _____

Important Note For Married Employees: If you live in a community property state/territory, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states/territories currently include: AZ, CA, GU, ID, LA, NM, NV, PR, TX, WA and WI. Payment of benefits may be delayed or disputed unless your spouse consents to waive his or her rights to any community property interest in the benefits. We have provided below a "Spousal Consent for Community Property States" for your spouse's signature. **DEARBORN LIFE INSURANCE COMPANY WILL NOT BE LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE IN PAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.**

Spousal Consent for Community Property States/Territories: I hereby consent to the Primary Beneficiary designated by my spouse. This consent supersedes any prior spousal consent I may have given under this plan.

Spouse Signature _____ Date _____ ☐ Employee has no legal spouse

DENTAL & VISION

Guardian Life, P.O. Box 14319,
Lexington, KY 40512

Please print clearly and mark carefully.

Employer Name: ROMAN CATHOLIC DIOCESE OF GARY	Group Plan Number: 00035349	Benefits Effective: _____
PLEASE CHECK APPROPRIATE BOX <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Add Employee Dependents <input type="checkbox"/> Drop/Refuse Coverage <input type="checkbox"/> Information Change		

Class: _____	Division: _____	Subtotal Code: _____	(Please obtain this from your Employer)
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About You: First, MI, Last Name: _____	Employer Provided Identification: _____	Social Security Number _____ - _____ - _____ Your Social Security Number must be provided if enrolling for Life Coverage. Short Term Disability Coverage and/or Long Term Disability Coverage.	
Address _____	City _____	State _____	Zip _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth (mm-dd-yy) _____ - _____ - _____			
Phone (indicate primary): <input type="checkbox"/> Home (____) ____ - ____ <input type="checkbox"/> Work (____) ____ - ____ <input type="checkbox"/> Mobile (____) ____ - ____			
E mail Address (indicate primary) <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____			
Are you married or do you have a partner? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of marriage/union: _____ - _____ - _____ Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No Placement date of adopted child: _____ - _____ - _____			

About Your Job: Work Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Cobra/State Continuation Hours worked per week: _____	Job Title: _____ Date of full time hire _____ - _____ - _____
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About Your Family: Please include the names of the dependents you wish to enroll for coverage. If additional space is needed, please attach a separate sheet of paper with this information along with your enrollment form. Your dependent's Social Security Number must be provided if enrolling for Life Coverage. Be sure to sign and date (mm-dd-yy) the paper and keep a copy for your records. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.

Spouse (wherever the term "Spouse" appears on this form, it also includes "Partner").	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Child/Dependent 1:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____
			Status (check all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 2:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____
			Status (check all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 3:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____
			Status (check all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 4:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____
			Status (check all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent

Dental Coverage: You must be enrolled to cover your dependents. Check only one box.

	Employee Only	Employee and 1 Dependent	Employee, Spouse & Dependent/Child(ren)
Option 1: LOW PLAN	<input type="checkbox"/> \$19.83	<input type="checkbox"/> \$39.68	<input type="checkbox"/> \$51.58
Option 2: HIGH PLAN	<input type="checkbox"/> \$30.18	<input type="checkbox"/> \$59.25	<input type="checkbox"/> \$90.54

☐ I do not want Dental Coverage because (Check all that apply):

- ☐ I am covered under another Dental plan
- ☐ My spouse is covered under another Dental plan
- ☐ My dependents are covered under another Dental plan

Vision Coverage: You must be enrolled to cover your dependents. Check only one box.

Your Monthly Premium	Employee Only	Employee & Spouse	Employee Dependent/Child(ren)	Employee, Spouse & Dependent/Child(ren)
Full Feature - Designer	<input type="checkbox"/> \$6.83	<input type="checkbox"/> \$13.24	<input type="checkbox"/> \$13.86	<input type="checkbox"/> \$21.35

☐ I do not want this Vision coverage because (Check all that apply):

- ☐ I am covered under another Vision plan
- ☐ My spouse is covered under another Vision plan
- ☐ My dependents are covered under another Vision plan

Signature

- ☒ I understand that my dependents cannot be enrolled for a coverage if I am not enrolled for that coverage.
- An employee's decision to elect Vision or not elect Vision must be retained until the next plan's Open Enrollment period. If the employee elects not to enroll in vision coverage, they are not eligible to enroll until the plan's next Open Enrollment period.
- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.
- I understand that if I waive coverage, I may not be eligible to enroll until the next open enrollment period. Late entrant penalties may apply. I understand that I may also have to provide, at my own expense, proof of each person's insurability. Guardian or its designee has the right to reject my request.
- I understand that my coverage will not be effective until approved by Guardian or its designated underwriter.
- I hereby apply for the group benefit(s) that I have chosen above.
- I understand that I must meet eligibility requirements for all coverages that I have chosen above.
- I agree that my employer may deduct premiums from my pay if they are required for the coverage I have chosen above.
- I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.
- I consent to electronic communication from Guardian, such as emails and text messages, regarding my coverage(s). I may change this election only by providing (thirty) 30 days prior written notice.
- I attest that the information provided above is true and correct to the best of my knowledge.

The state in which you reside may have a specific state fraud warning. Please refer to the attached Fraud Warning Statements page.

SIGNATURE OF EMPLOYEE X _____

DATE _____

Fraud Warning Statements

The laws of several states require the following statements to appear on the enrollment form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefit.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Missouri: Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any knowingly false information, or conceals for purpose of misleading information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties, or denial of insurance benefits subject to the conditions/provisions of the policy.

Oregon: Any person who with intent to defraud any insurance company or other person files an application for insurance or statements of claim containing any materially false information, or conceals for purpose of misleading information concerning any fact material thereto, may be committing a fraudulent act, and may be subject to civil penalties or denial of insurance benefits.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Virginia: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.



It's easy to get started

The steps you take today will affect how you spend tomorrow. On your journey to retirement, do something good for yourself by planning ahead for the kind of future you envision. Start by setting a little aside regularly for the kind of retirement you can look forward to by enrolling in your employer's retirement savings plan.

1

Go to enroll.voya.com

2

Enter plan number
664682

3

Enter verification number
012996

4

Enter location code:
See Attached

Enroll Me™

5 reasons to enroll now

1. Make changes anytime
2. Save automatically
3. Help lower your taxable income
4. Invest your way
5. Take your money with you

403(b) Retirement Plan for the Catholic Diocese of Gary, Indiana



Not FDIC/NCUA/NCUSIF Insured | Not a Deposit of a Bank/Credit Union | May Lose Value | Not Bank/Credit Union Guaranteed | Not Insured by Any Federal Government Agency

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PLAN | INVEST | PROTECT

VOYA
FINANCIAL

Voya Division	Location		Voya Division	Location
0NV2	ALL SAINTS		0XAC	ST JOHN & JOSEPH CEM
0TB0	ANDREAN HIGH SCHOOL		0QTV	ST JOHN BOSCO PARISH
0ZJJ	AQUINAS SCHOOL		0V4Y	ST JOHN KANTY
02DL	ASSUMPTION BLESSED		0HIJ	ST JOHN THE BAPTIST PARISH
0PDE	BISHOP NOLL INSTITUTE		0PC4	ST JOHN THE EVANGELIST PARISH
03IX	CATHEDRAL OF THE HOLY ANGELS		0PEE	ST JOSEPH DYER
0ICZ	CATHOLIC YOUTH ORGANIZATION		077Z	ST JOSEPH THE WORKER
0IXT	CYRIL & METHODIUS		0SEE	ST MARGARET MARY
0X9Y	HOLY FAMILY PARISH		0TIX	ST MARIA GORETTI
0RL5	HOLY MARTYRS PARISH		0QIN	ST MARY CHURCH CROWN POINT
0G1N	HOLY NAME		021E	ST MARY EAST CHICAGO
03IU	HOLY SPIRIT		0XA0	ST MARY KOUTS
07AI	MARQUETTE HS		0211	ST MARY OF GRIFFITH
033Q	NATIVITY OF OUR SAVIOR PARISH		0X6C	ST MARY OF THE LAKE
0QIR	NOTRE DAME PARISH		03IJ	ST MARY THE IMMACULATE CONCEPTION
02CD	OUR LADY GUADALUPE		0I3R	ST MATTHIAS
0CJ4	OUR LADY OF CONSOLATION		0R3I	ST MICHAEL PARISH
0I0J	OUR LADY OF GRACE PARISH		0NWY	ST MONICA & LUKE
03IQ	OUR LADY OF PERPETUAL HELP		03IS	ST PATRICK CHURCH
04F3	OUR LADY OF SORROWS		03IW	ST PATRICK EC
0EHD	PASTORAL CENTER		03IR	ST PATRICK SCHOOL
01A0	QUEEN OF ALL SAINTS		0ID6	ST PAUL CHURCH
0G83	SACRED HEART		0WMI	ST PAUL CHURCH
0CH3	SACRED HEART WANATAH		0WBI	ST PAUL SCHOOL
0QIV	SAINT JOSEPH CHURCH		0I0R	ST PAUL- ST AGNES
0QX1	ST ANN OF THE DUNES		0PD8	ST STAN CEMETERY
04GI	ST BRIDGET		0IQL	ST STANISLAUS -EC
0NW2	ST CASIMIR PARISH		07FI	ST STANISLAUS KOSTKA PARISH
0WIY	ST EDWARD		0XAT	ST STEPHEN, MARTYR
0X2L	ST ELIZABETH SETON		03IV	ST TERESA OF AVILA
0QR6	ST FRANCIS XAVIER		0ZU8	ST THOMAS AQUINAS
008F	ST HELEN HEBRON		08EI	ST THOMAS MORE
0VIZ	ST JAMES THE LESS		0QIP	ST. MARY CATHOLIC COMMUNITY SCHOOL

