



July 1, 2023 – June 30, 2024 Benefit Guide

Active Employees

**AN OVERVIEW OF THE 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***

Benefits for 2023 - 2024

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 2023 - 2024 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.

Who do I contact?

YOUR MEYERS GLAROS TEAM



Mindy Siedentopf

mindy.siedentopf@meyersglaros.com

219.292.7271

primary contact for day-to-day service support, billing, enrollment, and claim issues



Brittney Marciniak

brittney.marciniak@meyersglaros.com

219.206.1877

contact in Mindy's absence



Matt Glaros

matt.glaros@meyersglaros.com

219.206.1858

DIOCESE OF GARY BENEFITS COORDINATOR –
RACHEL GREEN

Phone | 219.769.9292

Email | rgreen@dcgary.org

ANTHEM – MEDICAL

Phone | 833.578.4441

Portal | www.anthem.com

EXPRESS SCRIPTS – PRESCRIPTION DRUGS

Phone | 800.987.8680

Portal | www.express-scripts.com

GUARDIAN – DENTAL, VISION, LIFE &
DISABILITY

Phone | 800.424.0472

Portal | www.guardiananytime.com

GUARDIAN – EMPLOYEE ASSISTANCE
PROGRAM (EAP)

Phone | 800.386.7055

Portal | worklife.uprisehealth.com

Access Code | worklife

VOYA FINANCIAL – 403(b)

Phone | 800-584-6001

Portal | www.voyaretirementplans.com

219.865.6447

meyers glaros

MeyersGlaros.com

Benefits for 2023 - 2024

Overview of Benefits

Eligibility

If you're a full-time employee at 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.

Changes and Qualifying Events

Any open enrollment changes will be effective July 1, 2023 and will last until June 30, 2024 unless you terminate employment or have a qualifying event.

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.
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

Medical

Benefits for 2023 - 2024

	ANTHEM IN-NETWORK BENEFITS	OUT OF NETWORK BENEFITS
Calendar Year Deductibles	\$1,150 per person \$2,300 per family	\$1,500 per person \$3,000 per family
Preventive Care	\$25 Copay	Deductible then you pay 30%
Office Visit	\$25 Copay	Deductible then you pay 30%
Diagnostic X-Rays, Blood Work	Anthem pays 100%	Deductible then you pay 30%
CT, PET Scan, MRI	Deductible then you pay 10%	Deductible then you pay 30%
Outpatient Procedure	Deductible then you pay 10%	Deductible then you pay 30%
Inpatient Visit	Deductible then you pay 10%	Deductible then you pay 30%
Emergency Room	\$100 Copay	\$100 Copay
Urgent Care	\$50 Copay	\$50 Copay
Rx (30 Day Supply)	\$10 / \$30 / \$45 Copays	Not Covered
Rx (90 Day Supply)	\$25 / \$75 / \$112.50 Copays	Not Covered
Calendar Year Out-of- Pocket Max	\$3,000 per person \$6,000 per family	\$5,000 per person \$10,000 per family

PER MONTH PREMIUMS	
Employee	\$35
Employee + 1	\$465
Employee + 2 or More	\$935



Say hi to Sydney

Anthem's new app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits — personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

Get started with Sydney
Download the app today!



Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our chatbot
- View and use digital ID cards

Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

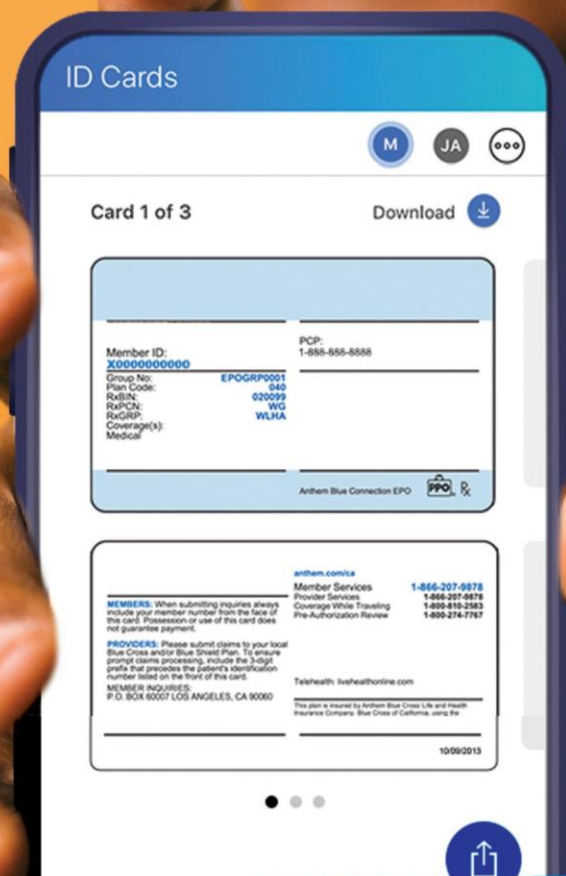
Choose digital for your member ID card

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 plans are available on request from member services or can be obtained by going to anthem.com/co/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 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. In New Hampshire: Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT 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., dba 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: Community 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 POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees 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 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.

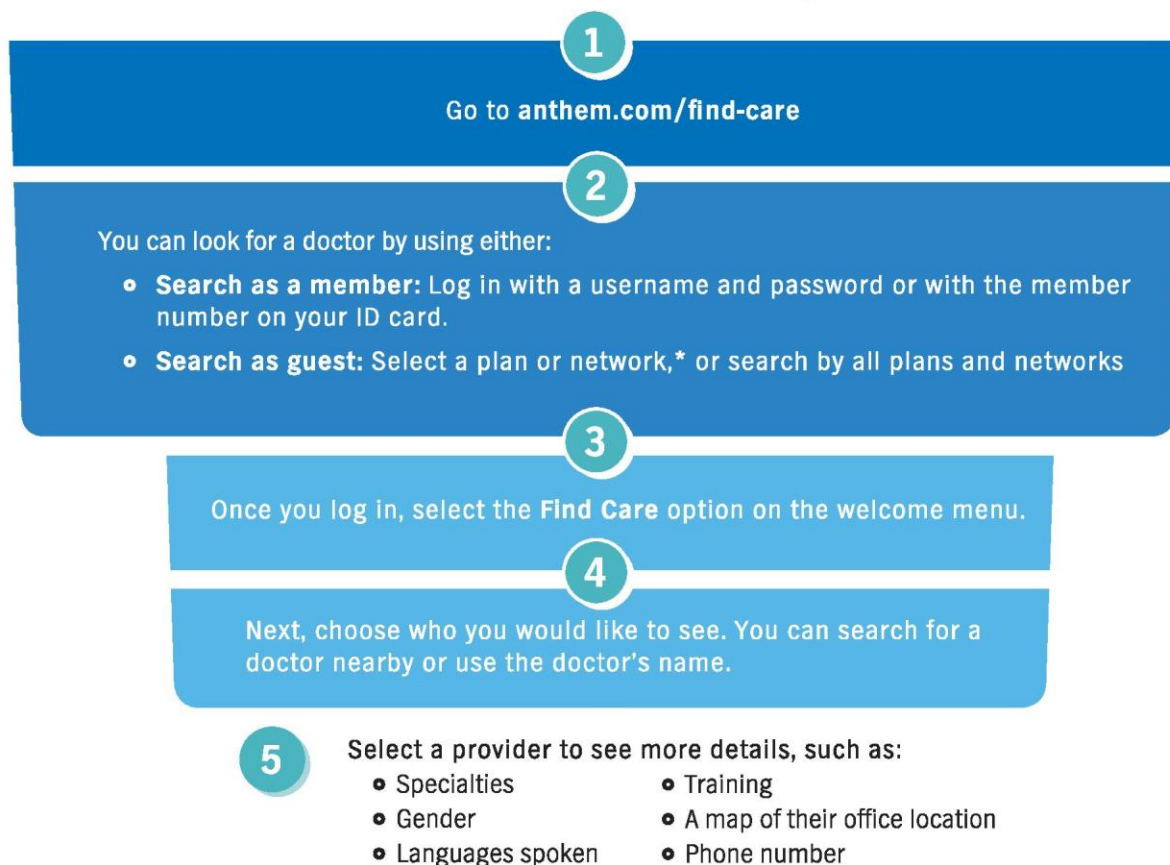
Are you looking for a doctor?

