



Archdiocese of San Antonio

**2023-2024
PRIEST BENEFITS
INFORMATION GUIDE**

Understanding your Options





Archdiocese of San Antonio

ACTIVE PRIEST BENEFITS

HELLO!

Welcome to your 2023-2024 Priest 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 your needs. The Priest Benefits Information Guide is a comprehensive tool to help you become familiar with the plans and programs that you can enroll in for the plan year (July 1, 2023 through June 30, 2024).

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PRIEST BENEFITS BIRD'S EYE VIEW

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

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

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.

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?

All active Priest are eligible to enroll in benefits.

When Does Coverage Begin?

Your enrollment choices remain in effect through the end of the benefits plan year, (through June 2024). Benefits for eligible new Priests are outlined below:

ELIGIBILITY DATE

At the date of hire you are eligible for benefits.

BENEFIT PLAN

- Medical, Dental, Life, EAP
- Vision (optional/out-of-pocket)

MEDICAL

Archdiocese of San Antonio offers a PPO plan which will provide 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



PLAN HIGHLIGHTS

PPO BLUE PLAN

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

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 (BAMSM).

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
- 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

PRESCRIPTION DRUG COVERAGE

Blue Cross and Blue Shield of Texas (BCBSTX) contracts with Prime Therapeutics to provide pharmacy benefit management and other related services.

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 and log into [Blue Access for MembersSM \(BAMSM\)](#) 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 Alternatives¹

Brand Name ²	Generic Equivalent or Alternative
Acid Reflux Disease/Ulcer	
Aciphex, Dexilant, Nexium, Prevacid, Prilosec, Protonix, Zegerid	lansoprazole, omeprazole, omeprazole/sodium bicarbonate, pantoprazole
Depression	
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
High Cholesterol	
Altoprev, Crestor, Lescol, Lescol XL, Lipitor, Pravachol, Tricor, Vytorin, Zetia, Zocor	atorvastatin, lovastatin, pravastatin, simvastatin
Niaspan	niacin extended release
High Blood Pressure	
Aceon, Altace, Atacand, Atacand HCT, Avalide, Avapro, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Hyzaar, Mavik, Micardis, Micardis HCT, Teveeten, Univas, 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
Insomnia	
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.¹

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.² 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 to see the up-to-date list of specialty drugs.

Condition	Sample Medications ³
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 web⁴
- 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 medicine⁴
- Free standard shipping
- 24/7 support

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 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 ordered⁵
- Discuss any changes in your condition or answer any questions about your health⁵

One-on-One Support

Accredo has 15 Therapeutic Resource Centers® (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.

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 MembersSM (BAMSM) 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.



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.¹
- 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 MembersSM (BAMSM). Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts® Pharmacy.

Talk to Your Doctor

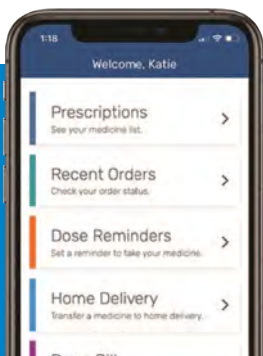
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.¹ You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call **888-327-9791** for faxing instructions or call the pharmacy at **833-715-0942**. If you need to start 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.



VIRTUAL VISITS:

Speak with a doctor — anytime, anywhere

Powered by **MDLIVE**

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 MembersSM or [MDLIVE.com/bcbstx](https://www.mdlive.com/bcbstx).
- Download the MDLIVE app from Apple's App StoreSM or Google PlayTM.
- 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.

Virtual visits may not be available on all plans. Non-emergency medical service in Idaho, Montana and New Mexico is limited to interactive audio/video (video only). Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation.

MDLIVE is a separate company that operates and administers the virtual visits program for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission. Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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DENTAL PLAN

Your Dental PPO Plan

The Dental Preferred Provider Organization (PPO) plan is offered by Guardian.

Using the Plan

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.

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.





It's Easy to Find a Network Dentist!

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

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



Visit guardiananytime.com and select "Find a Provider"

- Click "Search for Providers"



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



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



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



Find a provider and ID card mobile app

- Download from 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

OPTIONAL VISION PLAN [Out-of-Pocket]

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.

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

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.
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

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 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.
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

Customer Service:
800-828-9341
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LASIK Provider:
877-712-2010

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*Save up to 25% on average LASIK prices when you use Quallsight (visit 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 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)

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-SSENTIALS

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 prior to scheduling an appointment.

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#2018-60214 (exp. 5/20).



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.