ISSUES COVERED:

EAP

- Anxiety
- Family Issues
- Anger
- Depression
- Grief/Loss
- Child Custody
- Alcohol/Addictions
- Sexual Abuse
- Parenting
- Dual Career Issues
- Stress
- Eating Issues
- Drug Abuse
- Budgeting
- Relationships
- Legal Resources
- Mood Swings

Work Life Online

- Self Assessments
- Financial Calculators
- Career Development/
Training
- Elder Care/Child Care
Searchable Data Base
- Legal Forms
- Wellness

And many more...

WORKLIFE ONLINE

USERNAME: CAT502
PASSWORD: perspectives

Perspectives®

Catholic Diocese of Gary Employee Assistance Program (EAP)

PERSPECTIVES, an independent Employee Assistance Program, provides assistance with personal issues for the Diocese's employees and their family members.

Confidential services include assessment, supportive counseling when appropriate, referral to specialists and assistance in locating other resources. More detailed information about the EAP services is available by telephone or connecting online.



**Master's-level counselors are available 24/7
to assist you and your family members.**

You can reach a counselor by calling

800-456-6327

www.perspectivesltd.com

EAP

Perspectives[®]
www.perspectivesltd.com
800.456.6327

Employee Assistance Program

We Help With Issues That Impact Life

We can help you resolve stressful personal and family issues, or direct you to legal, financial or child care resources when you need them most.

COMMON ISSUES WE HELP PEOPLE WITH EVERYDAY INCLUDE:

- + Alcohol and Drug Abuse
- + Attention Deficit Disorder (ADD)
- + Attention Deficit Hyperactivity Disorder (ADHD)
- + Addictions
- + Adoption
- + Anger Issues
- + Anxiety
- + Budgeting
- + Child Care Resources
- + College Planning
- + Communications Issues
- + Coping with Change
- + Depression
- + Relationship Issues
- + Domestic Violence
- + Eating Disorders
- + Effective Communication
- + Elder Care Resources
- + Emotional Issues
- + Family Issues
- + Financial Resources
- + Grief
- + Legal Resources
- + Leisure Travel Time
- + Marital and Couples Counseling
- + Mental Health
- + Parenting
- + Pet Care Resources
- + Post Traumatic Stress Disorder
- + Stress

We're Available When You Need Us

Perspectives EAP is available 24/7 and can be accessed three ways:

OVER THE PHONE

Masters and Doctorate level EAP counselors are available 24/7 to answer your questions, provide counseling or assist you with useful appropriate resources. Call 800.456.6327 anytime!

IN PERSON

Counselors will listen to your concerns, assess the situation and help you develop an action plan best suited to your needs. When appropriate, this plan may include further in-person sessions with Perspectives or a referral to another qualified professional. Call 800.456.6327, 8 a.m.-6 p.m. weekdays to schedule an appointment.

ONLINE

Have you ever spent hours "Googling" for good information about parenting, diet, relationships or hundreds of other issues that impact your life? We do our homework so you don't have to!

Perspectives Online is a special website for everyone with Perspectives EAP. It provides information, resources and tools for a vast number of issues, ranging from parenting and child care to health and wellness, career development, workplace training and more. Just visit www.perspectivesltd.com and log in with your username and password!

FREE Help. Who Doesn't Like That?

We want you to think of Perspectives as the "Everyday Assistance People." Our employee assistance program (EAP) provides support, counseling and resources for life issues that can take a toll on your emotional well-being or take time away from the things you value most, like work and family. Our services are confidential, no cost to you and available when you need them!



Confidential And No Cost

We know that confidentiality and costs are important to you.

That's why we offer CONFIDENTIAL assistance to employees and their families. And, your personal information is not disclosed to anyone unless you provide written consent or as required by law.

In addition, Perspectives EAP services are provided at NO COST to you. Your employer provides Perspectives EAP as a benefit because they value you. If we refer you to an outside resource for additional support, we'll advise you about potential costs and whether they may be covered by your insurance.

Just call 800.456.6327 or login to www.perspectivesltd.com with your user name and password to learn more or get started.

PLEASE TAKE A MINUTE TO LOG INTO YOUR ACCOUNT
TO SEE THE BENEFITS OF PERSPECTIVES EAP.

Username

CAT502

Password

perspectives

Perspectives
www.perspectivesltd.com
800.456.6327

Diocese of Gary

Monthly Insurance Rates

Effective July 1, 2022

Medical Insurance - Anthem & Express-Scripts

Total Premium	Parish/School Portion	Employee Portion	Premium Description
\$917	\$892	\$25	Lay EE Only
\$1,317	\$892	\$425	Lay EE + one
\$1,727	\$892	\$835	Lay EE + family

Life Insurance Only - Dearborn

\$12	\$12	\$0	Diocesan Priest with Life Only
\$12	\$11	\$1	Lay EE with Life only

Voluntary - Guardian - Prime/Low

\$19.83	\$0	\$19.83	Employee Only
\$39.68	\$0	\$39.68	Employee + One Dependent
\$51.58	\$0	\$51.58	Employee + Two or More Dependents

Voluntary - Guardian - Complete/High

\$30.18	\$0	\$30.18	Employee Only
\$59.25	\$0	\$59.25	Employee + One Dependent
\$90.54	\$0	\$90.54	Employee + Two or More Dependents

Voluntary - Guardian - Vision

\$6.83	\$0	\$6.83	Employee Only
\$13.24	\$0	\$13.24	Employee + Spouse
\$13.86	\$0	\$13.86	Employee + Child(ren)
\$21.35	\$0	\$21.35	Employee + Family



2022 - 2023 Employee Benefit Guide

**AN OVERVIEW OF THE WIDE ARRAY OF BENEFITS
PROVIDED BY THE ROMAN CATHOLIC DIOCESE OF GARY,
TO HELP YOU ENJOY INCREASED WELL-BEING AND
FINANCIAL SECURITY**

***PREPARED BY MEYERS GLAROS GROUP FOR
THE ROMAN CATHOLIC DIOCESE OF GARY***

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Benefits for 2022 - 2023

Introduction

As an employee of The Roman Catholic Diocese of Gary enjoying your work and making valuable contributions to ministry are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2022 - 2023 plan year, The Roman Catholic Diocese of Gary has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and The Roman Catholic Diocese of Gary is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your Diocese of Gary benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

Benefits for 2022 - 2023

Overview of Benefits

The Roman Catholic Diocese of Gary provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive. The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

Benefits At-A-Glance

Coverage	Carrier
Medical	Anthem Blue Cross
Dental	The Guardian Life Insurance Company of America
Vision	The Guardian Life Insurance Company of America
Life	Dearborn Group and The Guardian Life Insurance Company of America
Long-Term Disability	The Guardian Life Insurance Company of America
Short-Term Disability	The Guardian Life Insurance Company of America
403(b)	Voya Financial

Eligibility

If you're a full-time employee at the Catholic Diocese of Gary, you and your dependents are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week at least 40 weeks per year. Eligible dependents include, spouse, child under age 26 (birth or adoption), and adult dependent children.

Benefits for 2022 - 2023

Overview of Benefits

Changes and Qualifying Events

When Coverage Begins and Ends

July 1, 2022 – June 30, 2023

Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued or the Group Insurance Policy is terminated.

