



Archdiocese of San Antonio

# 2023-2024 BENEFITS INFORMATION GUIDE

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*Understanding your Options*



# HELLO!

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## Welcome to your 2023-2024 Benefits Information Guide

At the Archdiocese of San Antonio, we understand the importance of a well-rounded benefits program and are dedicated to providing you with unique benefits that meet the needs of you and your family. We are proud to offer a range of plans that help protect you in the case of illness or injury. This Benefits Information Guide is a comprehensive tool to help you become familiar with the plans and programs that you and your family can enroll in for the plan year (July 1, 2023 through June 30, 2024).

### GETTING STARTED 2

- # Benefits Bird's Eye View
- # Enrollment

### YOUR HEALTH 8

- # Medical
- # Prescription Drug Coverage
- # Voluntary Dental Plan
- # Voluntary Vision Plan

### LIFE 30

- # Basic Life and AD&D

### DISABILITY 31

- # Voluntary Short & Long Term Disability

### EMPLOYEE ASSISTANCE PROGRAM (EAP) 33









### PENSION PLAN OVERVIEW 35

### ADDITIONAL RESOURCES 37

- # Cost Breakdown
- # Directory & Resources
- # Plan Guidelines and Evidence of Coverage

# BENEFITS BIRD'S EYE VIEW

At the Archdiocese of San Antonio, we offer a range of options to fit your lifestyle.

BENEFIT	VENDOR
 <b>Medical</b>	<ul style="list-style-type: none"> <li>• Blue Cross Blue Shield of Texas</li> </ul>
 <b>Telemedicine</b>	<ul style="list-style-type: none"> <li>• MDLive</li> </ul>
 <b>Prescription Drug</b>	<ul style="list-style-type: none"> <li>• Prime Therapeutics/Accredo</li> </ul>
 <b>Voluntary Dental</b>	<ul style="list-style-type: none"> <li>• Guardian</li> </ul>
 <b>Voluntary Vision</b>	<ul style="list-style-type: none"> <li>• Avesis</li> </ul>
 <b>Basic Life and AD&amp;D</b>	<ul style="list-style-type: none"> <li>• Guardian</li> </ul>
 <b>Voluntary Short and Long Term Disability</b>	<ul style="list-style-type: none"> <li>• Lincoln Financial Group</li> </ul>
 <b>Employee Assistance Program (EAP)</b>	<ul style="list-style-type: none"> <li>• ComPsych/Lincoln Financial</li> </ul>

GETTING STARTED

## ENROLLMENT

### Do I have to Enroll?

You can obtain health insurance through our benefits program or purchase coverage elsewhere. For information regarding Health Care Reform please visit [www.cciio.cms.gov](http://www.cciio.cms.gov).

You may elect to “waive” medical, dental or vision coverage if you have access to coverage through another plan. It is important to note that if coverage is waived, the next opportunity to enroll in our group benefit plans would be during the next open enrollment or if a qualifying life event occurs.

### Who can Enroll?

If you are full-time status (30 hours minimum per week), you are eligible to participate in the benefits program. Eligible employees may also choose to enroll family members, including a legal spouse and/or eligible children.

### When Does Coverage Begin?

Your enrollment choices remain in effect through the end of the benefits plan year, (July 1, 2023 through June 2024). Benefits for eligible new hires or new eligible will commence as outlined below:

## ELIGIBILITY DATE

Lay employees: 1st of the month after date of hire or 1st of the month after the date you become a full time eligible employee

## BENEFIT PLAN

- Medical, Dental, Vision, Life, Disability, EAP

### TIP

**If you miss the enrollment deadline, you may not enroll in a benefit plan unless you have a qualifying life event during the plan year. Please review details on IRS qualified change in qualifying life events for more information.**

# QUALIFYING LIFE EVENT



## If Your Needs Change During the Year

If you have a qualifying life event as defined by the IRS, you are permitted to make changes to your benefits outside of the open enrollment period. You must submit your request for benefit changes and must upload acceptable documentation within 30 days of the date the qualifying life event occurred, examples include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a dependent
- You or your spouse's loss or gain of coverage through our organization or another employer

If your change during the year is a result of the loss of eligibility or enrollment in Medicaid, Medicare or state health insurance programs, you must submit the request for change within 60 days.

**All qualifying life event changes must be submitted by employee through the Paylocity self-service portal within 30 days of the date the qualifying life event occurred.**

## Acceptable Documentation for a Qualifying Life Event

### Birth, adoption and legal guardianship

- Birth certificate or application for a birth certificate
- Adoption record or placement for adoption
- Legal guardianship document
- Court order or child support order

### Marriage

- Marriage license (include proof of coverage for at least one, subscriber or spouse)

### Loss of employer-sponsored group coverage

- Letter or document from employer stating the employer changed, dropped or will drop coverage or benefits for the employee, spouse or dependent, including the date coverage ended or will end
- Letter from health insurance company showing coverage termination date
- COBRA documentation showing length of coverage with beginning and end dates

### Divorce or legal separation

- Divorce or annulment papers including the ending of health care responsibility and proof of prior qualifying health coverage within the last 60 days

### Death of policyholder

- Death certificate or public notice of death and proof of prior qualifying health coverage within the last 60 days

### Turning age 26 and aging off parent's plan

- Proof of prior qualifying health coverage within the last 60 days

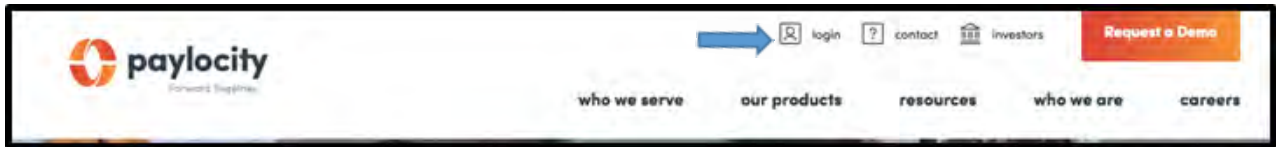
### Loss of Medicaid

- Documentation from Department of Health and Human Services indicating the reason for loss and when coverage ended or will end
- Letter from Medicaid or Children's Health Insurance Plan (CHIP) stating when coverage ended or will end



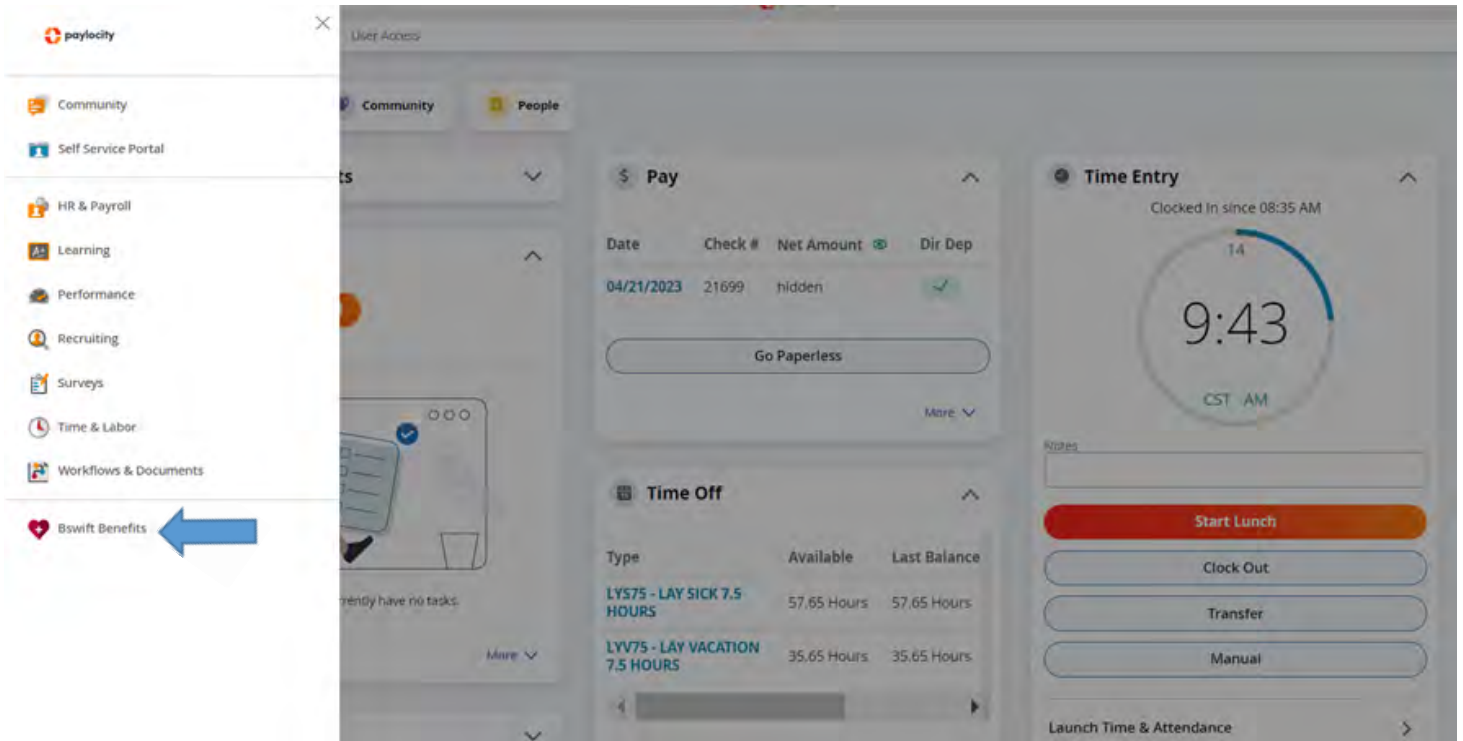
## Enrolling in Benefits through your Paylocity Account