TIP

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.**

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*SM 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*SM, 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*SM 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 or download the *GuidanceNow*SM mobile app. You'll find:

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

*EmployeeConnect*SM

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*SM 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*SM program or for more information: Visit GuidanceResources.com (username: LFGSupport, password: LFGSupport1), download the *GuidanceNow*SM mobile app or call 888-628-4824.

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*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com (username: LFGSupport ■ password: LFGSupport1)
- Download the *GuidanceNow*SM mobile app
- Call 888-628-4824



COST BREAKDOWN

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

MEDICAL / DENTAL COVERAGE	TOTAL COST	EMPLOYER CONTRIBUTION	PRIEST CONTRIBUTION
	Monthly	Monthly	Monthly
BlueCross BlueShield Medical Blue Plan (includes Rx)			
Priest	\$762.00	\$762.00	Provided by Archdiocese of San Antonio
Guardian Dental PPO			
Priest	\$33.70	\$33.70	Provided by Archdiocese of San Antonio

BASIC LIFE AND AD&D	BENEFIT	CONTRIBUTION
Basic Life - under age 70	\$20,000	Provided by Archdiocese of San Antonio
Accidental Death & Dismemberment - under age 70	\$20,000	
Basic Life and AD&D - age 70+	\$10,000	

OPTIONAL VISION (Out-of-Pocket)	PRIEST CONTRIBUTION
	Monthly
Avesis Base Plan	
Priest	\$6.12
Avesis Premium Plan	
Priest	\$7.92

DIRECTORY & RESOURCES

Below, please find important contact information and resources

INFORMATION REGARDING	GROUP /POLICY #	CONTACT INFORMATION	
Medical Coverage			
BlueCross BlueShield	267480	800-521-2227	www.bcbstx.com
Prescription Coverage			
Prime Therapeutics	267480	800-521-2227	www.bcbstx.com
Telehealth			
MDLive	267480	888-680-8646	www.MDLIVE.com/bcbstx
Dental Coverage (PPO)			
Guardian PRE -Enrollment Hotline	560992	888-600-1600	www.guardiananytime.com
Guardian POST -Enrollment for Member		800-627-4200	
Vision Coverage (BASE & PREMIUM)			
Avesis	10771-1091	800-828-9341	www.avesis.com
Life, AD&D Coverage			
Guardian	560992	800-525-4542	www.guardiananytime.com
Employee Assistance Program (EAP)			
ComPsych/Lincoln Financial		888-628-4824	www.GuidanceResources.com
Human Resources		210-734-1999	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 contact Human Resources. at 210-734-1914.



Archdiocese of San Antonio

RETIRED PRIEST BENEFITS

RETIRED PRIEST BENEFIT GUIDE

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- # Retired Priest Benefits Bird's Eye View

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- # Medical - Aetna Medicare Advantage
- # Prescription Drug Coverage
- # Dental Plan

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- # Basic Life and AD&D

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ADDITIONAL RESOURCES 46

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

RETIRED PRIEST BENEFITS BIRD'S EYE VIEW

BENEFIT	VENDOR
 Medical	<ul style="list-style-type: none"> Aetna Medicare Advantage
 Prescription Drug	<ul style="list-style-type: none"> Aetna Medicare Advantage
 Dental	<ul style="list-style-type: none"> Guardian
 Basic Life and AD&D	<ul style="list-style-type: none"> Guardian
 Employee Assistance Program (EAP)	<ul style="list-style-type: none"> ComPsych/Lincoln Financial

ENROLLMENT

Who can Enroll in Aetna Medicare?

If you are entitled to original Medicare part A and enrolled in original Medicare Part B. **If you are not eligible please see active Priest section for the BlueCrossBlueShield plan on page 5.**

ELIGIBILITY DATE

Eligibility date will vary.

BENEFIT PLAN

- Medical, Dental, Life, EAP

MEDICAL

The Aetna Medicare Plan (PPO) is a preferred provider organization plan. It gives you more flexibility when choosing a doctor.

You can see any licensed provider, in or out of network as long as they are eligible to receive Medicare payments and willing to accept your plan. When using In-network providers, out of pocket expenses are kept to a minimum.

With a PPO plan, you have the option to choose a Primary Care Provider (PCP). However, this is not a requirement.

Eligible Archdiocese of San Antonio Retired Priests must be enrolled in Medicare Part A and Part B to join a Medicare Advantage Plan. You generally need to sign up for Medicare Parts A and B during your initial enrollment period (IEP), which begins three months before you turn 65.