Qualifying Events

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event". These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave.
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

Benefits for 2022 - 2023

Medical

Summary of Coverage

Plan Features		\$1,150 Blue Access PPO
IN NETWORK		
Calendar Year		\$1,150 / \$2,300
Deductibles (Indiv / Family)		
Primary Care Visit		\$25
Specialist Visit		\$25
Diagnostic Exam		No Charge
X-Rays		No Charge
Complex Images		Deductible, then 10% coinsurance
Outpatient Procedure		Deductible, then 10% coinsurance
Inpatient Visit		Deductible, then 10% coinsurance
Emergency Room		\$100
Urgent Care		\$50
Pharmacy / RX (30 Day Supply)		\$10 / \$30 / \$45
Pharmacy / RX (90 Day Supply)		\$25 / \$75 / \$112.50
Calendar Year		\$3,000 / \$6,000
Out-of-Pocket Max (Indiv / Family)		
OUT OF NETWORK		
Calendar Year		\$1,500 / \$3,000
Deductibles (Indiv / Family)		
Primary Care Visit		Deductible, then 30% coinsurance
Specialist Visit		Deductible, then 30% coinsurance
Diagnostic Exam		Deductible, then 30% coinsurance
X-Rays		Deductible, then 30% coinsurance
Complex Images		Deductible, then 30% coinsurance
Outpatient Procedure		Deductible, then 30% coinsurance
Inpatient Visit		Deductible, then 30% coinsurance
Emergency Room		\$100
Urgent Care		\$50
Pharmacy / RX (30 Day Supply)		
Pharmacy / RX (90 Day Supply)		
Calendar Year		\$5,000 / \$10,000
Out-of-Pocket Max (Indiv / Family)		
MONTHLY PRICING		
Employee		\$25
Employee + 1		\$425
Employee + 2 or more		\$835

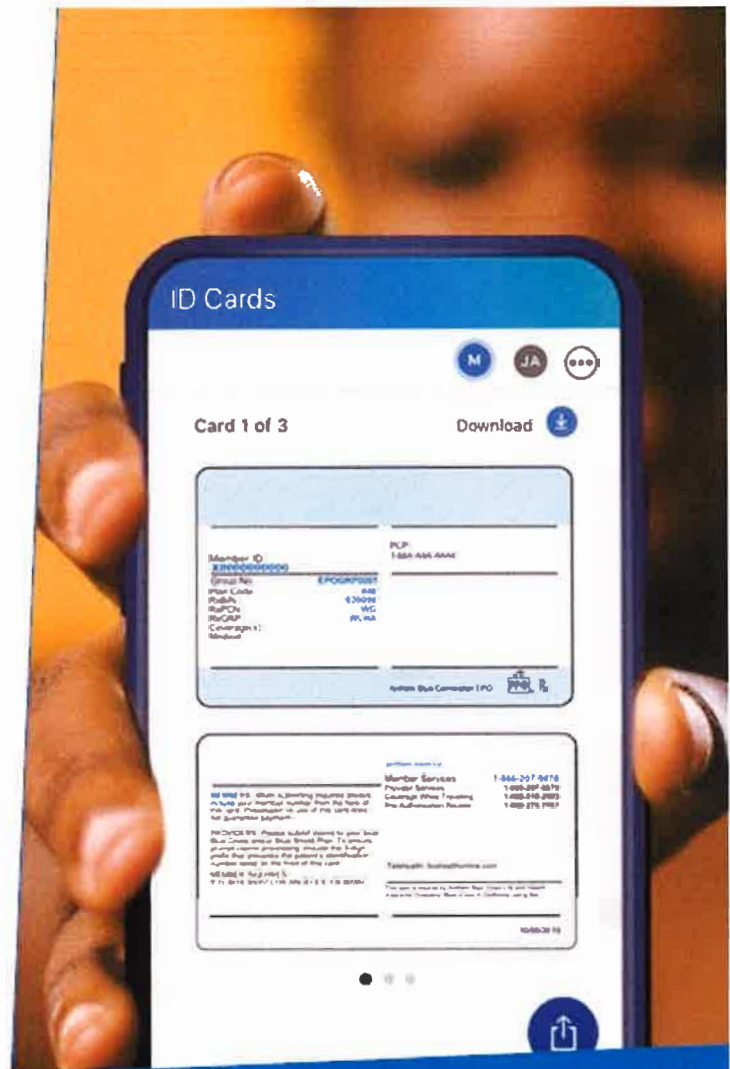
Choose digital for your member ID card

To make the most of your health plan benefits, think about choosing a digital ID card. It works just like a printed ID card, but it's more convenient to use when you need care.

A digital ID card makes it easier to access your benefits

- No need to wait for your printed card to come in the mail. Your digital ID card is available sooner.
- Using it is simple:
 - Print a copy anytime.
 - Email or fax it right from your computer or mobile device.
 - Share right from your phone with family members, doctors, and healthcare professionals.
 - Enlarge the view on your screen to read the details more easily.

Here's a tip: Download the card to your smartphone, so you'll always have it there even without a phone signal.



Sign up for your digital ID card today — in just a few steps:

1. Log in to the **Sydney Health** mobile app or **anthem.com**.
2. Go to **Profile** and choose **Mobile ID Cards** under **Communication Preferences**.
3. Select **On**, and you will not receive a card by mail.



Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access points are available on request from member services or can be obtained by going to anthem.com/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield HealthCare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 20 counties in the Kansas City area): HighChoice® Managed Care, Inc. (HCT), Healthy Assurance® Life Insurance Company (HALIC), and HMO Missouri, Inc. HMO and certain affiliated administrator non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. HMO and certain affiliated providers provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Nevada, Inc. Also HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Centimark Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in PPO policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or PPO policies; WCIC underwrites or administers Well Priority HMO or PPO policies. Independent members of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Be sure your profile includes the best email address to reach you so we can to send you important plan and ID card updates.

If you need help, use the chat feature to connect with us or call the Member Services number on your ID card. If you need a printed copy, log in to **anthem.com** to print it or request us to send you one.

Looking for a doctor?

Finding one online is fast and easy



My health.
My plan.

Your health is an important personal matter. So it's just as important to find a main doctor who can be your primary care provider or primary care physician (PCP) — someone you see for regular checkups and when you're sick. Your PCP takes care of your overall health and can recommend a specialist if you need one.



Finding a PCP in your plan

With your Anthem plan, you get access to a large network of doctors across the country — so you have more choices when selecting your PCP. And finding a PCP who's "in-network" or in your plan is easier with our online tools. You can search for a doctor by name or look for one near you. Avoid getting care from doctors outside your plan because it will likely cost you more, or your plan may not cover it at all.

Here's what you need to do:

1. Go to anthem.com/find-doctor.
2. Choose your search:
 - **Search as a Member:** Use your member ID card number or log in with a user name and password.
 - **Search as a Guest:** Select a plan or network,* or search by all plans and networks, to get started.
3. Select a type of doctor and location. You can also search within a certain distance of your location.

Looking for cost information to go with your care? Use the **Care & Cost Finder** tool at anthem.com. You can compare doctors and costs side by side and get an estimate of what you'll pay based on your benefits. You can even see how other members rate doctors.

To learn more about choosing a doctor, read the Anthem blog, "4 Tips to Choosing the Right Doctor" at anthem.com/blog.