1. Go to [www.Paylocity.com](http://www.Paylocity.com) and log-into your self-service portal - using the same username and password used for onboarding. Please obtain company ID from your Payroll Administrator or Manager/Supervisor.

A screenshot of the Paylocity login page. It features the Paylocity logo and a "Help" link at the top. The main heading is "Welcome". Below this are input fields for "Company ID", "Username", and "Password". A "Remember My Username" checkbox is located below the password field. There is a "Show" icon next to the password field. Two login buttons are provided: an orange "Login" button and a white "Single Sign-On Login" button. At the bottom, there are links for "Download on the App Store" and "GET IT ON Google Play", along with "Privacy Policy" and "Register New User" links.



## 2. Click the “Bswift Benefits” Tab

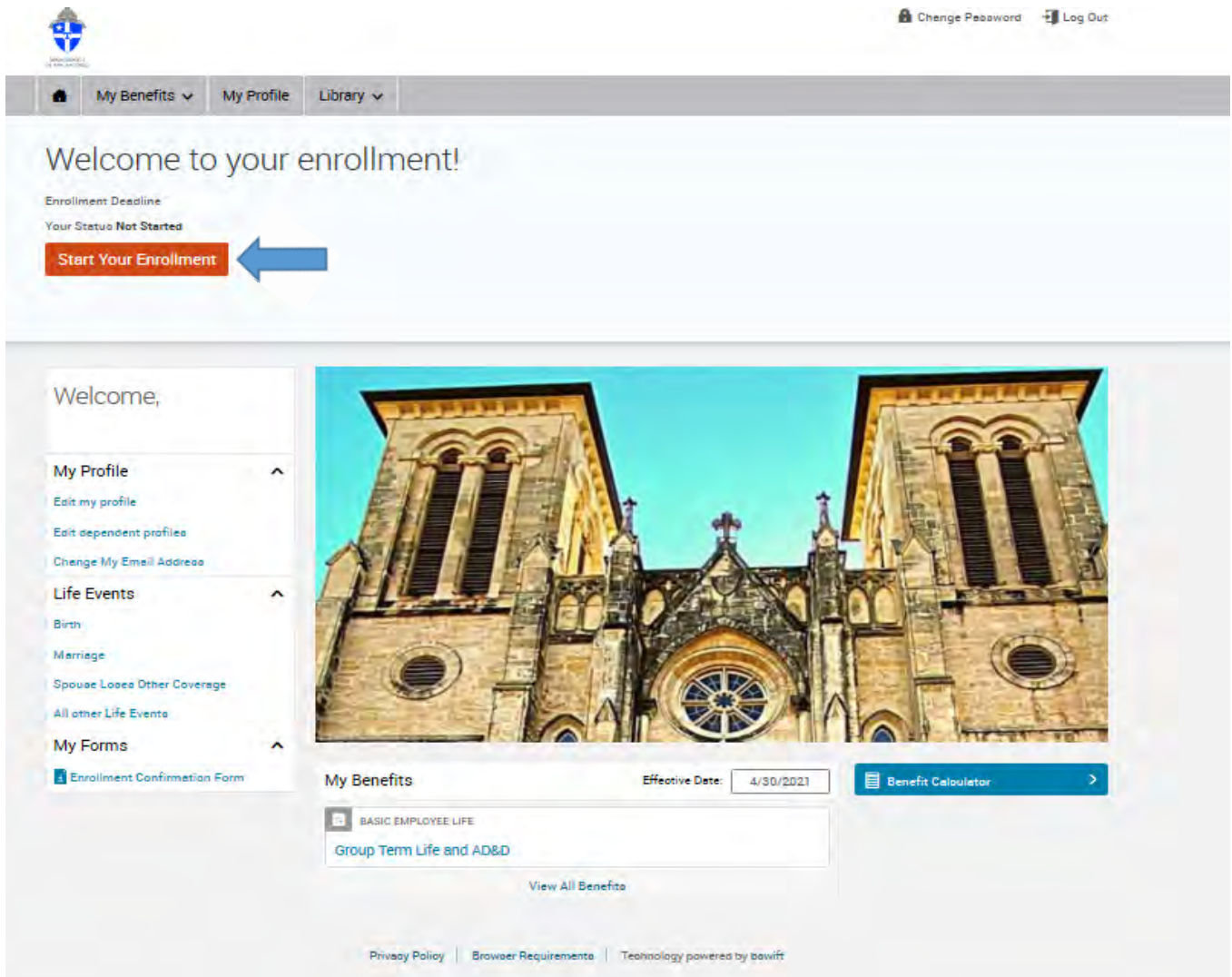


*Note - Be sure to view the Benefit Guide that provides details of all the benefit information found in the company tab in the employee self-service portal.*





This is what your Bswift Homepage looks like



4. From your Bswift homepage, you will start your enrollment

**Email [HR@archsa.org](mailto:HR@archsa.org) with any questions or issues.**  
**Be sure to type "ENROLLMENT" in the subject line.**



## MEDICAL

Archdiocese of San Antonio offers two PPO plans which will offer you quality care, comprehensive coverage, and the ability to utilize the BlueChoice Network.

These PPO plans let you choose any provider you want each time you need care. There are no requirements to choose a primary physician (PCP) to coordinate your care. However, network providers have contracted with BlueCross BlueShield to provide services at a reduced rate. When you use the providers in the network, your out of pocket expenses are kept to a minimum. When you use non-network providers, your out of pocket expenses are higher.

For information on participating providers in your area, please go to [www.bcbstx.com](http://www.bcbstx.com)