Once enrolled, Archdiocese of San Antonio Retired Priests will have access to the Aetna online member website which offers tools and resources that can help you get the most value out of your Aetna Medicare Advantage Plan (MAPD).

Visit www.aetnaretireplans.com to sign-up/register for the Aetna Medicare Advantage Plan (MAPD) online services.

Secure Member Log-in

Welcome to Aetna's member website

User name

Password

Remember user name (not recommended for public devices)

Secure Log In

Sign in Without a Password

[Forgot user name?](#) | [Forgot password?](#) | [Log in tips](#)

First-time users
 Please register for an account.
 You will create a username and a password.

Register

For more detailed info on what your plan offers, see the Benefit Summary Section.



PLAN DESIGN AND BENEFITS
 PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
Annual Deductible	\$0	\$0
This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.		
Annual Maximum Out-of-Pocket Amount	Network Services:	Network and out-of-network services:
	\$6,700	\$10,000 for in and out-of-network services combined
Annual maximum out-of-pocket limit amount includes any deductible, copayment or coinsurance that you pay. It will apply to all medical expenses except Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.		
Primary Care Physician Selection	Optional	Not Applicable
There is no requirement for member pre-certification. Your provider will do this on your behalf.		
Referral Requirement	None	
PREVENTIVE CARE	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
Annual Wellness Exams	\$0	15%
One exam every 12 months.		
Routine Physical Exams	\$0	15%
Medicare Covered Immunizations	\$0	\$0
Pneumococcal, Flu, Hepatitis B		
Routine GYN Care (Cervical and Vaginal Cancer Screenings)	\$0	15%



One routine GYN visit and pap smear every 24 months.

Routine Mammograms (Breast Cancer Screening)	\$0	15%
---	-----	-----

One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.

Routine Prostate Cancer Screening Exam	\$0	15%
---	-----	-----

For covered males age 50 & over, every 12 months.

Routine Colorectal Cancer Screening	\$0	15%
--	-----	-----

For all members age 50 & over.

Routine Bone Mass Measurement	\$0	15%
--------------------------------------	-----	-----

Medicare Diabetes Prevention Program (MDPP)	\$0	15%
--	-----	-----

12 months of core session for program eligible members with an indication of pre-diabetes.

Routine Eye Exams	\$0	15%
--------------------------	-----	-----

One annual exam every 12 months.

Routine Hearing Screening	\$0	15%
----------------------------------	-----	-----

One exam every 12 months.

Additional Medicare Preventive Services	\$0	15%
--	-----	-----

- Ultrasound screening for abdominal aortic aneurysm (AAA)
- Cardiovascular disease screening
- Diabetes screening tests and diabetes self-management training (DSMT)
- Medical nutrition therapy
- Glaucoma screening
- Screening and behavioral counseling to quit smoking and tobacco use
- Screening and behavioral counseling for alcohol misuse
- Adult depression screening
- Behavioral counseling for and screening to prevent sexually transmitted infections
- Behavioral therapy for obesity
- Behavioral therapy for cardiovascular disease



- Behavioral therapy for HIV screening
- Hepatitis C screening
- Lung cancer screening

PHYSICIAN SERVICES	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
Primary Care Physician Visits	\$15	15%
Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.		
Physician Specialist Visits	\$15	15%
DIAGNOSTIC PROCEDURES	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
Outpatient Diagnostic Laboratory	\$15	15%
Outpatient Diagnostic X-ray	\$15	15%
Outpatient Diagnostic Testing	\$15	15%
Outpatient Complex Imaging	\$15	15%
EMERGENCY MEDICAL CARE	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
Urgently Needed Care; Worldwide	\$15	\$15
Emergency Care; Worldwide (waived if admitted)	\$50	\$50
Ambulance Services	\$15	15%
Observation Care	Your cost share for Observation Care is based upon the services you receive.	
HOSPITAL CARE	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
Inpatient Hospital Care	\$0 per stay	15% per stay

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.



Outpatient Surgery	\$0	15%
Blood	All components of blood are covered beginning with the first pint.	
MENTAL HEALTH SERVICES	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
Inpatient Mental Health Care	\$0 per stay	15% per stay

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Mental Health Care	\$15	15%
ALCOHOL/DRUG ABUSE SERVICES	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers
Inpatient Substance Abuse	\$0 per stay	15% per stay

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Substance Abuse	\$15	15%
OTHER SERVICES	This is what you pay for Network Providers	This is what you pay for Out-of-Network Providers

Skilled Nursing Facility (SNF) Care	\$0 copay per day, day(s) 1-20; \$75 copay per day, day(s) 21-100	15%
--	--	-----

Limited to 100 days per Medicare Benefit Period*.