On-the-go convenience

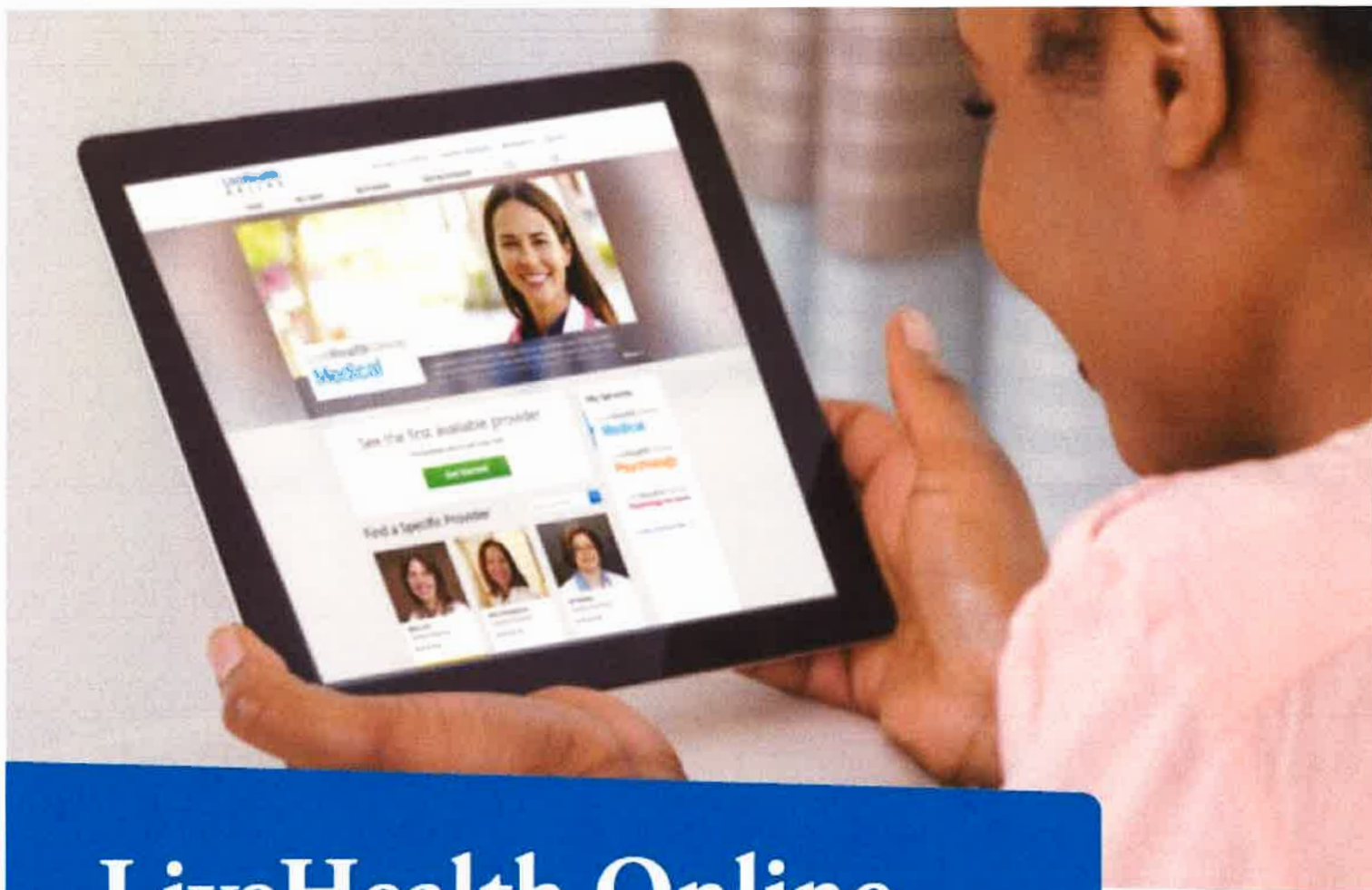
Use your mobile device to search for doctors using our free Sydney mobile app from the App Store[®] or Google Play[™].



* If you don't know the name of the plan or network, check with your human resources department or benefits administrator.

Anthem Blue Cross and Blue Shield is the trade name of, in Colorado: RockyMountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc.; Preferred Colorado Health Services, Inc. or can be obtained by going to anthem.com/workaccess. In Connecticut: Anthem-Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri: (excluding St. Louis) Anthem Managed Care, Inc. (MCA), Anthem Alliance[®] Life Insurance Company (ALIC), and HMO Missouri, Inc. In Texas: certain affiliates administer non-HMO benefits underwritten by HMO and PPO. Some HMOs underwritten by HMO Missouri, Inc. and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. and HMO Nevada, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. (trading as Anthem Blue Cross and Blue Shield of Virginia), and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area around State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSW), underwrites or administers PPO and indemnity policies and underwrites short-term network benefits in PPO policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Conditional Reinsurance Corporation (WCRC). CompCare underwrites or administers HMO or PPO policies. WCRC underwrites or administers Work Priority-HMO or PPO policies. Independent members of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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LiveHealth Online

How to register in minutes
before you feel sick

Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor 24/7 on your smartphone, tablet or computer with a webcam. It's a quick and easy way to get the care you need with no appointments or long wait times.

When your own doctor isn't available, use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health condition. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.¹



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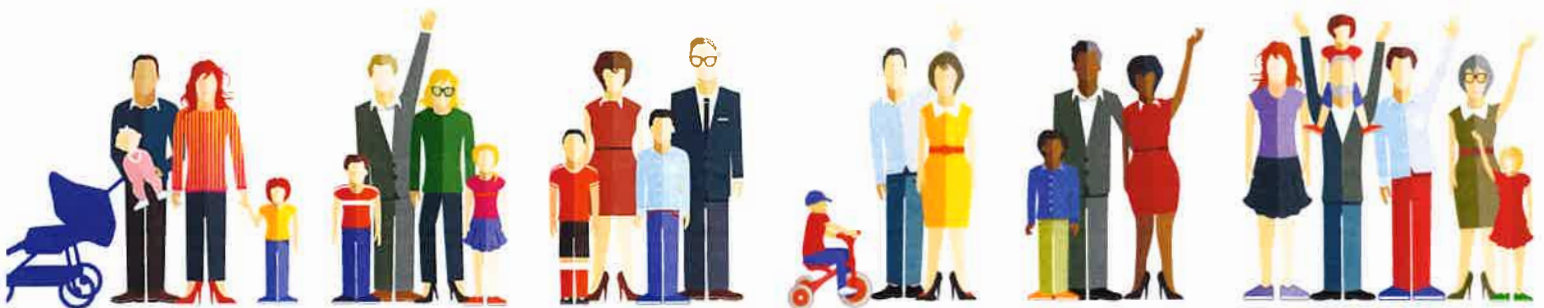
Benefits for 2022 - 2023

Dental Coverage



Summary of Coverage

GUARDIAN	Option 1 Low Plan	Option 2 High Plan
IN NETWORK		
Annual Deductible (Individual / Family)	\$0 / \$0	\$50 / \$150
Preventive Care	100%	100%
Basic Procedures (Extractions, fillings, etc.)	80%	50%
Major Procedures (Crowns, dentures, etc.)	50%	50%
Child Orthodontia	NOT COVERED	\$1,000 benefit covered at 50% coinsurance
Calendar Year Maximum Benefit	\$1,000	\$1,000 plus Maximum Rollover
OUT OF NETWORK		
Annual Deductible (Individual / Family)	\$100 / \$300	\$75 / \$225
Preventive Care	50%	80%
Basic Procedures (Extractions, fillings, etc.)	50%	50%
Major Procedures (Crowns, dentures, etc.)	25%	50%
Child Orthodontia	NOT COVERED	\$1,000 benefit covered at 50% coinsurance
Calendar Year Maximum Benefit	\$1,000	\$1,000 plus Maximum Rollover
MONTHLY PRICING		
Employee	\$19.83	\$30.18
Employee + 1	\$39.68	\$59.25
Employee + 2 or more	\$51.58	\$90.54





It's Easy to Find a Network Dentist!

Guardian® is committed to ensuring that our members have the right tools and resources to get the most from their benefits. This starts with making it easy to find a network provider to help save on important care.

Guardian's find a provider site is easy to use from a computer or mobile device, intuitive and designed to help members get the most from their dental benefits guardian's find a provider site is easy to use from a computer or mobile device, intuitive and designed to help members get the most from their dental benefits.



Visit guardiananytime.com and select "Find a Provider"

- Click "Search for Providers"



Under "Find a Dentist", select your plan type and search by name, location or distance



See a listing of dentists that meet your search. Sort by name and distance or narrow down by specialty or language spoken



Looking for a dentist that is not listed? You can nominate them online!

