

ARCHDIOCESE OF NEW ORLEANS BENEFITS SUMMARY

<p>Health Insurance <i>Administired by UMR</i></p> <p style="text-align: center;"><i>Choice of 4 plans</i> <i>View Rates in benefitsCONNECT System</i></p> <p style="text-align: center;">Save by seeing Ochnser! <i>Save on copays and deductibles when you see an Ochnser Provider or Hosptial</i></p> <p style="text-align: center;">----</p> <p style="text-align: center;"><i>Save \$5 on Primary Care Visits</i> <i>Save \$10 on Specialist and Urgent Care</i> <i>Save \$100 on hospitalization or surgeries or Save in Deductible</i></p> <p style="text-align: center;"><i>(full summary found within the guide)</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Benefits</th> <th style="text-align: center;">Plan 1 HMO 90</th> <th style="text-align: center;">Plan 2 HMO 80</th> <th style="text-align: center;">Plan 3 POS</th> <th style="text-align: center;">Plan 4 PPO</th> </tr> </thead> <tbody> <tr> <td colspan="5">Office Visit</td> </tr> <tr> <td style="padding-left: 20px;">Primary Care</td> <td style="text-align: center;">\$30</td> <td style="text-align: center;">\$30</td> <td style="text-align: center;">\$20</td> <td style="text-align: center;">\$30</td> </tr> <tr> <td style="padding-left: 20px;">Specialist</td> <td style="text-align: center;">\$45</td> <td style="text-align: center;">\$45</td> <td style="text-align: center;">\$35</td> <td style="text-align: center;">\$45</td> </tr> <tr> <td style="padding-left: 20px;">Urgent Care</td> <td style="text-align: center;">\$45</td> <td style="text-align: center;">\$45</td> <td style="text-align: center;">\$45</td> <td style="text-align: center;">\$45</td> </tr> <tr> <td colspan="5">Deductible</td> </tr> <tr> <td style="padding-left: 20px;">Single / Family</td> <td style="text-align: center;">None / None</td> <td style="text-align: center;">\$750 / \$2,250</td> <td style="text-align: center;">None / None</td> <td style="text-align: center;">\$500 / \$1,500</td> </tr> <tr> <td colspan="5">Out of Pocket</td> </tr> <tr> <td style="padding-left: 20px;">Single / Family</td> <td style="text-align: center;">\$3,250/6,500</td> <td style="text-align: center;">\$4,000/\$8,000</td> <td style="text-align: center;">\$3,000/\$6,000</td> <td style="text-align: center;">\$2,750/\$5,500</td> </tr> <tr> <td colspan="5">Hospitalization</td> </tr> <tr> <td style="padding-left: 20px;">ER</td> <td style="text-align: center;">\$350 Copay</td> <td style="text-align: center;">\$350 Copay</td> <td style="text-align: center;">\$350 Copay</td> <td style="text-align: center;">\$350 Copay</td> </tr> <tr> <td style="padding-left: 20px;">Inpatient</td> <td style="text-align: center;">\$500 Copay</td> <td style="text-align: center;">20% after ded.</td> <td style="text-align: center;">\$200 Copay</td> <td style="text-align: center;">20% after ded.</td> </tr> <tr> <td style="padding-left: 20px;">Outpatient</td> <td style="text-align: center;">\$500 Copay</td> <td style="text-align: center;">20% after ded.</td> <td style="text-align: center;">\$200 Copay</td> <td style="text-align: center;">20% after ded.</td> </tr> <tr> <td colspan="5">Rx</td> </tr> <tr> <td style="padding-left: 20px;">Deductible</td> <td style="text-align: center;">\$100/\$200</td> <td style="text-align: center;">\$250</td> <td style="text-align: center;">\$100/\$200</td> <td style="text-align: center;">\$100/\$200</td> </tr> <tr> <td style="padding-left: 20px;">Generic</td> <td style="text-align: center;">\$7</td> <td style="text-align: center;">\$7</td> <td style="text-align: center;">\$7</td> <td style="text-align: center;">\$7</td> </tr> <tr> <td style="padding-left: 20px;">Brand Preferred</td> <td style="text-align: center;">\$30</td> <td style="text-align: center;">\$30</td> <td style="text-align: center;">\$30</td> <td style="text-align: center;">\$30</td> </tr> <tr> <td style="padding-left: 20px;">Brand Non-Prefer</td> <td style="text-align: center;">\$70</td> <td style="text-align: center;">\$70</td> <td style="text-align: center;">\$70</td> <td style="text-align: center;">\$70</td> </tr> <tr> <td style="padding-left: 20px;">Specialty</td> <td style="text-align: center;">10%</td> <td style="text-align: center;">10%</td> <td style="text-align: center;">10%</td> <td style="text-align: center;">10%</td> </tr> </tbody> </table>	Benefits	Plan 1 HMO 90	Plan 2 HMO 80	Plan 3 POS	Plan 4 PPO	Office Visit					Primary Care	\$30	\$30	\$20	\$30	Specialist	\$45	\$45	\$35	\$45	Urgent Care	\$45	\$45	\$45	\$45	Deductible					Single / Family	None / None	\$750 / \$2,250	None / None	\$500 / \$1,500	Out of Pocket					Single / Family	\$3,250/6,500	\$4,000/\$8,000	\$3,000/\$6,000	\$2,750/\$5,500	Hospitalization					ER	\$350 Copay	\$350 Copay	\$350 Copay	\$350 Copay	Inpatient	\$500 Copay	20% after ded.	