## PLAN HIGHLIGHTS

## BLUE PLAN

## SILVER PLAN

	In-network	Out-of-network	In-network	Out-of-network
<b>Annual Calendar Year Deductible</b>	BlueChoice	BlueChoice	BlueChoice	BlueChoice
Individual	\$1,000	\$3,000	\$2,500	\$3,500
Family	\$3,000	\$9,000	\$7,500	\$10,500
<b>Max Calendar Year Out-of-Pocket <sup>(1)</sup></b>				
Individual	\$4,000	\$8,000	\$6,300	\$10,000
Family	\$8,000	\$16,000	\$12,600	\$20,000
<b>Coinsurance</b>	You Pay 20%	You Pay 40%	You Pay 30%	You Pay 50%
<b>Lifetime Maximum</b>				
Individual	Unlimited	Unlimited	Unlimited	Unlimited
<b>Professional Services</b>				
Primary Care Physician (PCP)	\$35 Copay	40% After Deductible	30% After Deductible	50% After Deductible
Specialist	\$50 Copay	40% After Deductible	30% After Deductible	50% After Deductible
Telemedicine	\$35 Copay	N/A	30% After Deductible	N/A
Preventive Care Exam	100% Deductible Waived	40% After Deductible	100% Deductible Waived	50% After Deductible
Well-baby Care	100% Deductible Waived	40% After Deductible	100% Deductible Waived	50% After Deductible
Diagnostic X-ray and Lab	100% Deductible Waived	40% After Deductible	30% After Deductible	50% After Deductible
Complex Diagnostics (MRI, CT Scan)	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
Therapy, including Physical, Occupational and Speech (limits apply to number of visits)	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
<b>Hospital Services</b>				
Inpatient	\$100 then 20% After Deductible	\$500 then 40% After Deductible	\$500 then 30% After Deductible	\$1,000 then 50% After Deductible
Outpatient	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
Emergency Room	\$300 plus 20% Deductible Waived	\$300 plus 20% Deductible Waived	\$300 plus 30% After Deductible	\$300 plus 30% After Deductible
Urgent Care	\$75 Copay	40% After Deductible	\$75 Copay	50% After Deductible
<b>Maternity Care</b>				
Physician Services (prenatal)	100% Deductible Waived	40% After Deductible	100% Deductible Waived	50% After Deductible
Hospital Services (includes postpartum care)	\$100 then 20% After Deductible	\$500 then 40% After Deductible	\$500 then 30% After Deductible	\$1,000 then 50% After Deductible
<b>Mental Health &amp; Substance Abuse</b>				
Inpatient	\$100 then 20% After Deductible	\$500 then 40% After Deductible	\$500 then 30% After Deductible	\$1,000 then 50% After Deductible
Outpatient	\$50 Copay	40% After Deductible	30% After Deductible	50% After Deductible
<b>Retail Prescription Drugs</b>				
Deductible (non-generics)	\$0	N/A	\$300 Ind / \$700 Family	N/A
Preferred Generic Drugs	\$10 Copay	Not Covered	\$10 Copay	Not Covered
Preferred Brand Drugs	20% Min \$50/Max \$90	Not Covered	20% After Rx Deductible Min \$50/Max \$90	Not Covered
Non-Preferred Generic and Brand Drugs	40% Min \$70/Max \$110	Not Covered	40% After Rx Deductible Min \$70/Max \$110	Not Covered
Specialty Drugs	20% Preferred Max \$250 30% Non-Preferred Max \$400	Not Covered	20% Preferred Max \$250 30% Non-Preferred Max \$400/After Rx Deductible	Not Covered
<b>Mail Order Prescription Drugs</b>				
Preferred Generic Drugs	\$25 Copay	Not Covered	\$25 Copay	Not Covered
Preferred Brand Drugs	20% Min \$60/Max \$75	Not Covered	20% After Rx Deductible Min \$60/Max \$75	Not Covered
Non-Preferred Generic & Brand	40% Min \$65/Max \$90	Not Covered	40% After Rx Deductible Min \$65/Max \$90	Not Covered
Specialty Drugs	Up to 30 day supply from Specialty Pharmacy	Not Covered	Up to 30 day supply from Specialty Pharmacy	Not Covered

<sup>(1)</sup> Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider. The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

## Get all the advantages your health plan offers



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Texas (BCBSTX) secure member website, Blue Access for Members (BAM<sup>SM</sup>).

### With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one

## It's easy to get started

- 1 Go to [bcbstx.com/member](https://bcbstx.com/member)
- 2 Click Register Now
- 3 Use the information on your BCBSTX ID card to complete the registration process.



\*Text BCBSTXAPP to 33633 to get the BCBSTX App that lets you use BAM while you're on the go.

\*Message and data rates may apply



**BlueCross BlueShield of Texas**

Archdiocese of San Antonio 2023-2024 Benefits Information Guide

## PRESCRIPTION DRUG COVERAGE

Many FDA-approved prescription medications are covered through the benefits program. Important information regarding your prescription drug coverage is outlined below:

- The Prime Therapeutics plan covers preferred generic, preferred brand-name, non-preferred generic brand, and specialty drugs as long as they are in the insurance company's formulary list
- Generic drugs are required by the FDA to contain the same active ingredients as their brand-name counterparts
- A brand-name medication is protected by a patent and can only be produced by one specified manufacturer
- Specialty medications most often treat chronic or complex conditions and may require special storage or close monitoring

## WHY PAY MORE?

There are a few ways you can save money when using the Prescription Drug Plan:



### Mail Order

Save time and money by utilizing a mail order service for maintenance medications. A 90-day supply of your medication will be shipped to you, instead of purchasing a typical 30-day supply at a walk-in pharmacy.



### Shop Around

Some pharmacies, such as those at warehouse clubs or discount stores may offer less expensive prescriptions than others. By calling ahead, you may determine which pharmacy provides the most competitive price.



### Explore Over-the-Counter Options

For common ailments, over-the-counter drugs may provide a less expensive option that serve the same purpose as prescription medications.

**TIP**

### Medical Services Covered in Full

The federal Health Care Reform law now requires insurance companies to cover preventive care services in full, saving you money and helping you maintain your health. Preventive services may include annual check-ups, well-baby and child visits and certain immunizations and screenings.

To confirm that your preventive care services are covered, refer to your plan documents.





# Generic Drugs May Save You Money

They are safe, effective and approved by the FDA. Talk to your doctor to see if using generic drugs is an option for you.

## What is a generic drug?

A generic drug is a version of a brand-name drug and is also approved by the FDA. When compared to the brand-name drug a generic drug is safe and works just as well in the body for most people. But the generic drug often costs less.

## There are two types of generics:

- A **generic equivalent** is made with the same active ingredient(s) at the same dose as the brand-name drug.
- A **generic alternative** is often used to treat the same condition, but the active ingredient(s) differ from the brand-name drug.

Your pharmacist can often fill a prescription with a generic equivalent without a new prescription from your doctor. But only you and your doctor can decide if a generic alternative is right for you. And if right for you, your doctor will need to write your prescription for that medicine.

## You may pay less for generic drugs.

Some benefit plans offered by Blue Cross and Blue Shield of Texas (BCBSTX) use a prescription drug list, which is a list of drugs covered by your plan. If your plan is based on a drug list, how much you pay out-of-pocket for prescription drugs depends on whether the drug is on the list. Your drug list may also have different levels of coverage, called "tiers". When you choose drugs in lower tiers, you may pay less. Generics are often in the lower tiers.

Members whose plan does not include a drug list often pay less out-of-pocket for generic drugs as well.

**Be informed. Talk to your doctor.  
Start saving now.**

## Generics are available for many brand drugs.

Generic alternatives are available for many brand drugs which may not currently have a generic equivalent, including those listed in the chart to the right. If you are taking one of these brand drugs, ask your doctor if a generic is right for you. This may save you money as well.

## Get the most from your pharmacy benefit.

Consider using generic drugs and follow these tips to help you get the most from your benefits:

- Ask your doctor to check the prescription drug list when recommending prescription drug options for you. Drugs on the list are chosen based on their safety, cost and how well they work.
- When you fill a prescription, use a contracting in-network pharmacy and show your member ID card.
- Go to [bcbstx.com](https://www.bcbstx.com) and log into [Blue Access for Members<sup>SM</sup> \(BAM<sup>SM</sup>\)](#) for online pharmacy resources. You can get an estimate of your out-of-pocket cost for a prescription, view your claims history and more.

## What if I have questions?

Ask your doctor or pharmacist about the choices you have and which drug is right for you. As always, treatment decisions are between you and your doctor.

If you have questions about your prescription drug benefit, see your plan materials, visit BAM or call the number on your ID card.



## Examples of Brand Products with Generic Equivalents or Alternatives<sup>1</sup>

Brand Name <sup>2</sup>	Generic Equivalent or Alternative
<b>Acid Reflux Disease/Ulcer</b>	
Aciphex, Dexilant, Nexium, Prevacid, Prilosec, Protonix, Zegerid	lansoprazole, omeprazole, omeprazole/sodium bicarbonate, pantoprazole
<b>Depression</b>	
Celexa, Effexor, Effexor XR, Lexapro, Paxil, Paxil CR, Pristiq, Prozac, Zoloft, Wellbutrin/SR/XL	citalopram, bupropion, bupropion extended release, escitalopram, fluoxetine, fluoxetine delayed release, paroxetine, paroxetine extended release, venlafaxine, venlafaxine extended release
<b>High Cholesterol</b>	
Altoprev, Crestor, Lescol, Lescol XL, Lipitor, Pravachol, Tricor, Vytorin, Zetia, Zocor	atorvastatin, lovastatin, pravastatin, simvastatin
Niaspan	niacin extended release
<b>High Blood Pressure</b>	
Aceon, Altace, Atacand, Atacand HCT, Avalide, Avapro, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Hyzaar, Mavik, Micardis, Micardis HCT, Teveeten, Univasc, Uniretic	benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril, all generic HCT combination products
Catapres-TTS	clonidine
Coreg, Inderal LA, Innopran XL, Toprol XL	atenolol, metoprolol, propranolol, sotalol, timolol
Norvasc	amlodipine, diltiazem, felodipine, isradipine, nicardipine, nifedipine, nimodipine, verapamil
<b>Insomnia</b>	
Ambien, Ambien CR, Edluar, Lunesta, Rozerem, Silenor, Sonata, Zolpimist	zaleplon, zolpidem

1. This list is for example only and is not all-inclusive. Drugs on this list may change from time to time. Not all listed drugs may be covered under all benefit plan designs.