It's easy to find one online

The right doctor can have a positive impact on your health and well-being. Choosing one in your plan can save you money as well. The **Find Care** tool helps you locate doctors, dentists, eye care professionals, hospitals, labs, and other health care providers in your plan. If you decide to see a doctor outside your plan, your costs will be higher and your care may not be covered. Therefore, it is a good idea to learn how this convenient tool can help you find care.



How to find a doctor near you:



Health information that goes where you go

The **Sydney Health app** makes it easy to find information about your plan benefits wherever you are. The app keeps everything you need to know about your plan personalized and in one place. Download the app today.

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

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With you every step of the way

Emotional Well-being Resources offer help when you need it

Your emotional health is an important part of your overall health. With Emotional Well-being Resources, administered by Learn to Live, you can receive support to help you and your household live your happiest, healthiest lives.

Built on the proven principles of Cognitive Behavioral Therapy (CBT), our digital tools are available anywhere, anytime. They can help you identify thoughts and behavior patterns that affect your emotional well-being – and work through them. You'll learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues.

Change your mind. Change your life.™

Take a quick assessment to find the program that's right for you. To access our Emotional Well-being Resources:

Log in to **anthem.com**, go to **My Health Dashboard**, choose **Programs**, and select **Emotional Well-being Resources**.

Effective: 1/1/22

A wealth of resources at your fingertips



Personalized, one-on-one coaching

Team up with an experienced coach who can provide support and encouragement by email, text, or phone.



Build a support team

Add friends or family members as "Teammates." They can help you stay motivated and accountable while you work through programs.



Practice mindfulness on the go

Receive weekly text messages filled with positivity, quick tips, and exercises to improve your mood.



Live and on-demand webinars

Learn how to improve mental well-being with useful tips and advice from experts.



Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an education program and should not be considered medical treatment.

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Get the support you need to feel your best

ConditionCare

Take control of your health today

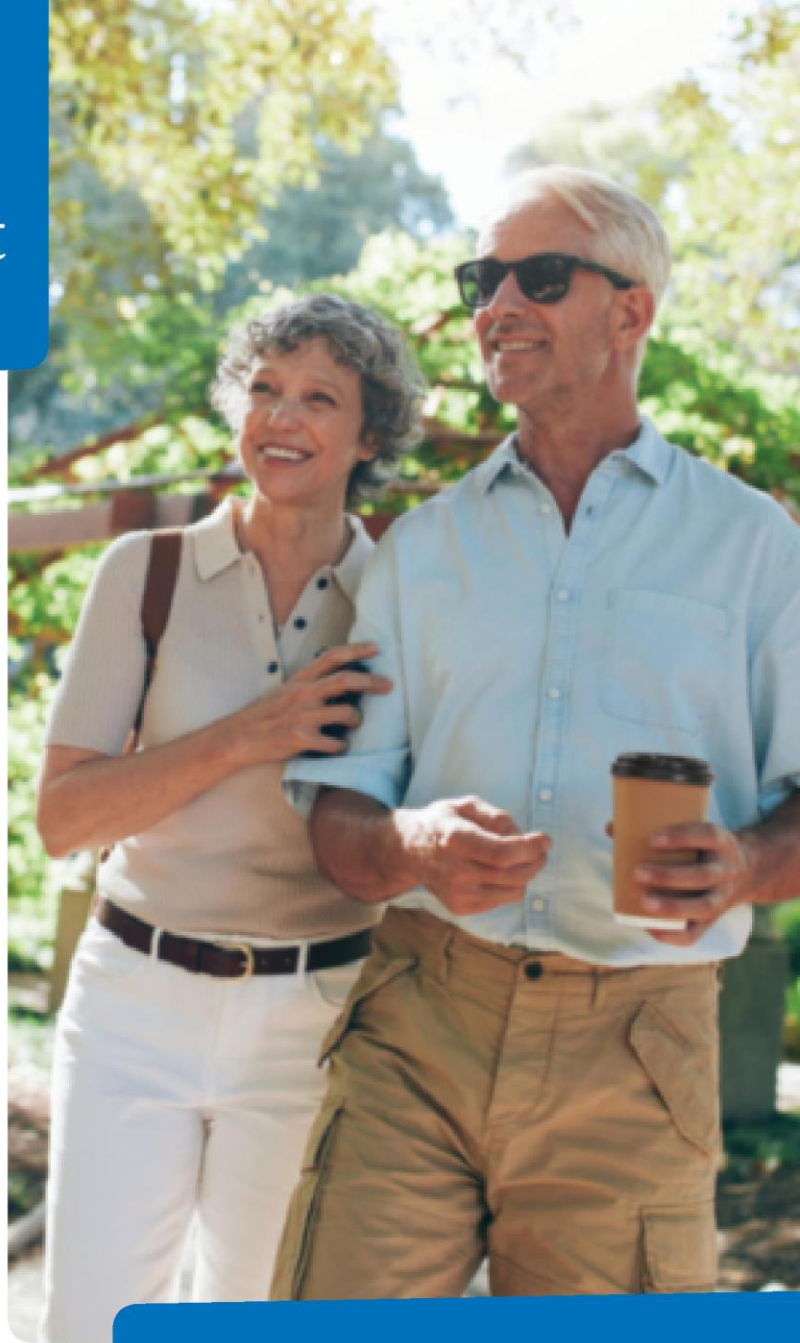
A little help can make a big difference when you or a family member has:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Type 1 or 2 diabetes (pediatric or adult)
- Heart failure