\$200 Copay	20% after ded.	Outpatient	\$500 Copay	20% after ded.	\$200 Copay	20% after ded.	Rx					Deductible	\$100/\$200	\$250	\$100/\$200	\$100/\$200	Generic	\$7	\$7	\$7	\$7	Brand Preferred	\$30	\$30	\$30	\$30	Brand Non-Prefer	\$70	\$70	\$70	\$70	Specialty	10%	10%	10%	10%
Benefits	Plan 1 HMO 90	Plan 2 HMO 80	Plan 3 POS	Plan 4 PPO																																																																																												
Office Visit																																																																																																
Primary Care	\$30	\$30	\$20	\$30																																																																																												
Specialist	\$45	\$45	\$35	\$45																																																																																												
Urgent Care	\$45	\$45	\$45	\$45																																																																																												
Deductible																																																																																																
Single / Family	None / None	\$750 / \$2,250	None / None	\$500 / \$1,500																																																																																												
Out of Pocket																																																																																																
Single / Family	\$3,250/6,500	\$4,000/\$8,000	\$3,000/\$6,000	\$2,750/\$5,500																																																																																												
Hospitalization																																																																																																
ER	\$350 Copay	\$350 Copay	\$350 Copay	\$350 Copay																																																																																												
Inpatient	\$500 Copay	20% after ded.	\$200 Copay	20% after ded.																																																																																												
Outpatient	\$500 Copay	20% after ded.	\$200 Copay	20% after ded.																																																																																												
Rx																																																																																																
Deductible	\$100/\$200	\$250	\$100/\$200	\$100/\$200																																																																																												
Generic	\$7	\$7	\$7	\$7																																																																																												
Brand Preferred	\$30	\$30	\$30	\$30																																																																																												
Brand Non-Prefer	\$70	\$70	\$70	\$70																																																																																												
Specialty	10%	10%	10%	10%																																																																																												
<p>Voluntary Dental <i>Administered by Guardian</i> <i>Choice of 2 plans</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Coverage</th> <th style="text-align: center;">Low Plan</th> <th style="text-align: center;">High Plan</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td style="text-align: center;">\$14.10</td> <td style="text-align: center;">\$28.09</td> </tr> <tr> <td>Employee + 1</td> <td style="text-align: center;">\$27.79</td> <td style="text-align: center;">\$54.41</td> </tr> <tr> <td>Employee + 2 or More</td> <td style="text-align: center;">\$51.93</td> <td style="text-align: center;">\$95.20</td> </tr> </tbody> </table>	Coverage	Low Plan	High Plan	Employee Only	\$14.10	\$28.09	Employee + 1	\$27.79	\$54.41	Employee + 2 or More	\$51.93	\$95.20	<ul style="list-style-type: none"> • High Plan \$50 Individual / \$150 Family Calendar Year Deductible/ \$1,250 Annual Max 100% Preventive / 80% Basic / 50% Major / 50% Orthodontia • Low Plan \$50 Individual / \$150 Family Calendar Year Deductible / \$1,250 Annual Max 100% Preventive / 80% Basic / Major and Orthodontia Not Covered <p>Guardian offers a rollover benefit. If you meet \$600 in claims in Year 1, Guardian will allow you to rollover \$300 to the following year.</p>																																																																																			