2. Third-party brand names are the property of their respective owners.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association





## Do You Need Specialty Medications?



Blue Cross and Blue Shield of Texas (BCBSTX) supports members who need self-administered specialty medication and helps them manage their therapy. Accredo® is the specialty pharmacy chosen to do just that.<sup>1</sup>

Specialty drugs are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may only be stocked by select pharmacies.

Some specialty drugs must be given by a health care professional, while others are approved by the FDA for self-administration (given by yourself or a care giver). Medications that call for administration by a professional are often covered under your medical benefit plan. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit plan. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Your plan may require you to get your self-administered specialty drugs through Accredo or another in-network pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.<sup>2</sup> Your doctor may also order select specialty drugs that must be given to you by a health professional through Accredo.

# Do You Need Specialty Medications?

## Examples of Self-administered Specialty Medications

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit [bcbstx.com](http://bcbstx.com) to see the up-to-date list of specialty drugs.

Condition	Sample Medications <sup>3</sup>
Autoimmune Disorders	Cosentyx, Enbrel, Humira, Xeljanz
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tarceva
Growth Hormones	Norditropin Flexpro, Nutropin AQ, Omnitrope
Hepatitis C	Daklinza, Eplclusa, Harvoni, Mavyret, Sovaldi, Vosevi
Multiple Sclerosis	Betaseron, Copaxone, Rebif

## Support in Managing Your Condition: Accredo

Accredo carries roughly 99% of specialty drugs, which means you're more likely to get all of your specialty drugs from one pharmacy. Through Accredo, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through Accredo, you get:

- One-on-one counseling from 500+ condition-specific pharmacists and 600+ nurses
- Simple communication, including refill reminders, by your choice of phone, email, text or web<sup>4</sup>
- An online member website to order refills, check order status and track shipments, view order and medication history, set profile preferences and learn more about your condition
- A mobile app that lets you refill and track prescriptions, make payments and set reminders to take your medicine<sup>4</sup>
- Free standard shipping
- 24/7 support

1. Blue Cross and Blue Shield of Texas (BCBSTX) contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

2. The BCBSTX specialty pharmacy network includes Accredo as well as other in-network specialty pharmacies for select specialty drugs. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) account to find an in-network specialty pharmacy near you.

3. Third-party brand names are the property of their respective owners.

4. Not all medicines can be refilled on the app, by text or email.

5. Treatment decisions are between you and your doctor.

Accredo is contracted to provide services for BCBSTX. Accredo is a trademark of Express Scripts Strategic Development, Inc.

## Ordering Through Accredo

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. **To start using Accredo, call 833-721-1619.**

An Accredo representative will work with your doctor on the rest.

Once registered, you can manage your prescriptions on [accredo.com](http://accredo.com) or through the mobile app.

## Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through Accredo. Medications are shipped in plain, secure, tamper-evident packaging.

Before your scheduled fill date, you will be contacted to:

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered<sup>5</sup>
- Discuss any changes in your condition or answer any questions about your health<sup>5</sup>

## One-on-One Support

Accredo has 15 Therapeutic Resource Centers<sup>®</sup> (TRCs), each focused on a specific specialty condition. Through your one-on-one counseling sessions, they'll discuss how to reduce your disease progression and achieve your treatment goals, manage any side effects from your drugs, help you stick to your regimen and monitor your progress. They can also offer support with any financial or insurance concerns you may have.

**Certain coverage exclusions and limits may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the customer service number listed on your ID card with questions.**





## A home delivery (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

### Savings and Convenience

- Express Scripts® Pharmacy delivers up to a 90-day supply of long-term medicines.<sup>1</sup>
- Prescriptions are delivered to the address of your choice, within the U.S., with free standard shipping.
- You can order from the comfort of your home — through your mobile device, online or over the phone. Your doctor can fax, call or send your prescription electronically to Express Scripts® Pharmacy.
- Tamper-evident, unmarked packaging protects your privacy.

### Support and Service

- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at [express-scripts.com/rx](https://www.express-scripts.com/rx) or call **833-715-0942**.
- 24/7 access to a team of knowledgeable pharmacists and support staff.
- Choose to receive refill reminder notices by phone or email.
- Multiple pharmacy locations are located across the U.S., for fast processing and dispensing.



Medicines may take up to 5 business days to deliver after Express Scripts® Pharmacy receives and verifies your order.

# Getting Started with Express Scripts® Pharmacy Mail Order

## Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit [express-scripts.com/rx](https://www.express-scripts.com/rx). Follow the instructions to register and create a profile. See your active prescriptions and/or send your refill order.
- Log in to [myprime.com](https://www.myprime.com) and follow the links to Express Scripts® Pharmacy.

## Over the Phone

Call **833-715-0942**, 24/7, to refill, transfer a current prescription or get started with mail order. Please have your member ID card, prescription information and your doctor's contact information ready.

## Through the Mail

To send a prescription order through the mail, visit [bcbstx.com](https://www.bcbstx.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>). Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts® Pharmacy.

## Talk to Your Doctor

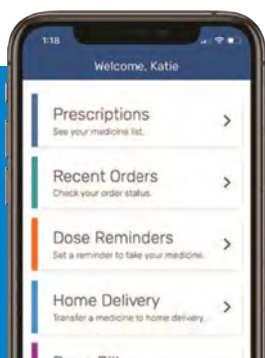
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.<sup>1</sup> You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call **888-327-9791** for faxing instructions or call the pharmacy at **833-715-0942**. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

## Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have Express Scripts® Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

## Questions?

Visit [bcbstx.com](https://www.bcbstx.com). Or call the phone number listed on your member ID card.



## Use the mobile app to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicines and more

1. Prescriptions of up to a 90-day supply, or the most amount allowed by the benefit plan.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Texas. The relationship between Express Scripts® Pharmacy and Blue Cross and Blue Shield of Texas is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSTX to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC. MyPrime.com is an online resource offered by Prime Therapeutics, LLC.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,

a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

54445.0521



# VIRTUAL VISITS

Powered by **MDLIVE**

**Speak with a doctor — anytime, anywhere**

Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or urgent care center. But with your virtual visits benefit, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE, the doctor is in 24/7/365. And you don't have to leave the comfort of your own home.

Virtual visits allow you to consult a doctor for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

**Virtual visits doctors can treat a variety of health conditions, including:**

- Allergies
- Asthma
- Cold/flu
- Ear problems (age 12+)
- Fever (age 3+)
- Nausea
- Pink eye
- Rash
- Sinus infections

**Activate your MDLIVE account or schedule a virtual visit:**

- Go to Blue Access for Members<sup>SM</sup> or [MDLIVE.com/bcbstx](https://MDLIVE.com/bcbstx).
- Download the MDLIVE app from Apple's App Store<sup>SM</sup> or Google Play<sup>TM</sup>.
- Call MDLIVE at **(888) 680-8646**.
- Text **BCBSTX** to **635-483**. (MDLIVE's online assistant Sophie will help you activate your account.)

**Get connected today! To register, you'll need to provide your BCBSTX member ID number.**

## DENTAL PLANS

### Your Dental HMO & PPO Plan

You and your eligible dependents will have the opportunity to enroll in a Dental Health Maintenance Organization (HMO) plan offered by Guardian or a Dental Preferred Provider Organization (PPO) plan offered by Guardian. We encourage you to review the coverage details and select the option that best suits your needs.

### Using the Plan

If you decide to enroll in the **Dental HMO** plan, you and your enrolled eligible dependents must first select a primary care dentist who participates in the Guardian network. To receive benefits in the Dental HMO plan, your dental care must either be provided by or referred to a specialist by your primary care dentist. If you receive services from a provider from any other dentist, you would be responsible for paying the entire dental bill yourself.