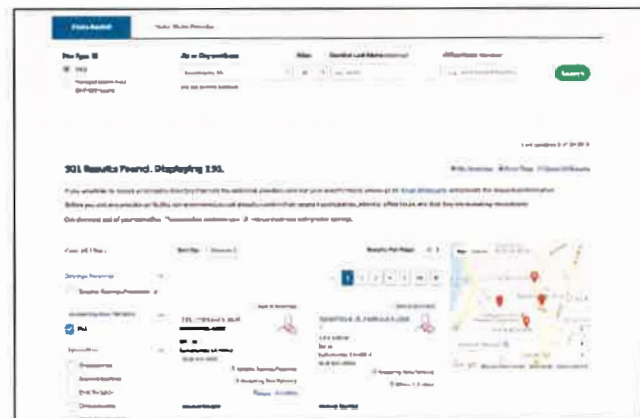
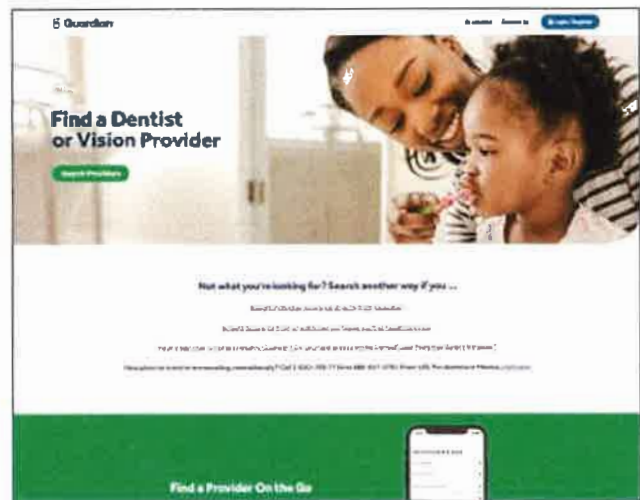


Find a provider and ID card mobile app

- Download from iTunes or Google Play
- Search by name or location
- View in map and get directions
- View, print or email ID cards for use when scheduling an appointment or visiting the provider

It's easy to find a network dentist

- 1 Visit guardiananytime.com and click "Find a Provider"
- 2 Select "Search Providers"
- 3 Under "Find a Dentist" select plan type and search by name, location or distance
- 4 Sort dentists by name and distance or narrow down by specialty or language spoken



Online or on the go — Guardian makes it easy to find a provider

The Guardian Life Insurance
Company of America
New York, NY
guardiananytime.com

Policy Form No. GP-1-VSN-96-1 et al.
2018-62433 (07-20)

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Policy Form No. GP-1-DG2000. et al. Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage.



Our oral health rewards program

Help encourage good oral care

The connection between oral and overall wellness is clear. Visiting the dentist regularly can help prevent and detect early stages of many diseases and conditions. Help your clients promote good oral care with our Maximum Rollover Oral Health Rewards Program—a unique tool that encourages and rewards members who visit the dentist.

Helping employees maintain good health

- Members simply submit a claim without exceeding the paid claims threshold during the benefit year.
- Guardian will reward them by rolling over a portion of their unused annual dental maximum into their own personal Maximum Rollover Account (MRA) for future use.
- The reward can be used to supplement dental care costs in the future beyond the plan's normal annual maximum.
- Plus! If they use the services of in-network dentists exclusively during the benefit year, we'll increase the amount credited to the MRA!



How maximum rollover works

Guardian will roll over a portion of the unused annual dental maximum into a personal Maximum Rollover Account, which can be used in future years if the plan's annual maximum is reached. As an added advantage, additional money is rolled over if in-network dentists are used exclusively during the benefit year.



Continue to see how Max Rollover works

How maximum rollover works: \$1,000 annual example**

Depending on the plan's annual maximum, if claims dollars for the year don't exceed a certain threshold, the set Maximum Rollover Amount (pre-determined based on the annual maximum) can be rolled over.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1,000	\$500	\$250	\$350	\$1,000
Maximum Claims Reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	The Maximum Rollover Account cannot exceed \$1,000

Sample plan: \$1,000 annual maximum

Year one: Jane starts with a \$1,000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not exceed the \$500 Threshold, she receives a \$250 rollover that will be applied to Year Two.

Year two: Jane now has an increased Plan Annual Maximum of \$1,250. This year, she submits \$250 in claims and receives an additional \$250 rollover added to her Plan Annual Maximum.

Year three: Jane now has an increased Plan Annual Maximum of \$1,500. This year, she submits \$1,300 in claims. All claims are paid due to the Maximum Rollover Amount accumulated.

Year four: Jane's Plan Annual Maximum is \$1,200 (\$1,000 Plan Annual Maximum + \$200 remaining Maximum Rollover Amount accumulated).



Contact your Guardian Group sales representative for more information.

The Guardian Life Insurance
Company of America
New York, NY
guardianlife.com

2019-85822 (09/21)

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1000 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states. ** This example has been created for illustrative purposes only. Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America. © Copyright 2019 The Guardian Life Insurance Company of America.

Benefits for 2022 - 2023

Vision Coverage



Summary of Coverage

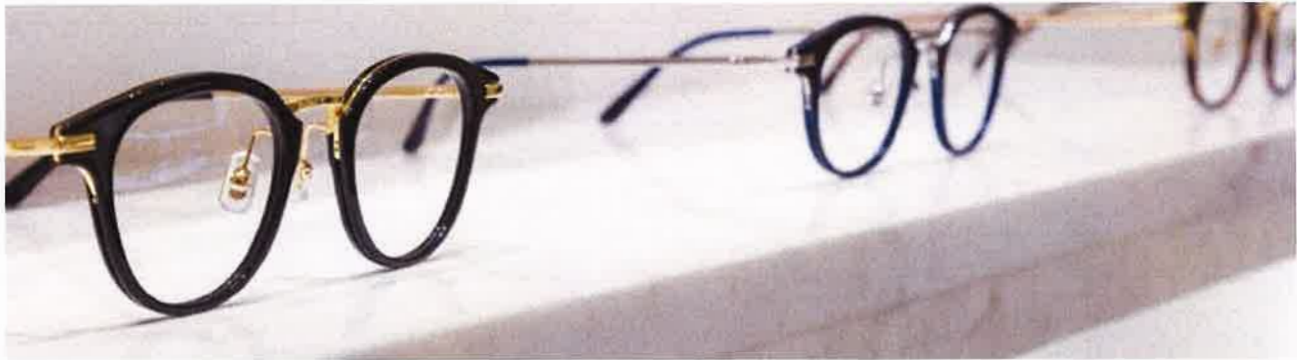
GUARIDAN Plan Features		Full Feature Davis Vision
IN NETWORK		
Vision Exam		\$10
Lenses		
Single		\$25
Bifocal		\$25
Trifocal		\$25
Progressive		\$25
Frames		\$130 allowance and then 20% discount
Elective Contact Lenses		\$130 allowance and then 15% discount
Medically Necessary Contact Lenses		Covered in full, copay waived
Frequency (Months)		
Exam		Every 12 Months
Lenses		Every 12 Months
Frames		Every 12 Months
Contacts		Every 12 Months
OUT OF NETWORK		
Vision Exam		\$50 benefit
Lenses		
Single		\$48 benefit
Bifocal		\$67 benefit
Trifocal		\$86 benefit
Progressive		\$126 benefit
Frames		\$48 benefit
Elective Contact Lenses		\$105 benefit
Medically Necessary Contact Lenses		\$210 benefit
MONTHLY PRICING		
Employee		\$6.83
Employee + Spouse		\$13.24
Employee + Child(ren)		\$13.86
Employee + Family		\$21.35





Your Guardian Davis Vision Plan

With your Guardian plan, you and your covered family members can visit a provider from the extensive Davis Vision network. You can also visit a non-network doctor, including any licensed optometrist or ophthalmologist, but save the most money by visiting a Davis Vision network provider.



When you see an in-network provider:

- 1** Find a Davis Vision provider by going to guardiananytime.com and clicking on 'Find a Provider' or by calling the Davis Vision customer service line 1-877-393-7363.
- 2** Register on the Davis Vision website at davisvision.com to learn about your coverage, member benefits, eligibility, information on how to use your benefit, and more.
- 3** Call the Davis Vision provider in advance to schedule an appointment. When you call, identify yourself as a Davis/Guardian member or covered dependent and be prepared to give the member's ID #.
- 4** Before your visit, the Davis Vision provider will verify your eligibility and plan coverage. The Davis Vision provider will also obtain treatment authorization and information about your group's specific benefits, so he or she can offer you the most appropriate services. If you're not eligible, the Davis Vision doctor will promptly notify you.
- 5** The Davis Vision provider will discuss the most effective, cost-conscious eyewear options and coordinate your prescription.
- 6** The Davis Vision provider will handle all paperwork. No claim forms or ID cards are necessary.

Download the Davis Vision member app to access all of your vision benefits.

- Interactive provider search with maps and directions
- Eligibility and benefits
- Badge alerts
- Biometric login feature
- Digital claim submission
- Member ID card
- Claim status

If you choose a non-network provider:

- 1 Pay the doctor in full at the time services are rendered.
- 2 In order to request reimbursement for services received from a non-network provider, please use Davis Vision's Direct Reimbursement Claim Form. The form can be provided by your employer or found on the Davis Vision website. Submit the claim form to Davis Vision at:

Davis Vision
Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

Make sure all sections of the claim form are completed and that you and the providers have signed the form.

- 3 The amount of reimbursement is based on your plan's Schedule of Benefit Allowances. You are responsible for any costs above the scheduled amount, as well as any applicable copay(s).

For general information about your vision care benefits and coverage, refer to your enrollment materials or certificate booklet. If you have any questions about your group's plan, contact your employer.