That's where ConditionCare comes in. This no-cost health and wellness program provides:

- 24/7, toll-free phone access to nurses who can answer health questions.
- Support from nurse care managers, dietitians and other health care professionals to help you reach your health goals.
- Educational guides, electronic newsletters and tools to help you learn more about your condition(s).

You might get a call from us to see if ConditionCare is a good fit for your needs. Before discussing your health on the phone, we'll verify your address or date of birth to be sure we're speaking only with you and protecting your privacy. Any information you share will be kept confidential.



You're never alone with ConditionCare

For more details or to join ConditionCare, call us toll free at 866-962-0963.



MEET *Holly.*



Make the most of your benefits.

We've all been there. You're sick, your kids are sick...but where do you go? What on *earth* is a deductible? And wait...you're telling me my old doctor *isn't* in my network? Holly is here to educate you on all things benefits so you can stop stressing and start focusing on the important things in life!

Holly's [FAQ].

What sort of content will Holly send me?

Holly will share short, fun-to-watch videos via text or email (your choice!) so you can learn how to maximize your benefits. Occasionally, you may be asked to answer a question or complete a poll.

What will Holly cover?

Holly's videos cover topics like insurance knowledge and terminology, preventative care, wellness, lifestyle, and more. Basically, all the stuff from that lengthy packet you get each year (but never actually read).

How much time will this take?

Less time than it takes to make a cup of coffee. Each video is under 2 minutes long!

What's in it for me?

You're going to uncover opportunities to maximize your benefits, save money, and get the most out of the coverage you're already paying for.

Do I need to log in to watch the videos?

Nope! No login required.

Are these messages safe?

Absolutely. As part of the Holly process, your IT department will vet our messages to ensure our links are safe to click.

Dental

Benefits for 2023 - 2024

How to Find a Provider – Go to www.Guardianlife.com.
Click Find a Provider and use the DentalGuard Preferred Network.

IN NETWORK BENEFITS	GUARDIAN LOW PLAN	GUARDIAN HIGH PLAN
Calendar Year Deductible	None	\$50 per person \$150 per family
Preventive Care (Exams, Cleanings, X-Rays)	Guardian pays 100%	Guardian pays 100%
Basic Procedures (Fillings, Simple Extractions)	Deductible then you pay 20%	Deductible then you pay 50%
Major Procedures (Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures)	Deductible then you pay 50%	Deductible then you pay 50%
Orthodontia Children under age 19	Not Covered	\$1,000 Lifetime Max Per Child You pay 50%
Calendar Year Maximum Benefit	\$1,000 per person	\$1,000 per person

OUT OF NETWORK BENEFITS

You do have benefits for services performed by dentists out of the Guardian network. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be greater.

MONTHLY PREMIUMS	LOW PLAN	HIGH PLAN
Employee	\$19.83	\$30.18
Employee + 1	\$39.68	\$59.25
Employee + 2 or More	\$51.58	\$90.54

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,000 Maximum claims reimbursement	\$500 Claims amount that determines rollover eligibility	\$250 Additional dollars added to a plan's annual maximum for future years	\$350 Additional dollars added if only in-network providers were used during the benefit year	\$1,000 The limit that cannot be exceeded within the maximum rollover account



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

* This example has been created for illustrative purposes only.
 ** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.
 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.