The **Dental PPO** plan is designed to give you the freedom to receive dental care from any licensed dentist of your choice. Keep in mind, you'll receive the highest level of benefit from the plan if you select an in-network PPO dentist versus an out-of-network dentist who has not agreed to provide services at the negotiated rate. Additionally, no claim forms are required when using in-network PPO dentists.

To view complete plan summaries, visit [www.guardiananytime.com](http://www.guardiananytime.com).

### PLAN HIGHLIGHTS

### GUARDIAN DENTAL PPO

	In-Network	Out-of-Network
Annual Maximum	\$1,500	\$1,500
Calendar Year Deductible	\$50 Ind./\$150 Family	\$50 Ind./\$150 Family
Preventive	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia Lifetime Maximum	\$1,000	\$1,000
Orthodontia Limit	50% Child(ren) Only	50% Child(ren) Only

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

#### TIP

### Find your Favorite Dentist

It's important to carefully select a dental provider, and based on the plan you enroll in, the best choice for you may vary. To determine whether your dentist is in or out of your insurance network, go to [www.guardiananytime.com](http://www.guardiananytime.com) and search the provider network.





## 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.

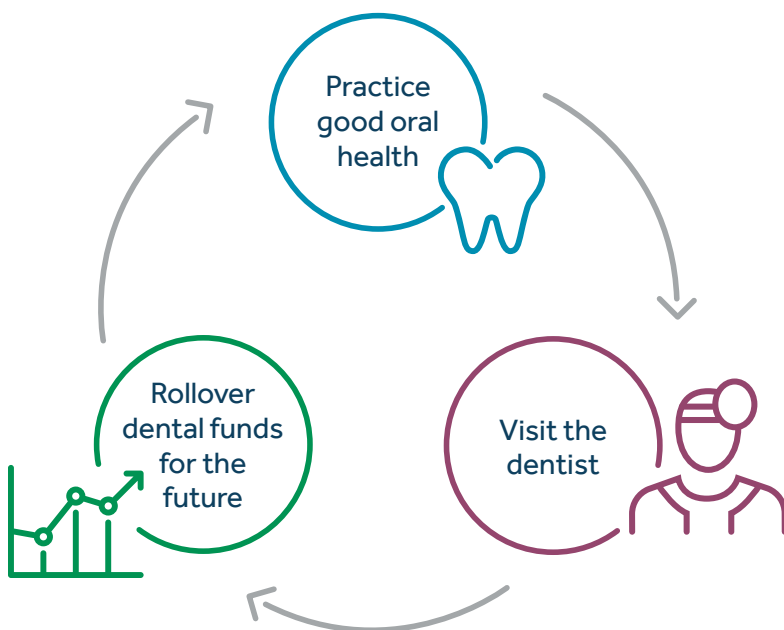
#### Helping employees maintain good health

- 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: \$1,500 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	Maximum Rollover Account Limit
\$1,500	\$700	\$350	\$1,250
Maximum Claims Reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	The Maximum Rollover Account cannot exceed \$1,250

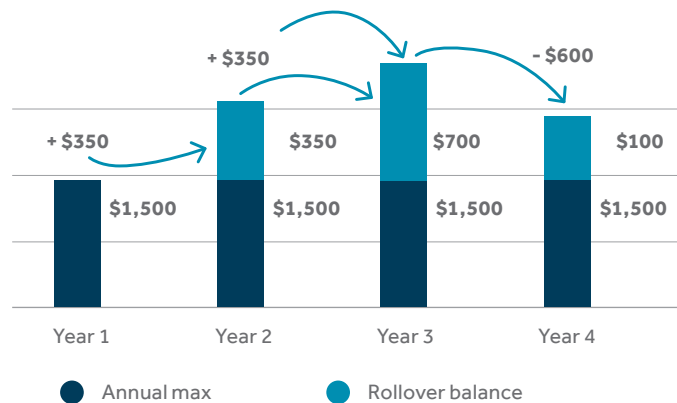
### Sample plan: \$1,500 annual maximum

**Year one:** Jane starts with a \$1,500 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not exceed the \$700 Threshold, she receives a \$350 rollover that will be applied to Year Two.

**Year two:** Jane now has an increased Plan Annual Maximum of \$1,850. This year, she submits \$500 in claims and receives an additional \$350 rollover added to her Plan Annual Maximum.

**Year three:** Jane now has an increased Plan Annual Maximum of \$2,200. This year, she submits \$2,100 in claims. All claims are paid due to the Maximum Rollover Amount accumulated.

**Year four:** Jane’s Plan Annual Maximum is \$1,600 (\$1,250 Plan Annual Maximum + \$100 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](http://guardianlife.com)

2019-85822 (09/21)

\* 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. \*\*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.



## Orthodontia treatment at home

### Your dental plan covers byte® clear aligner therapy

byte®, the at-home, cost-effective invisible orthodontic aligner, will now be offered in-network for Guardian dental plans that include orthodontic benefits. Members can straighten and whiten their teeth from home.

#### Spread the smiles with an affordable option

- At-home impressions of teeth
- Personalized treatment by a licensed orthodontist/dentist
- Custom aligners delivered to your door
- Dentists/orthodontists will track members progress with remote monitoring
- A complimentary retainer following completion of treatment
- Includes premier teeth whitening and lifetime guarantee\*

#### Faster results just waiting to happen

byte straightens teeth 2x faster. HyperByte® uses proven and safe technology that cuts your treatment time in half.\*\*

#### The following example shows the savings on orthodontia treatment for a Guardian member with orthodontic coverage.\*\*\*

byte cost	\$1,895.00
Guardian network discount	\$200.00
Dental plan pays (if orthodontic coverage is 50%)	\$847.50
Member cost	\$847.50



#### It's easy for you to get started:

- Sign up at [go.byte.com/guardian](https://go.byte.com/guardian)
- byte will verify your insurance coverage and provide the necessary information.

Visit [go.byte.com/guardian](https://go.byte.com/guardian) to learn more and get started.

The Guardian Life Insurance  
Company of America  
New York, NY  
[guardianlife.com](https://guardianlife.com)

2020-104046 (06/22)

\* <https://www.byte.com/pages/faq> \*\*<https://orthopracticeus.com/clinical/practice-aligner-therapy-added-high-frequency-vibration/> \*\*\*For illustrative purposes. Savings may differ based on the plan's orthodontic coverage. Example assumes an orthodontic annual maximum of \$1,000 with 50% coinsurance. DentalGuard 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. Policy Form # GP-1-DG2000, et al., GP-1-DEN-16. ©Copyright 2020 The Guardian Life Insurance Company of America (Guardian), New York, NY. GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America® The Guardian Life Insurance Company does not own or operate byte®. Products and services are provided through a third party arrangement between Guardian and byte®. Guardian assumes no responsibility for non-Guardian products or services offered by byte.

## PLAN HIGHLIGHTS

## GUARDIAN DENTAL HMO

	In-Network ONLY
Annual Maximum	Unlimited
Office Visit Copay	\$5
Calendar Year Deductible	\$0
<b>Preventive</b>	<b>Service Fee</b>
Cleaning	\$0
Sealants	\$0
X-rays	\$0
Flouride	\$0
Exams	\$0
<b>Basic Services</b>	<b>Service Fee</b>
Anesthesia	\$98
Fillings, Perio Maintenance (once every 3-6 months)	\$0
Perio Surgery	\$200-\$380
Repair Crowns, Bridges, Dentures	\$0-\$120
Root Canal	\$120-\$220
Surgical Extractions	\$30-\$175
<b>Major Services</b>	<b>Service Fee</b>
Bridges and Dentures	\$443-\$575
Dental Implants	N/A
Single Crowns	\$395
Inlays	\$250-\$400
Onlays	\$250-\$400
Veneers	\$250-\$400
<b>Orthodontia Services</b>	\$1895-\$2195 Adults & Children

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

## TIP

## Find your Favorite Dentist

It's important to carefully select a dental provider, and based on the plan you enroll in, the best choice for you may vary. To determine whether your dentist is in or out of your insurance network, go to [www.guardiananytime.com](http://www.guardiananytime.com) and search the provider network.

If you enroll in the Dental HMO plan you must select a Primary Care Dentist. If you do not select a Primary Care Dentist, one will be assigned to you by Guardian. You can change your primary dentist by contacting Guardian.





## 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](https://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 the Apple or Android Store
- 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

## VISION PLAN

### Your Vision Base Plan and Premium Plan

Vision coverage is offered by Avesis (a Guardian company) as a Preferred Provider Organization (PPO) plan.