The Guardian Life Insurance
Company of America
New York, NY

guardianlife.com

2019-86870 (10/21)

Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America®. ©2019 The Guardian Life Insurance Company of America. GP-1-Davis-05-VIS.

Benefits for 2022 - 2023

Life Insurance



Summary of Coverage

Employer-paid Basic Life Insurance	
Plan Features	2022 Dearborn Life Insurance
Employee Benefit Amount	\$10,000
AD&D Benefit	\$10,000
The following shows how much benefits are reduced at certain ages:	
Age Band	Benefit Reduction
70	40%

Life insurance can help provide for your loved ones if something were to happen to you. The Diocese of Gary provides full-time employees with \$10,000 (\$6,000 for employees over age 70) in group life and accidental death and dismemberment (AD&D) insurance.

The Diocese of Gary pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Basic Life Insurance without the medical and Rx is only \$1.00 per month!

Supplemental / Voluntary Term Life Insurance	
Plan Features	2022 Guardian Life Insurance
Employee Benefit Amount	Employees can choose different amounts of coverage between the minimum and maximum benefit amount. See plan documents for more details.
Minimum Benefit Amount	\$10,000
Maximum Benefit Amount	\$200,000
Employee Guarantee Issue	\$200,000
Spouse Benefit	\$5,000 to \$25,000 in \$5,000 increments, not to exceed 50% or Employee's amount
Spouse Guarantee Issue	\$25,000
Dependent Benefit	\$2,000 to \$10,000 in \$2,000 increments, not to exceed 50% of Employee's amount
Dependent Guarantee Issue	\$10,000
The following shows how much benefits are reduced at certain ages:	
Age Band	Benefit Reduction
65	35%
70	60%
75	75%
80	85%



Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Policy Election Amount		Monthly premiums displayed. Cost of AD&D is included.							
		Policy Election Cost Per Age Bracket							
Employee		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64 65-69†
\$10,000		\$1.14	\$1.18	\$1.50	\$2.05	\$3.05	\$4.86	\$7.74	\$12.93 \$28.62
\$20,000		\$2.28	\$2.36	\$3.00	\$4.10	\$6.10	\$9.72	\$15.48	\$25.86 \$57.24
\$30,000		\$3.42	\$3.54	\$4.50	\$6.15	\$9.15	\$14.58	\$23.22	\$38.79 \$85.86
\$40,000		\$4.56	\$4.72	\$6.00	\$8.20	\$12.20	\$19.44	\$30.96	\$51.72 \$114.48
\$50,000		\$5.70	\$5.90	\$7.50	\$10.25	\$15.25	\$24.30	\$38.70	\$64.65 \$143.10
\$60,000		\$6.84	\$7.08	\$9.00	\$12.30	\$18.30	\$29.16	\$46.44	\$77.58 \$171.72
\$70,000		\$7.98	\$8.26	\$10.50	\$14.35	\$21.35	\$34.02	\$54.18	\$90.51 \$200.34
\$80,000		\$9.12	\$9.44	\$12.00	\$16.40	\$24.40	\$38.88	\$61.92	\$103.44 \$228.96
\$90,000		\$10.26	\$10.62	\$13.50	\$18.45	\$27.45	\$43.74	\$69.66	\$116.37 \$257.58
\$100,000		\$11.40	\$11.80	\$15.00	\$20.50	\$30.50	\$48.60	\$77.40	\$129.30 \$286.20
\$110,000		\$12.54	\$12.98	\$16.50	\$22.55	\$33.55	\$53.46	\$85.14	\$142.23 \$314.82
\$120,000		\$13.68	\$14.16	\$18.00	\$24.60	\$36.60	\$58.32	\$92.88	\$155.16 \$343.44
\$130,000		\$14.82	\$15.34	\$19.50	\$26.65	\$39.65	\$63.18	\$100.62	\$168.09 \$372.06
\$140,000		\$15.96	\$16.52	\$21.00	\$28.70	\$42.70	\$68.04	\$108.36	\$181.02 \$400.68
\$150,000		\$17.10	\$17.70	\$22.50	\$30.75	\$45.75	\$72.90	\$116.10	\$193.95 \$429.30
\$160,000		\$18.24	\$18.88	\$24.00	\$32.80	\$48.80	\$77.76	\$123.84	\$206.88 \$457.92
\$170,000		\$19.38	\$20.06	\$25.50	\$34.85	\$51.85	\$82.62	\$131.58	\$219.81 \$486.54
\$180,000		\$20.52	\$21.24	\$27.00	\$36.90	\$54.90	\$87.48	\$139.32	\$232.74 \$515.16
\$190,000		\$21.66	\$22.42	\$28.50	\$38.95	\$57.95	\$92.34	\$147.06	\$245.67 \$543.78
\$200,000		\$22.80	\$23.60	\$30.00	\$41.00	\$61.00	\$97.20	\$154.80	\$258.60 \$572.40
Policy Election Amount									
Spouse									
\$5,000		\$0.57	\$0.59	\$0.75	\$1.03	\$1.53	\$2.43	\$3.87	\$6.47 \$14.31
\$10,000		\$1.14	\$1.18	\$1.50	\$2.05	\$3.05	\$4.86	\$7.74	\$12.93 \$28.62
\$15,000		\$1.71	\$1.77	\$2.25	\$3.08	\$4.58	\$7.29	\$11.61	\$19.40 \$42.93
\$20,000		\$2.28	\$2.36	\$3.00	\$4.10	\$6.10	\$9.72	\$15.48	\$25.86 \$57.24
\$25,000		\$2.85	\$2.95	\$3.75	\$5.13	\$7.63	\$12.15	\$19.35	\$32.33 \$71.55

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ROMAN CATHOLIC DIOCESE OF GARY

ALL ELIGIBLE EMPLOYEES

Kit created 03/29/2022

Group number: 00035349

Voluntary Life Cost Illustration *continued*

Policy Election Amount									
Child(ren)									
\$2,000	\$0.44	\$0.44	\$0.44	\$0.44	\$0.44	\$0.44	\$0.44	\$0.44	\$0.44
\$4,000	\$0.89	\$0.89	\$0.89	\$0.89	\$0.89	\$0.89	\$0.89	\$0.89	\$0.89
\$6,000	\$1.33	\$1.33	\$1.33	\$1.33	\$1.33	\$1.33	\$1.33	\$1.33	\$1.33
\$8,000	\$1.78	\$1.78	\$1.78	\$1.78	\$1.78	\$1.78	\$1.78	\$1.78	\$1.78
\$10,000	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22	\$2.22

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Infant coverage is limited for the first two weeks of infant's life.

Spouse coverage premium is based on Employee age.

†Benefit reductions apply.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-1-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undecared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCL1-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Guardian Group Life Insurance underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.
Policy Form # GP-1-LIFE-15

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ALL ELIGIBLE EMPLOYEES

Kit created 03/29/2022

Group number: 00035349 **18**

Benefits for 2022 - 2023

Disability Insurance Short & Long Term



Summary of Coverage

Plan Features	2022 Guardian Short Term Disability
Employee Benefit Amount	60% of weekly earnings
Maximum Benefit Amount	\$1,000
Elimination Period (Accident)	14 days
Elimination Period (Sickness)	14 days
Benefit Duration	13 weeks

Plan Features	2022 Guardian Long Term Disability
Employee Benefit Amount	60% of monthly earnings
Maximum Benefit Amount	\$5,000 per month
Elimination Period	90 days
Benefit Duration	Lesser of 2 years or to age 70



Disability Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses.

Short-Term Disability Plan Cost Illustration:

Policy amounts shown based on sample salary amounts only.

Your premium rate	\$1.046	
\$20,000 Annual Salary \$231 Weekly Benefit	\$24.16	Deduction
\$30,000 Annual Salary \$346 Weekly Benefit	\$36.19	Deduction
\$40,000 Annual Salary \$462 Weekly Benefit	\$48.33	Deduction
\$50,000 Annual Salary \$577 Weekly Benefit	\$60.35	Deduction
\$60,000 Annual Salary \$692 Weekly Benefit	\$72.38	Deduction
\$70,000 Annual Salary \$808 Weekly Benefit	\$84.52	Deduction
\$80,000 Annual Salary \$923 Weekly Benefit	\$96.55	Deduction
\$90,000 Annual Salary \$1,000 Weekly Benefit	\$104.60	Deduction
\$100,000 Annual Salary \$1,000 Weekly Benefit	\$104.60	Deduction
\$110,000 Annual Salary \$1,000 Weekly Benefit	\$104.60	Deduction
\$120,000 Annual Salary \$1,000 Weekly Benefit	\$104.60	Deduction

Long-Term Disability Plan Cost Illustration:

Policy amounts shown based on sample salary amounts only.