Vision

Benefits for 2023 - 2024

IN-NETWORK BENEFITS	GUARDIAN DAVIS NETWORK
Vision Exam Benefit	\$10 Copay Once Every Calendar Year
Materials Benefit	\$25 Copay
Lenses – Single, Lined Bifocal, Lined Trifocal, Lenticular	Covered in Full after Materials Copay Once Every Calendar Year
Frames	\$130 Allowance 20% Discount on overage Once Every Calendar Year
Contact Lenses – in lieu of Glasses	\$130 Allowance for Elective Lenses Covered in Full for Medically Necessary Once Every Calendar Year

OUT OF NETWORK BENEFITS

You do have benefits for services performed by vision providers outside of the Davis Vision network. If you choose a provider who does not participate in the network, your out-of-pocket expenses may be greater.

MONTHLY PREMIUMS

Employee	\$6.83
Employee + Spouse	\$13.24
Employee + Child(ren)	\$13.86
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.

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).

Disability

Benefits for 2023 - 2024

	Short-Term Disability	Long-Term Disability
Coverage amount	60% of salary to maximum \$1000/week	60% of salary to maximum \$5000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	13 weeks	Lesser of 2 years or to age 70
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1000 in coverage	We Guarantee Issue \$5000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation	3 months look back; 12 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes	Yes
Survivor benefit: Additional benefit payable to your family if you die while disabled.	No	3 months

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for mental health and substance abuse.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

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

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America
ROMAN CATHOLIC DIOCESE OF GARY
ALL ELIGIBLE EMPLOYEES

Kit created 03/29/2022
Group number: 00035349

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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

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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.

Life Insurance

Benefits for 2023 - 2024

Dearborn Basic 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. Catholic 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.

Catholic 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!

Guardian Voluntary Term Life Insurance

Employee Benefit Amount	Employees can choose different amounts of coverage between the minimum and maximum benefit amount. See plan documentation 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 100% of Employee's amount
Spouse Guarantee Issue	\$25,000
Dependent Benefit	\$2,000 to \$10,000 in \$2,000 increments, not to exceed 100% 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	\$28.62
\$20,000		\$2.28	\$2.36	\$3.00	\$4.10	\$6.10	\$9.72	\$15.48	\$57.24
\$30,000		\$3.42	\$3.54	\$4.50	\$6.15	\$9.15	\$14.58	\$23.22	\$85.86
\$40,000		\$4.56	\$4.72	\$6.00	\$8.20	\$12.20	\$19.44	\$30.96	\$114.48
\$50,000		\$5.70	\$5.90	\$7.50	\$10.25	\$15.25	\$24.30	\$38.70	\$143.10
\$60,000		\$6.84	\$7.08	\$9.00	\$12.30	\$18.30	\$29.16	\$46.44	\$171.72
\$70,000		\$7.98	\$8.26	\$10.50	\$14.35	\$21.35	\$34.02	\$54.18	\$200.34
\$80,000		\$9.12	\$9.44	\$12.00	\$16.40	\$24.40	\$38.88	\$61.92	\$228.96
\$90,000		\$10.26	\$10.62	\$13.50	\$18.45	\$27.45	\$43.74	\$69.66	\$257.58
\$100,000		\$11.40	\$11.80	\$15.00	\$20.50	\$30.50	\$48.60	\$77.40	\$286.20
\$110,000		\$12.54	\$12.98	\$16.50	\$22.55	\$33.55	\$53.46	\$85.14	\$314.82
\$120,000		\$13.68	\$14.16	\$18.00	\$24.60	\$36.60	\$58.32	\$92.88	\$343.44
\$130,000		\$14.82	\$15.34	\$19.50	\$26.65	\$39.65	\$63.18	\$100.62	\$372.06
\$140,000		\$15.96	\$16.52	\$21.00	\$28.70	\$42.70	\$68.04	\$108.36	\$400.68
\$150,000		\$17.10	\$17.70	\$22.50	\$30.75	\$45.75	\$72.90	\$116.10	\$429.30
\$160,000		\$18.24	\$18.88	\$24.00	\$32.80	\$48.80	\$77.76	\$123.84	\$457.92
\$170,000		\$19.38	\$20.06	\$25.50	\$34.85	\$51.85	\$82.62	\$131.58	\$486.54
\$180,000		\$20.52	\$21.24	\$27.00	\$36.90	\$54.90	\$87.48	\$139.32	\$515.16
\$190,000		\$21.66	\$22.42	\$28.50	\$38.95	\$57.95	\$92.34	\$147.06	\$543.78
\$200,000		\$22.80	\$23.60	\$30.00	\$41.00	\$61.00	\$97.20	\$154.80	\$572.40
Policy Election Amount									
Spouse									
\$5,000		\$0.57	\$0.59	\$0.75	\$1.03	\$1.53	\$2.43	\$3.87	\$14.31
\$10,000		\$1.14	\$1.18	\$1.50	\$2.05	\$3.05	\$4.86	\$7.74	\$28.62
\$15,000		\$1.71	\$1.77	\$2.25	\$3.08	\$4.58	\$7.29	\$11.61	\$42.93
\$20,000		\$2.28	\$2.36	\$3.00	\$4.10	\$6.10	\$9.72	\$15.48	\$57.24
\$25,000		\$2.85	\$2.95	\$3.75	\$5.13	\$7.63	\$12.15	\$19.35	\$71.55