### Using the Plan

As with a traditional PPO, you may take advantage of the highest level of benefit by receiving services from in-network vision providers and doctors. You would be responsible for a copayment at the time of your service. However, if you receive services from an out-of-network doctor, you pay all expenses at the time of service and submit a claim for reimbursement up to the allowed amount.

For more information, visit [www.avesis.com](http://www.avesis.com).

### Five Tips for Better Vision

Don't take your eyes for granted! The following pointers can help you keep your vision strong:

#### TIP

- Eat lots of leafy greens and dark berries
- Get regular eye exams
- Give your eyes a rest from staring into the computer screen
- Wear sunglasses to protect your eyes from bright light
- Wear safety eyewear whenever necessary



# Archdiocese of San Antonio - Base Plan

Group Number: 10771-1091

Plan Number: TX130130CZ1



Member Copay		Frequency	
Vision Exam	\$10 copay	Vision Exam	Once every 12 months
Materials Applies to frame or spectacle lenses, if applicable.	\$10 copay	Lenses or Contact Lenses	Once every 12 months
		Frame	Once every 24 months

Vision Care Services	In-Network Member Cost*	Out-of-Network Reimbursement
----------------------	-------------------------	------------------------------

Vision Exam		
Includes refraction	Covered in full after \$10 copay	Up to \$35
Retinal Imaging	Up to \$45 member out-of-pocket (OOP) maximum	N/A

Contact Lens Fit and Follow-up (CLEFFU)		
Standard CLEFFU	Up to \$50 member OOP maximum	N/A
Custom CLEFFU	Up to \$75 member OOP maximum	N/A

Frame Allowance		
Up to 20% discount above frame allowance.*	\$130 allowance	Up to \$45

Standard Spectacle Lenses		
Single Vision	Covered in full after \$10 copay	Up to \$25
Bifocal	Covered in full after \$10 copay	Up to \$40
Trifocal	Covered in full after \$10 copay	Up to \$50
Lenticular	Covered in full after \$10 copay	Up to \$80
All Other Progressives	Balance after \$50 allowance + up to 20% off retail	Up to \$40

Preferred Pricing Options*	Level 1 Option Package	
Polycarbonate (Single Vision/Multi-Focal)	\$40/\$44 member OOP maximum	N/A
Standard Scratch-Resistant Coating	\$17 member OOP maximum	N/A
Ultraviolet Screening	\$15 member OOP maximum	N/A
Solid or Gradient Tint	\$17 member OOP maximum	N/A
Standard Anti-Reflective Coating	\$45 member OOP maximum	N/A
Standard Progressives†	\$50 allowance	Up to \$40
Premium Progressives	Balance after \$50 allowance + up to 20% off retail	Up to \$40
Plastic Photochromic (Single Vision/Multi-Focal)	\$70/\$80 member OOP maximum	N/A
Polarized	\$75 member OOP maximum	N/A
PGX/PBX	\$40 member OOP maximum	N/A
Other Lens Options	Provider discount up to 20%	N/A

Contact Lenses‡		
Elective	\$130 allowance	Up to \$110
Medically Necessary§	Covered in full	Up to \$250

Refractive Laser Surgery		
Up to 25% provider discount.*	Onetime/lifetime \$150 indemnity allowance	Onetime/lifetime \$150 indemnity allowance

Avēsis vision insurance products are underwritten by Fidelity Security Life Insurance Company® (FSL), Kansas City, MO, when insured by FSL. Approved by FSL date of 01/23. Administered by Avēsis. Policy # VC-16, Form M-9059.

Rates	
Employee Paid - Monthly	
Employee Only	\$ 6.12
Employee + Dependent	\$ 10.73
Employee + Family	\$ 15.21

## Here's How It Works

1. Find a provider at [www.avesis.com](http://www.avesis.com).
2. Make an appointment.
3. Visit the provider for service.
4. Pay any copays or additional expenses.

## How can we help you?

**Avēsis Website:**  
[www.avesis.com](http://www.avesis.com)

**Customer Service:**  
800-828-9341  
7 a.m. - 8 p.m. EST

**LASIK Provider:**  
877-712-2010

**^Hearing Provider:**  
844-366-0039 TTY: 711

\*Discounts are not insured benefits.

†After \$50 allowance, the member's out of pocket cost is \$75 for L1 progressives or \$110 for L2 progressives.

‡In lieu of frame and spectacle lenses.

§Enhanced benefit for certain conditions.

\*Save up to 25% on average LASIK prices when you use Quallsight (visit [quallsight.com/avesis](http://quallsight.com/avesis) for more information).

^Discounts available on hearing tests and hearing aids via Amplifon.

At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$74.99.

# Archdiocese of San Antonio - Premium Plan

Group Number: 10771-1091

Plan Number: TX130150CZ1-L3



Member Copay		Frequency	
Vision Exam	\$10 copay	Vision Exam	Once every 12 months
Materials Applies to frame or spectacle lenses, if applicable.	\$10 copay	Lenses or Contact Lenses	Once every 12 months
		Frame	Once every 24 months

Vision Care Services	In-Network Member Cost*	Out-of-Network Reimbursement
----------------------	-------------------------	------------------------------

Vision Exam		
Includes refraction	Covered in full after \$10 copay	Up to \$35
Retinal Imaging	Up to \$45 member out-of-pocket (OOP) maximum	N/A

Contact Lens Fit and Follow-up (CLEFFU)		
Standard CLEFFU	Up to \$50 member OOP maximum	N/A
Custom CLEFFU	Up to \$75 member OOP maximum	N/A

Frame Allowance		
Up to 20% discount above frame allowance.*	\$130 allowance	Up to \$45

Standard Spectacle Lenses		
Single Vision	Covered in full after \$10 copay	Up to \$25
Bifocal	Covered in full after \$10 copay	Up to \$40
Trifocal	Covered in full after \$10 copay	Up to \$50
Lenticular	Covered in full after \$10 copay	Up to \$80
All Other Progressives	Balance after \$50 allowance + up to 20% off retail	Up to \$40

Preferred Pricing Options*	Level 3 Option Package	
Polycarbonate (Single Vision/Multi-Focal)	Covered in full	Up to \$10
Standard Scratch-Resistant Coating	Covered in full	Up to \$5
Ultraviolet Screening	Covered in full	Up to \$6
Solid or Gradient Tint	Covered in full	Up to \$4
Standard Anti-Reflective Coating	Covered in full	Up to \$24
Standard Progressives†	\$50 allowance	Up to \$40
Premium Progressives	Balance after \$50 allowance + up to 20% off retail	Up to \$40
Plastic Photochromic (Single Vision/Multi-Focal)	\$70/\$80 member OOP maximum	N/A
Polarized	\$75 member OOP maximum	N/A
PGX/PBX	\$40 member OOP maximum	N/A
Other Lens Options	Provider discount up to 20%	N/A

Contact Lenses‡		
Elective	\$150 allowance	Up to \$128
Medically Necessary§	Covered in full	Up to \$250

Refractive Laser Surgery		
Up to 25% provider discount.*	Onetime/lifetime \$150 indemnity allowance	Onetime/lifetime \$150 indemnity allowance

Rates	
Employee Paid - Monthly	
Employee Only	\$ 7.92
Employee + Dependent	\$ 14.09
Employee + Family	\$ 20.32

## Here's How It Works

1. Find a provider at [www.avesis.com](http://www.avesis.com).
2. Make an appointment.
3. Visit the provider for service.
4. Pay any copays or additional expenses.

## How can we help you?

**Avēsis Website:**  
[www.avesis.com](http://www.avesis.com)

**Customer Service:**  
800-828-9341  
7 a.m. - 8 p.m. EST

**LASIK Provider:**  
877-712-2010

**^Hearing Provider:**  
844-366-0039 TTY: 711

\*Discounts are not insured benefits.

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‡In lieu of frame and spectacle lenses.

§Enhanced benefit for certain conditions.

\*Save up to 25% on average LASIK prices when you use Quallsight (visit [quallsight.com/-avesis](http://quallsight.com/-avesis) for more information).

^Discounts available on hearing tests and hearing aids via Amplifon.

At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$74.99.

# WE'VE GOT YOU COVERED

*As Far as the Eye Can See*



## SEE FOR MILES AND MILES

Networks are the fabric of a benefits program. Ours is tightly woven—with credentialed, well-respected vision care providers—to bring you coverage you can trust no matter where you travel throughout the entire country.