	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Your premium rate	\$0.080	\$0.100	\$0.180	\$0.300	\$0.480	\$0.680	\$1.010	\$1.340	\$1.590
	Election Cost Per Age Bracket								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$20,000 Annual Salary \$1,000 Monthly Benefit	\$1.33	\$1.67	\$3.00	\$5.00	\$8.00	\$11.34	\$16.84	\$22.34	\$26.51
\$30,000 Annual Salary \$1,500 Monthly Benefit	\$2.00	\$2.50	\$4.50	\$7.50	\$12.00	\$17.00	\$25.25	\$33.50	\$39.75

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	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$40,000 Annual Salary \$2,000 Monthly Benefit	\$2.67	\$3.33	\$6.00	\$10.00	\$16.00	\$22.66	\$33.66	\$44.66	\$53.00
\$50,000 Annual Salary \$2,500 Monthly Benefit	\$3.33	\$4.17	\$7.50	\$12.50	\$20.00	\$28.34	\$42.09	\$55.84	\$66.26
\$60,000 Annual Salary \$3,000 Monthly Benefit	\$4.00	\$5.00	\$9.00	\$15.00	\$24.00	\$34.00	\$50.50	\$67.00	\$79.50
\$70,000 Annual Salary \$3,500 Monthly Benefit	\$4.67	\$5.83	\$10.50	\$17.50	\$28.00	\$39.66	\$58.91	\$78.16	\$92.75
\$80,000 Annual Salary \$4,000 Monthly Benefit	\$5.33	\$6.67	\$12.00	\$20.00	\$32.00	\$45.34	\$67.34	\$89.34	\$106.01
\$90,000 Annual Salary \$4,500 Monthly Benefit	\$6.00	\$7.50	\$13.50	\$22.50	\$36.00	\$51.00	\$75.75	\$100.50	\$119.25
\$100,000 Annual Salary \$5,000 Monthly Benefit	\$6.67	\$8.33	\$15.00	\$25.00	\$40.00	\$56.67	\$84.17	\$111.67	\$132.50
\$110,000 Annual Salary \$5,000 Monthly Benefit	\$6.67	\$8.33	\$15.00	\$25.00	\$40.00	\$56.67	\$84.17	\$111.67	\$132.50
\$120,000 Annual Salary \$5,000 Monthly Benefit	\$6.67	\$8.33	\$15.00	\$25.00	\$40.00	\$56.67	\$84.17	\$111.67	\$132.50

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

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Group number: 00035349 **25**



How to File a Guardian Short Term Disability Claim

Reporting a disability claim

You may initiate your claim by doing one of the following:

- Phone: 1-888-262-5670. A disability intake specialist will walk you through the process
- Email: group_STD_claims@glic.com
- Online: www.guardiananytime.com
- Mail: Guardian Group STD Claim Department
P.O. Box 14331
Lexington, KY 40512
- Fax: 610-807-8270

When to report a claim

- File your claim as soon as you know you will be out of work
- Contact your employer on or before your first day out of work and inform them of the length of your absence
- If you'll be out continuously, call Guardian at 1-888-262-5670
- Call us before your 7th day out of work so we can begin reviewing your claim

Information you'll need

Before you file your claim, please have this information handy:

- Your name, address, phone number, birth date, Social Security number and email address
- Employment information, including your job title and work location
- Reason for your claim – illness, injury or pregnancy
- Description of your illness, symptoms, and/or diagnosis. Include the date the symptoms started and if you've had previous symptoms
- Workers' compensation claims you have already filed or will file
- Details about doctor, hospital or clinic visits, with dates and contact information

Next steps

During the call, we'll ask if you've signed your authorization card and provided to your doctor.

- If you don't have an authorization card or form, we'll fax or email to you following your intake call
- Please sign the card and provide it to your physician(s) office as quickly as you can. Your signed authorization helps us to secure your medical information over the phone so it's very important to let your treating physician(s) know that Guardian will be contacting them
- Once we have your medical information we can promptly review and make a decision on your claim

If we are unable to obtain your medical information over the phone, a nurse will notify you. We may need to fax a form to your doctor's office. In this instance we recommend you contact your physician to ensure that the form is completed and returned to Guardian promptly in order to avoid delays.

Claims timing

- Claim receipt is formally approved (via letter) within 2 business days of receipt
- Claim is assigned to dedicated Short Term Disability (STD) Claims Manager for administration
- Outreach for missing information is done via phone, fax and/or email
- Average time to process STD claims is 5-7 business days

If your claim is approved

- Guardian sends you an approval letter with an explanation of your benefits. You may also get a recorded call
- Guardian coordinates payment of your benefits as soon as possible
- Guardian will tell your employer of claim approval, and the date you plan to return to work

How benefits are paid

Checks are typically mailed on a bi-weekly basis after the payment issue date. If you elect direct deposit, benefits will be available in your account approximately 2 business days from the payment issue date.

If your claim is denied

- Guardian sends an explanation letter, which includes how to appeal the decision
- Guardian informs your employer if the claim is denied
- Call your employer to discuss your return-to-work date

What happens while you are out

Your Guardian STD Claims Manager remains in touch to help you return to work quickly and safely. We work with you, your doctor and your employer to talk about different work options, which may include adjusting your job or work schedule. Your employer may also call you to check on your progress and offer support.

If you are unable to return to work when your disability benefits end

- Call your Guardian STD Claims Manager to talk about the situation and discuss your options
- Inform your employer

Return to work

Call your employer and Guardian STD Claims Manager to let them know the date you'll return to work.

Questions?

Call Guardian at 1 888 262 5670. A Guardian representative is available to help you Monday through Friday, 8:00 a.m. to 8:00 p.m. (EST)

Instructions:

To expedite your Short Term disability claim filing process, please call to initiate your claim as soon as your disability begins.

We can be reached Monday through Friday at 1 888 262 5670, 8:00 a.m. to 8:00 p.m. (EST).

Please be prepared to provide the following:

1. Your full name, address, phone number and social security number
2. Your employer contact name and phone number
3. Your physician's name, address, phone number and fax number
4. If you have not already done so, please sign the authorization portion of this card and provide a copy to your physician to be retained in your patient file.

Important: Prior to initiating your claim, please inform your physician that a Guardian representative will be contacting their office by phone, to obtain medical information concerning your claim

Authorization:

In order to determine if Short Term Disability benefits are payable, Guardian requires your authorization for the release of medical information pertaining to your claim. Please authorize the release of this information by signing below and ask your physician(s) to retain a photo-copy of this card. You should also advise your physician that a Guardian Representative will be calling shortly to obtain the needed information. Please retain your original card, in the event that it is needed in the future. I authorize my physician and/or medical provider to disclose to Guardian any information regarding my diagnosis, treatment, disability status and medical history.

Employee / Patient Signature

Date

The Guardian Life Insurance
Company of America
New York, NY
guardiananytime.com

2018-57479 (NR)

Guardian's Group Short Term Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form No. GP-1-STD07-1.0 and No. GP-1-STD-15-1.0 et al.

Benefits for 2022 - 2023

403(b) Plan



The 403(b) Plan is a valuable benefit. It offers you an excellent opportunity for long-term savings – even if you are only able to save a little right now. Even if you are not eligible for the employer matching contribution, you are still able to participate using your own pre-tax contributions. Unlike other employee benefits, you can enroll, change your payroll contribution percentage or modify your current fund options at any time throughout the year!

Upon retirement, participants may:

1. Leave their funds to accumulate tax-deferred in the account
2. Take an immediate lump sum withdrawal
3. Take periodic withdrawals

<p>If you meet eligibility requirements, then your employer will make the following matching contributions on your behalf equal to:</p>	<p>a) 100% of your salary pre-tax contributions you are contributing during the plan year, not to exceed the first 3% of your compensation; plus</p>
	<p>b) 50% of your salary pre-tax contributions you are contributing during the plan year that exceeds 3% of your compensation but does not exceed 6% of your compensation for the plan year.</p>

<p>If you meet eligibility requirements, then your employer will make the following Matching Contributions on your behalf equal to:</p>	a)	100% of your salary pre-tax contributions you are contributing during the plan year, not to exceed the first 3% of your compensation; plus
	a)	50% of your salary pre-tax contributions you are contributing during the plan year that exceeds 3% of your compensation but does not exceed 6% of your compensation for the plan year.