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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-I-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 dedared or undedared 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-I-R-ADCLI-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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Kit created 03/29/2022

Group number: 00035349

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Employee Assistance Program Overview

Our comprehensive Employee Assistance Program¹, available through Uprise Health, provides you and your family members with confidential, personal and online/web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

Employee assistance program (EAP) consultative services

- **Online modules and coaching** — learn, develop, and practice new skills to improve mental fitness; includes a well-being check, online modules selected specifically for you, and up to 3 coaching sessions
- **Telephonic counseling** — unlimited, 24/7 consultations with master's and doctoral-level counselors
- **Face-to-face counseling** — up to 3 visits per employee/household member per issue, per year
- **Bereavement** — support available through telephonic or face-to-face sessions; online resources available on EAP website
- **EAP website resources** — comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant or email an EAP counselor through the website
- **College planning resources** — expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA

Work/Life assistance and resources

- **Work/Life services** — unlimited 24/7 access to Work/Life specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work and life responsibilities
- **Child and elder care referral** — unlimited telephonic consultation with a Work/Life specialist (part of Work/Life services)
- **Employee discounts** — access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more

- **Webinars, podcasts, articles and FAQs** — various topics available on the EAP website
- **Medical billing negotiation tools** — information and guidance on negotiating medical bills

Legal/financial assistance and resources*

- **Legal consultation** — unlimited telephonic support and free initial 30-minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial consultation** — unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID theft** — free consultation with a trained Fraud Resolution specialist that will assist with ID theft resolution and education; ID theft educational materials available online
- **WillPrep** — online self-service documents available on EAP website; discounted estate planning package options available includes: \$100 attorney assisted will package, \$179 couples will package, \$649 individual trust package, and \$999 couples trust package.
- **Tax consultation** — tax questions only can be answered as part of the Financial Consultation offering
- **Online self-service legal documents** — examples include, but are not limited to living trust, will, power of attorney, deeds

worklife.uprisehealth.com

Access code: worklife

Phone: 1-800-386-7055

24 hour crisis help available. Regular office hours:
Monday-Friday 9 a.m. – 8 p.m. EST

The Guardian Life Insurance Company of America

guardianlife.com

New York, NY

[Future written communications may be in English only]

*Legal/financial assistance & resources services are not available in the state of New York. ¹ The Employee Assistance Program and WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of the Employee Assistance Program or WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program and services. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the Employee Assistance Program or WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer. The Employee Assistance Program and WillPrep Services are not an insurance benefit and may not be available in all states. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. GUARDIAN® and the GUARDIAN G® logo are registered service marks of The Guardian Life Insurance Company of America® and are used with express permission. © Copyright 2022 The Guardian Life Insurance Company of America.