## SET YOUR SIGHTS ON CONVENIENCE

Our national network has been built with you in mind! Having a balanced mix of independent and retail ophthalmologists, optometrists, and opticians makes it easy to find the right provider for your eye care needs. With over 75,000 access points, it's no wonder 97 percent of Avēsis members stay in network.

## GO THE DISTANCE WITH US

Visit [www.avesis.com](http://www.avesis.com) and click Provider Search to find a network provider.

Looking for LASIK doctors who participate with us? Visit the Qualsight website for a list. ([www.qualsight.com/-avesis](http://www.qualsight.com/-avesis))

Still have questions? Call 800-828-9341.



## HERE ARE JUST A FEW OF THE MAJOR RETAILERS WHO PARTICIPATE WITH AVĒSIS:

- America's Best Contacts & Eyeglasses™
- Cohen's Fashion Optical®
- Costco® Wholesale
- Eyeglass World®
- Eyemart Express™
- EyeMasters
- For Eyes
- JCPenney Optical
- Midwest Vision Centers
- MyEyeDr.
- Nationwide™ Vision
- Pearle Vision®
- Sam's Club®
- Sears Optical®
- Shopko®
- Sterling Optical®
- SVS Vision Optical Centers
- Target® Optical
- TSO™ Texas State Optical
- Visionworks®
- Walmart®

## AVĒSIS E-SENTIALS

Do everything on your smartphone that you can do from our web portal, plus call providers and Customer Care with the touch of a button. Get our mobile app for Android or iPhone at Google Play or the App Store. It's free!

Some locations may not offer all services. Full-service or materials-only status can be found through the provider search tool. Please check [www.avesis.com](http://www.avesis.com) prior to scheduling an appointment.

Avēsis is a wholly owned subsidiary of The Guardian Life Insurance Company of America, New York, NY.  
#2018-60214 (exp. 5/20).



# Vision at a Distance

## Update Your Vision—and Your Look—From The Comfort Of Home

Introducing Avēsis Vision Delivered, powered by UVP. It's just what you need to keep your vision sharp and your look fresh when visiting your provider for new glasses is inconvenient. Shop online using your in-network benefits—no claim form required. Avēsis Vision Delivered delivers!

## Get The Most Out Of Your Vision Insurance Benefits



Call customer service, available 24/7, at 844-244-1184 with any questions or concerns.



Use our virtual try-on tool that shows members how the glasses will look on you.



Enjoy a risk-free shopping experience with free shipping and returns.



Choose from over 6,000 styles of glasses and sunglasses, including designer brands.



Choose state-of-the-art coatings and lenses for all prescription types: blue light blocking, mirrored, polarized, Transitions®, polycarbonate, digital progressive, and thin high-index lenses.

## Getting glasses online is easy!

1. Log into your Avēsis account.
2. Click the link to our online portal.
3. Explore thousands of styles.
4. Try on glasses virtually.
5. Complete your order. (You can enter your prescription manually or upload a photo of it to your account.)
6. Enjoy free shipping, free returns, and a risk-free, money-back guarantee.

# BASIC LIFE AND AD&D

## Protect your loved ones

In the event of your death, Life Insurance will provide your family members or other beneficiaries with financial protection and security. Additionally, if your death is a result of an accident or if you become dismembered, your Accidental Death & Dismemberment (AD&D) coverage may apply.

## Your coverage

Paid for in full by Archdiocese of San Antonio, the benefits outlined below are provided by Guardian

- Basic Life Insurance of \$20,000
- AD&D of \$20,000

Benefit reduction rule: Coverage reduces to \$10,000 at age 70

IRS Regulation: Employees can receive employer paid life insurance up to \$50,000 on a tax-free basis and do not have to report the payment as income.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.



## Required! Are Your Beneficiaries Up to Date?

**Beneficiaries are individuals or entities that you select to receive benefits from your policy.**

- **You can change your beneficiary designation at any time**
- **You may designate a sole beneficiary or multiple beneficiaries to receive payment in the percent allocated**
- **To select or change your beneficiary, login to your Paylocity self-service portal.**



# VOLUNTARY SHORT & LONG TERM DISABILITY

## Added protection

Should you experience a non-work related illness or injury that prevents you from working, disability coverage acts as income replacement to protect important assets and help you continue with some level of earnings. Benefits eligibility may be based on disability for your occupation or any occupation.

## YOUR PLANS

### Short Term Disability (STD)

## COVERAGE DETAILS

- Administered by Lincoln. STD coverage provides a benefit equal to up to 60% of your weekly salary in \$100 increments. Minimum of \$100 and maximum of \$1,000 per week, for a period of up to 13 weeks.
- The plan begins paying these benefits at the time of disability/after you have been absent from work for 14 consecutive days if disability was due to an illness. If disability was due to an accident there is no waiting period.

### Long Term Disability Coverage (LTD)

- Administered by Lincoln, if your disability extends beyond 90 days, the LTD coverage provides a benefit equal to up to 60% your monthly earnings, in \$100 increments. Minimum of \$300 and maximum of \$5,000 per month.
- When you enroll you may select one of three (3) benefit duration options:
  - Option 2/90 (2 year benefit period)
  - Option 5/90 (5 year benefit period)
  - Option 65/90 (benefit period depending on your age at disability)

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

For more information, visit [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

TIP

### Disability Facts and Figures

- One in every 7 people will become disabled for five years or more in their lifetime
- 30% of people use disability coverage
- Nearly half (46%) of all foreclosures are caused by financial hardship due to a disability

Source: [www.affordableinsuranceprotection.com/disability\\_facts](http://www.affordableinsuranceprotection.com/disability_facts)



## Voluntary Short Term Disability Premium

Your estimated monthly premium is determined by multiplying your weekly salary amount (up to \$1,667) by 0.6 to determine your maximum limit. If your weekly salary exceeds \$1,667, multiply \$1,667 by 0.6.

\$ _____ weekly salary (up to \$1,667)	X 0.6	\$ _____ maximum limit
\$ _____ coverage amount desired in \$100 increments (minimum \$100 up to maximum limit)		
X _____ 0.062 premium rate		
= \$ _____ monthly premium		

## Voluntary Long Term Disability Premium

Your estimated monthly premium is determined by multiplying your monthly salary amount (up to \$8,333) by 0.6 to determine your maximum limit. If your monthly salary exceeds \$8,333, multiply \$8,333 by 0.6.

Option 2/90:			Option 5/90:			Option 65/90:		
\$ _____ monthly salary (up to \$8,333)	X 0.6	\$ _____ maximum limit	\$ _____ monthly salary (up to \$8,333)	X 0.6	\$ _____ maximum limit	\$ _____ monthly salary (up to \$8,333)	X 0.6	\$ _____ maximum limit
\$ _____ coverage amount desired in \$100 increments (minimum \$300 up to maximum limit)			\$ _____ coverage amount desired in \$100 increments (minimum \$300 up to maximum limit)			\$ _____ coverage amount desired in \$100 increments (minimum \$300 up to maximum limit)		
X \$ _____ premium rate for your age			X \$ _____ premium rate for your age			X \$ _____ premium rate for your age		
= \$ _____ monthly premium			= \$ _____ monthly premium			= \$ _____ monthly premium		

### VOLUNTARY LONG TERM DISABILITY MONTHLY PREMIUM RATES

Age Range	Option 2/90	Option 5/90	Option 65/90
0 - 24	0.0012	0.0017	0.0026
25 - 29	0.0012	0.0017	0.0026
30 - 34	0.0014	0.0021	0.0037
35 - 39	0.0017	0.0030	0.0054
40 - 44	0.0021	0.0037	0.0074
45 - 49	0.0039	0.0070	0.0134
50 - 54	0.0057	0.0106	0.0178
55 - 59	0.0101	0.0190	0.0247
60 - 64	0.0146	0.0291	0.0219
65 - 69	0.0154	0.0230	0.0134
70 - 74	0.0092	0.0088	0.0087
75 - 99	0.0090	0.0096	0.0094

We partner with your employer to offer this service at no additional cost to you!

## The resources you need to meet life's challenges



*EmployeeConnect*<sup>SM</sup> offers professional, confidential services to help you and your loved ones improve your quality of life.