That is a total of 4½ % employer contributions if you contribute 6% of your pretax earnings!

Contact the person at your parish or school who is responsible for payroll if you are interested in enrolling, increasing your payroll contribution percentage or modifying your fund option. You may also visit: <https://www.voyaretirementplans.com> to access your Diocese of Gary 403(B) Thrift Plan online information or contact VOYA at 1-800-548-6001 for assistance.





It's easy to get started

The steps you take today will affect how you spend tomorrow. On your journey to retirement, do something good for yourself by planning ahead for the kind of future you envision. Start by setting a little aside regularly for the kind of retirement you can look forward to by enrolling in your employer's retirement savings plan.

- 1 Go to enroll.voya.com
- 2 Enter plan number
664682
- 3 Enter verification number
012996
- 4 Enter location code:
See Attached

Enroll Me™

5 reasons to enroll now

1. Make changes anytime
2. Save automatically
3. Help lower your taxable income
4. Invest your way
5. Take your money with you

403(b) Retirement Plan for the Catholic Diocese of Gary, Indiana



Not FDIC/NCUA/NCUSIF Insured | Not a Deposit of a Bank/Credit Union | May Lose Value | Not Bank/Credit Union Guaranteed | Not Insured by Any Federal Government Agency

Insurance products, annuities and funding agreements are issued by Voya Retirement Insurance and Annuity Company ("VRIAC"), Windsor, CT. VRIAC is solely responsible for its own financial condition and contractual obligations. Plan administrative services provided by VRIAC or Voya Institutional Plan Services LLC ("VIPS"). VIPS does not engage in the sale or solicitation of securities. All companies are members of the Voya® family of companies. Securities distributed by Voya Financial Partners LLC (member SIPC) or third parties with which it has a selling agreement. All products and services may not be available in all states.

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PLAN | INVEST | PROTECT

VOYA
FINANCIAL



FINANCIAL WELLNESS AND ADVICE

CAPTRUST advice team members are available to consult with you as a part of your benefit package. Our goal is to make sure you feel confident about meeting your financial goals.



MANY WAYS TO ENGAGE

- Consultations with an advisor by phone at 800.967.9948
- Live webinars
- Monthly e-newsletters



RETIREMENT BLUEPRINT®

- CAPTRUST Retirement Blueprint® technology allows our financial advisors to give you personal retirement planning advice.
- The financial advisor will help you identify your goals and your risk tolerance.
- The financial advisor will take you through various "what if" scenarios to optimize different retirement strategies.
- You will have the opportunity to implement advice on the spot with assistance from your financial advisor.
- You will have access to your blueprint immediately after your consultation.
- A reminder will be sent to you on an annual basis to update your blueprint.



CAPTRUSTADVICE.COM

There are a number of resources available to you on the participant website:

- Schedule your appointment with a financial advisor.
- Access helpful articles on a range of topics.
- Check your progress with financial calculators.
- Watch informative three-minute videos from CAPTRUST subject matter experts.
- Register for easy-to-understand topical financial webinars.
- View recordings of prior webinars.



FINANCIAL WELLNESS

- CAPTRUST services and technologies help you address difficult financial challenges—from managing student loan debt to securing retirement.
- CAPTRUST's financial wellness and advice services meet you where you are in your career, with the help you need to answer the most pressing questions about your various financial goals.

CAPTRUST is here to help you plan, save, invest, and retire comfortably.



CAPTRUST

CAPTRUST | 4208 Six Forks Road, Suite 1700 | Raleigh, NC 27609
www.captrustadvice.com | www.captrust.com | Advice Desk 800.967.9948

0120_0910



CAPTRUST Financial Advisors – A Financial Wellness Benefit

Expert Advice to Help You Retire with Confidence and Avoid Financial Stress

To help you build a solid financial future, we have hired CAPTRUST as a resource to help you with your important financial decisions. Improving your financial wellness is one of the top concerns of the Diocese of Gary. Employees who need help navigating their retirement benefits and other financial priorities can rely on CAPTRUST'S participant advice program. To learn more about the firm, visit www.captrustadvice.com.

Is this advice part of my benefits package?

Yes, CAPTRUST is here to provide you with professional, unbiased advice. CAPTRUST will not sell you any products—their services are made available as part of the Diocese of Gary's retirement plan benefits package.

When should I call CAPTRUST?

- Assistance with enrolling and selecting/reviewing investments
- Creating a financial plan
- Deciding how much you should contribute to your retirement plan
- Determining the difference between Roth and Pre-tax contributions and which one is right for you

When should I call VOYA?

- Changing your investment selections or paycheck deferrals either online or over the phone
- Enrolling online or over the phone
- Distribution or loan transactions
- Obtaining plan highlights, personal performance, and statements
- Updating beneficiaries and other personal information

CONTACT YOUR LOCAL CAPTRUST ADVISORS (219) 926-1182

- Chris Ylo Chris.Ylo@captrust.com
- Chris Frain Chris.Frain@captrust.com
- Kirk Futrell Kirk.Futrell@captrust.com
- Craig Draper Craig.Draper@captrust.com
- Mike DeLeon Michael.DeLeon@captrust.com
- If you are unable to reach any of the local advisors, you can reach someone else on the team by going to www.captrustadvice.com and scheduling an appointment online. The phone number is 800-967-9948

KEY CONTACT INFORMATION FOR YOUR PLAN:

DIOCESE OF GARY (Plan Sponsor) HR: Kelly Venegas | (219) 769-9292 x 224 | KVenegas@dcgary.org
VOYA (Recordkeeper) | (800) 584-6001 | <https://voyaretirementplans.com>
CAPTRUST Chesterton (219) 926-1182
CAPTRUST Advice Desk (800) 967-9948

CAPTRUST

Legal Notices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that addresses the privacy and security of certain individually identifiable health information, called protected health information (or PHI). You have certain rights with respect to your PHI, including a right to see or get a copy of your health and claims records and other health information maintained by a health plan or carrier. For a copy of the Notice of Privacy Practices, describing how your PHI may be used and disclosed and how you get access to the information, contact Human Resources.

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which mastectomy was performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
3. Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: \$1,150 PPO deductible with 10% coinsurance. If you would like more information on WHCRA benefits, call your plan administrator at the Roman Catholic Diocese of Gary (219) 769-9292.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Patient Protection Notice

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, please visit www.anthem.com and log into your Anthem Member account.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, please visit www.anthem.com and log into your Anthem Member account.

Legal Notices

HIPAA Special Enrollment Notice

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 your or your dependents' other coverage ends (or after the employer stops contributing 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.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy. To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact the plan administrator at the Roman Catholic Diocese of Gary (219) 769-9292.

Legal Notices

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

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

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

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

If you 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 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, 2022. Contact your State for more information on eligibility —

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

Legal Notices

GEORGIA-Medicaid	MAINE-Medicaid
<p>A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840</p>
IOWA-Medicaid and CHIP (Hawki)	MINNESOTA-Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
KANSAS-Medicaid	MISSOURI-Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
KENTUCKY-Medicaid	MONTANA-Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
LOUISIANA-Medicaid	NEBRASKA-Medicaid
<p>Website: dhh.louisiana.gov/index.cfm/subhome/1/n/331 or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Legal Notices

NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	SOUTH DAKOTA-Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	TEXAS-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK-Medicaid	UTAH-Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid	VERMONT-Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA-Medicaid	VIRGINIA-Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OKLAHOMA-Medicaid and CHIP	WASHINGTON-Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA-Medicaid	WISCONSIN-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND-Medicaid and CHIP	WYOMING-Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

Legal Notices

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

The public reporting burden for this collection of information is estimated to average approximately four 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, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0123. In 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 four 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, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

Legal Notices

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Legal Notices

USERRA Notice

Your Rights Under USERRA

A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

C. Right to Be Free from Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
 - Initial employment;
 - Reemployment;
 - Retention in employment;
 - Promotion; or
 - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

Legal Notices

E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

Legal Notices

Family Medical Leave Act (FMLA)

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

Benefits & Protections

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Legal Notices

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

Benefits for 2022 - 2023

Contact Information

Carrier Name	Website	Email	Phone Number
Anthem Blue Cross	www.anthem.com	providercontractadmin@anthem.com	(866) 687-6537
The Guardian Life Insurance Company of America	www.guardianlife.com	quoteguardian@glic.com	(888) 482-7342
Voya Financial	www.voya.com		1-800-548-6001
CAPTRUST	www.captrust.com		(800) 926-0494
Diocese of Gary Benefits Coordinator	www.dioceseofgary.org	rgreen@dcgary.org	(219) 769-9292





The Roman Catholic Diocese of Gary