Benefits for 2023 - 2024

403(b)

Voya Financial



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:

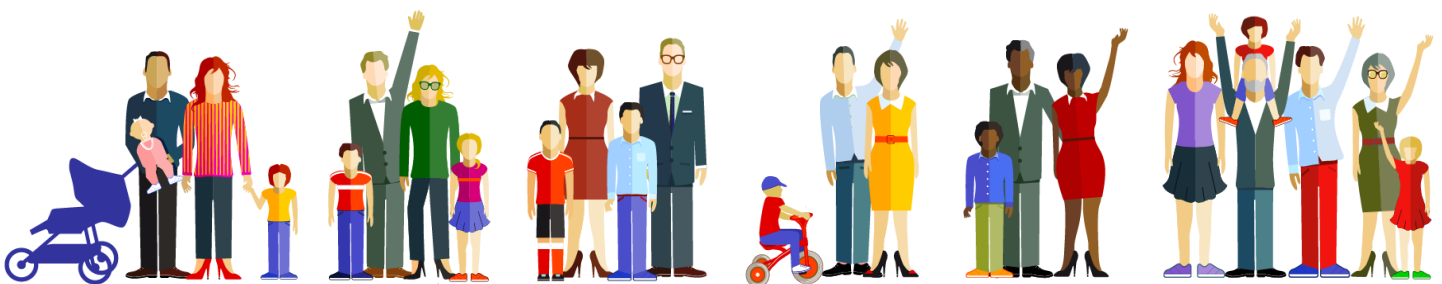
1. Leave their funds to accumulate tax-deferred in the account
2. Take an immediate lump sum withdrawal
3. Take periodic withdrawals

If you meet eligibility requirements, then your employer will make the following matching contributions on your behalf equal to:	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
	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.

If you meet eligibility requirements, then your employer will make the following Matching Contributions on your behalf equal to:	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: www.voyaretirementplans.com to access your Diocese of Gary 403(B) Thrift Plan online information or contact VOYA at 800-584-6001 for assistance.



Welcome to Voya Financial®

Your retirement plan is one of the most important benefits we offer.

Recently, we have chosen Voya® to help us in providing this key benefit. Why? Because we feel that Voya is committed to making it easier for customers to work toward achieving their goals. In fact, Voya is one of the largest providers of retirement solutions – they're a top-tier provider of plans, participants and assets.¹

What's more, Voya has committed to helping you understand and make the best use of this plan!



Keep an eye on your savings with myOrangeMoney®

myOrangeMoney is much more than a picture of your account balance. Voya's award-winning² interactive educational experience lets you set retirement goals and determine how your current plan could translate into estimated monthly retirement income.



Take your goals on the go with the Voya Retire App®

When you download the Voya Retire App,* available through the AppStore® and Google Play, you'll be greeted by your own personalized myOrangeMoney experience. And, from there, you can manage virtually every aspect of your retirement savings from the palm of your hand.



Tomorrow starts today

Voya wants to help make a secure future possible for everyone, so they invite you to start your journey with their Financial Wellness Experience. This interactive experience will help you think about your financial priorities in a comprehensive way and learn how to take meaningful actions.

PLAN
INVEST
PROTECT

VOYA
FINANCIAL



Husk Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

YOUR LANDING PAGE:

Marketplace.huskwellness.com/paretohealth

Click on Activate Benefit to register for the program and unlock your discounts and exclusive offers.

Be sure to use the provided "Eligibility ID" to register. **Eligibility ID: HS00201**

Have questions? Reach out to our Customer Support team at customerservices@huskwellness.com or call 800-294-1500

As part of the HUSK Marketplace program, you are eligible for exclusive discounts on:



GYMS & FITNESS CENTERS

HUSK Marketplace members can access exclusive savings and flexible membership options to a variety of facilities. From national chains to specialty studios, HUSK has something for every workout.



HUSK NUTRITION

HUSK Nutrition provides evidence-based virtual health and nutrition programs. You will meet with a Registered Dietitian who will implement a complete 1-on-1 nutrition program specifically designed to answer your nutrition related questions, meet your health goals, individual needs and busy lifestyle.



HOME EQUIPMENT & TECH

Whatever your fitness level is, HUSK has exclusive equipment and wearable technology to help support you on your wellness journey. Whether you want to monitor an everyday activity or start a new fitness routine, find the best products and deals here.



ON-DEMAND FITNESS

Take advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK's streaming membership options will take your wellness and workouts to the next level.



MENTAL HEALTH

We all need help sometimes. We all go through difficulties and struggles. HUSK Mental Health connects you with licensed therapists through technology. Our therapists empower you through guidance and support using evidence-based practices.

This perk is available to all Employees

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/kihipp.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/la hipp 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 HIPPA 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://dhhr.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.



The Roman Catholic Diocese of Gary