### In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*<sup>SM</sup>, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings



### Unlimited 24/7 assistance

You and your family can access the following services anytime – online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning



### Online resources

*EmployeeConnect*<sup>SM</sup> offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit [GuidanceResources.com](http://GuidanceResources.com) or download the *GuidanceNow*<sup>SM</sup> mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more

## *EmployeeConnect*<sup>SM</sup>

### EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress

Insurance products issued by:  
 The Lincoln National Life Insurance Company  
 Lincoln Life & Annuity Company of New York  
 Lincoln Life Assurance Company of Boston



We partner with your employer to offer this service at no additional cost to you!



## *EmployeeConnect*<sup>SM</sup> counselors are experienced and credentialed.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

## You'll receive customized information for each work-life service you use.



To take advantage of the *EmployeeConnect*<sup>SM</sup> program or for more information: Visit [GuidanceResources.com](http://GuidanceResources.com) (username: LFGSupport, password: LFGSupport1), download the *GuidanceNow*<sup>SM</sup> mobile app or call 888-628-4824.

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### *EmployeeConnect*<sup>SM</sup>

#### EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit [GuidanceResources.com](http://GuidanceResources.com) (username: LFGSupport ■ password: LFGSupport1)
- Download the *GuidanceNow*<sup>SM</sup> mobile app
- Call 888-628-4824





# Archdiocese of San Antonio

## Pension Plan Overview

### 401(a) Pension Plan

- Regular Full Time Employees Eligible
- Part Time, Temporary, and Seasonal Employees are Not Eligible
- Non-Contributory Plan
- Employer contributes 5% of gross earnings to 401(a) Pension Plan Account
- Employee selects investment portfolio for account
- Vesting Schedule:
  - After 3 years of employment—20% vested
  - After 4 years of employment—40% vested
  - After 5 years of employment—60% vested
  - After 6 years of employment—80% vested
  - After 7 years of employment—100% vested
- Pension distributions occur after termination of employment and must meet Pension Plan requirements.

### Who is TIAA?

TIAA is the Pension Plan Administrator for the Archdiocese of San Antonio.

#### ***The TIAA website offers the following:***

- View Plan Account Balances and Personal Information
- Manage Retirement Savings
- Create 403(b) Retirement Plan Account
- Designate beneficiaries for Pension Plan Accounts

To learn more about TIAA, visit their website at

[www.tiaa.org/archsa](http://www.tiaa.org/archsa) or by phone at

**1-800-842-2888**

### 403(b) Retirement Plan

- Regular Full Time and Part Time Employees Eligible
- Employee contributes to Pension Plan Account Only
- Payroll Deduction to account
- Employee selects investment portfolio for account
- Monies can be moved or distributed after termination of employment.





# Make your wishes clear

## Did you know?

The beneficiary designation on your account takes priority over your will.

Naming your beneficiaries and putting essential documents in place puts you in control and can make a difference for the people and causes you care about.

## Updating your beneficiary information is quick and easy to do

The good news is that it's easy to designate, change or confirm your beneficiaries.

- Go to **TIAA.org** to register and/or log in to your account.
  - Note: You'll need a user ID and valid email address to sign up.
- Once logged in, under the *Action* tab, choose *Add/edit beneficiaries*.
- From there, you can designate beneficiaries and select how much each should receive.

If you have questions or need assistance, visit [TIAA.org/public/offer/services/beneficiary-resource-center](https://www.tiaa.org/public/offer/services/beneficiary-resource-center) or call us at **800-842-2252**. For your protection, we cannot change your beneficiary information over the phone.

Remember, you can change your beneficiary information again at any time.

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## COST BREAKDOWN

The rates below are effective 7/1/2023 - 6/30/2024.

MEDICAL COVERAGE	TOTAL COST	EMPLOYER CONTRIBUTION	EMPLOYEE CONTRIBUTION
	Monthly	Monthly	Monthly
<b>BlueCross BlueShield Medical Blue Plan (includes Rx)</b>			
Employee Only	\$762.00	\$690.00	\$72.00
Employee and Spouse	\$1,524.00	\$690.00	\$834.00
Employee and Child(ren)	\$1,268.00	\$690.00	\$578.00
Employee and Family	\$1,846.00	\$690.00	\$1,156.00
<b>BlueCross BlueShield Medical Silver Plan (includes Rx)</b>			
Employee Only	\$736.00	\$690.00	\$46.00
Employee and Spouse	\$1,472.00	\$690.00	\$782.00
Employee and Child(ren)	\$1,024.00	\$690.00	\$334.00
Employee and Family	\$1,552.00	\$690.00	\$862.00

### BASIC LIFE AND AD&D

### BENEFIT

### CONTRIBUTION

Basic Life - under age 70	\$20,000	Paid by employer
Accidental Death & Dismemberment - under age 70	\$20,000	
Basic Life and AD&D - age 70+	\$10,000	

### EMPLOYEE

### DENTAL, VISION, DISABILITY

### CONTRIBUTION

	Monthly
<b>Guardian Dental HMO</b>	
Employee Only	\$12.02
Employee + 1	\$23.15
Employee + 2 or More	\$35.09
<b>Guardian Dental PPO</b>	
Employee Only	\$33.70
Employee + 1	\$66.12
Employee + 2 or More	\$88.43
<b>Avesis Vision Base</b>	
Employee Only	\$6.12
Employee + 1	\$10.73
Employee + 2 or more	\$15.21
<b>Avesis Vision Premium</b>	
Employee Only	\$7.92
Employee + 1	\$14.09
Employee + 2 or More	\$20.32
<b>Lincoln Voluntary Short Term Disability</b>	
Employee	See calculation sheet
<b>Lincoln Voluntary Long Term Disability</b>	
Employee	See calculation sheet

# DIRECTORY & RESOURCES

Below, please find important contact information and resources

INFORMATION REGARDING	GROUP /POLICY #	CONTACT INFORMATION	
<b>Enrollment &amp; Eligibility</b>			
Paylocity			<a href="http://www.paylocity.com">www.paylocity.com</a>
<b>Medical Coverage</b>			
BlueCross BlueShield	267480	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>Prescription Coverage</b>			
Prime Therapeutics	267480	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>Telehealth</b>			
MDLive	267480	888-680-8646	<a href="http://www.MDLIVE.com/bcbstx">www.MDLIVE.com/bcbstx</a>
<b>Dental Coverage (HMO &amp; PPO)</b>			
Guardian PRE-Enrollment Hotline	560992	888-600-1600	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Guardian POST-Enrollment for Member		800-627-4200	
<b>Vision Coverage (Base &amp; Premium)</b>			
Avesis	10771-1091	800-828-9341	<a href="http://www.avesis.com">www.avesis.com</a>
<b>Life, AD&amp;D Coverage</b>			
Guardian	560992	800-525-4542	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Disability (Short Term and Long Term)</b>			
Lincoln Financial Group	SAANARCH	800-423-2765	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>
<b>Employee Assistance Program (EAP)</b>			
ComPsych/Lincoln Financial		888-628-4824	<a href="http://www.GuidanceResources.com">www.GuidanceResources.com</a>
<b>HR Contact</b>		210-734-2620	HR@archsa.org

## PLAN GUIDELINES AND EVIDENCE OF COVERAGE

The benefit summaries listed on the previous pages are brief summaries only. They do not fully describe the benefits coverage for your health and welfare plans. For details on the benefits coverage, please refer to the plan’s Evidence of Coverage. The Evidence of Coverage or Summary Plan Description is the binding document between the elected health plan and the member.

A health plan physician must determine that the services and supplies are medically necessary to prevent, diagnose, or treat the members’ medical condition. These services and supplies must be provided, prescribed, authorized, or directed by the health plan’s network physician unless the member enrolls in the PPO plan where the member can use a non-network physician.

For details on the benefit and claims review and adjudication procedures for each plan, please refer to the plan’s Evidence of Coverage. If there are any discrepancies between benefits included in this summary and the Evidence of Coverage or Summary Plan Description, the Evidence of Coverage or Summary Plan Description will prevail.

To access a copy of the plan documents login to [www.paylocity.com](http://www.paylocity.com) .

# Glossary of Health Coverage Terms

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**Coinsurance-** The percentage of costs of a covered health care service you pay after you have paid your deductible.

**Copay-** A set fee you pay for doctor visits or prescriptions.

**Deductible-** The amount you pay for health care services before your plan starts to pay.

**In-network Co-insurance-** The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

**Out-of-network Co-insurance-** The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out of- network co-insurance usually costs you more than in network co-insurance.

**Max Out of Pocket-** The most you pay for covered health care services in a plan year.

## NOTES:

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# NOTES:

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