Coverage	Low Plan	High Plan																																																																																														
Employee Only	\$14.10	\$28.09																																																																																														
Employee + 1	\$27.79	\$54.41																																																																																														
Employee + 2 or More	\$51.93	\$95.20																																																																																														
<p>Voluntary Vision <i>Administered by Guardian (VSP Network)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Coverage</th> <th></th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td style="text-align: center;">\$7.81</td> </tr> <tr> <td>Employee + Spouse</td> <td style="text-align: center;">\$15.60</td> </tr> <tr> <td>Employee + Child(ren)</td> <td style="text-align: center;">\$17.16</td> </tr> <tr> <td>Employee + Family</td> <td style="text-align: center;">\$25.03</td> </tr> </tbody> </table>	Coverage		Employee Only	\$7.81	Employee + Spouse	\$15.60	Employee + Child(ren)	\$17.16	Employee + Family	\$25.03	<ul style="list-style-type: none"> • Co-pays: \$10 Vision Examination • Eyeglass lenses covered by \$10 Copay • \$130 Allowance for Frames and Contact Lenses. 																																																																																					
Coverage																																																																																																
Employee Only	\$7.81																																																																																															
Employee + Spouse	\$15.60																																																																																															
Employee + Child(ren)	\$17.16																																																																																															
Employee + Family	\$25.03																																																																																															
<p>Life and AD&D Insurance <i>Administered by Guardian</i> <i>Employer Paid</i></p>	<ul style="list-style-type: none"> • 2 ½ times employee's annual salary up to maximum of \$200,000 • Age reductions apply to Age 65+ 																																																																																															
<p>Voluntary Life Insurance <i>Election Available in Increments \$25,000</i> <i>Employee & Spouse: Age Rated (See Rate Sheets)</i></p>	<ul style="list-style-type: none"> • Employee <ul style="list-style-type: none"> ○ \$150,000 Guaranteed Issue Amount for New Hires • Spouse – \$25,000 Guaranteed Issue Amount • Children – \$10,000 																																																																																															
<p>Short & Long Term Disability <i>Employer Paid</i></p>	<ul style="list-style-type: none"> • Short Term: 60% of Weekly Salary to a maximum of \$1,000 per week 30 Day Wait Period / 9 Week Benefit Period • Long Term: 60% of Monthly Salary to a maximum of \$4,000 per month 90 Day Wait Period / Normal Social Security Retirement Age (65) Benefit Period 																																																																																															
<p>Voluntary Critical Illness & Accident <i>Available to Employee, Spouse, Children</i></p>	<ul style="list-style-type: none"> • Critical Illness & Cancer: \$10,000 or \$20,000 Policy Pays cash benefits in the event of a critical illness such as cancer, stroke, heart attack, Alzheimer's, Parkinson's, Downs Syndrome, Etc. • Accident Pays cash benefits for treatments due to accident 																																																																																															