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

*A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

Home Health Agency Care	\$0	15%
Hospice Care	Covered by Original Medicare at a Medicare certified hospice.	
Outpatient Rehabilitation Services (Speech, Physical, and Occupational therapy)	\$15	15%



Cardiac Rehabilitation Services	\$15	15%
Pulmonary Rehabilitation Services	\$15	15%
Radiation Therapy	\$15	15%
Chiropractic Services	\$15	15%
Limited to Original Medicare - covered services for manipulation of the spine.		
Durable Medical Equipment/ Prosthetic Devices	15%	15%
Podiatry Services	\$15	15%
Limited to Original Medicare covered benefits only.		
Diabetic Supplies	\$0	15%
Includes supplies to monitor your blood glucose from LifeScan.		
Diabetic Eye Exams	\$0	15%
Outpatient Dialysis Treatments	\$15	\$15
Medicare Part B Prescription Drugs	\$0	15%
Medicare Covered Dental	\$15	15%
Non-routine care covered by Medicare.		
ADDITIONAL NON-MEDICARE COVERED SERVICES		
Hearing Aid Reimbursement	\$500 once every 36 months	
Resources for Living	Covered	
For help locating resources for every day needs.		
Vision Eyewear Reimbursement	\$200 once every 24 months	

See next page for Pharmacy-Prescription Drug Benefits.



PHARMACY - PRESCRIPTION DRUG BENEFITS

Calendar-year deductible for prescription drugs \$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Pharmacy Network S2

Your Medicare Part D plan is associated with pharmacies in the above network. To find a network pharmacy, you can visit our website (<http://www.aetnaretireplans.com>).

Formulary (Drug List) GRP B2

Your cost for generic drugs is usually lower than your cost for brand drugs. However, Aetna in some instances combines higher cost generic drugs on brand tiers.

Initial Coverage Limit (ICL) \$4,020

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible):

	Retail cost-sharing up to a 30 -day supply	Retail cost-sharing up to a 90 -day supply	Preferred mail order cost-sharing up to a 90 -day supply
3 Tier Plan			
Tier 1 - Generic Generic Drugs	\$5	\$10	\$10
Tier 2 - Preferred Brand Includes some high-cost generic and preferred brand drugs	\$30	\$60	\$60



3 Tier Plan	Retail cost-sharing up to a 30 -day supply	Retail cost-sharing up to a 90 -day supply	Preferred mail order cost-sharing up to a 90 -day supply
Tier 3 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	\$60	\$120	\$120

Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage limit. Here’s your cost-sharing for covered Part D drugs after the Initial Coverage limit and until you reach \$6,350 in prescription drug expenses:

Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

Catastrophic Coverage

Greater of 5% of the cost of the drug - or - \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs.

Catastrophic Coverage benefits start once \$6,350 in true out-of-pocket costs is incurred.



Requirements:

Precertification Applies

Step-Therapy Applies

Non-Part D Drug Rider

- Not Covered

For more information about Aetna plans, go to www.aetna.com or call Member Services at toll-free at 1-888-267-2637 (TTY: 711) for additional information. Hours are 8 a.m. to 6 p.m. local time, Monday through Friday.

Medical Disclaimers

Not all PPO Plans are available in all areas

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your Evidence of Coverage
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is



recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Aetna will pay any non contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare covered services under the plan.

Pharmacy Disclaimers

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30 day supply. To find a network pharmacy, you can visit our website (<http://www.aetnaretireplans.com>). Quantity limits and restrictions may apply.

If you reside in a long-term care facility, your cost share is the same as at a retail pharmacy and you may receive up to a 31 day supply.

Members who get "extra help" don't need to fill prescriptions at preferred network pharmacies to get Low Income Subsidy (LIS) copays.



Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call 1-888-792-3862, (TTY users should call 711) 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna’s preferred drug list. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Pharmacy participation is subject to change.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for “off label” use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs”. These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth



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- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
 - Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
 - Drugs used to promote fertility
 - Drugs used to relieve the symptoms of cough and colds
 - Non-prescription drugs, also called over-the-counter (OTC) drugs
 - Drugs when used for the treatment of sexual or erectile dysfunction

Plan Disclaimers

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

This information is not a complete description of benefits. Call 1-888-267-2637 (TTY: 711) for more information.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna).

Your coverage is provided through a contract with your former employer/union/trust. The plan benefits administrator will provide you with information about your plan premium (if applicable).

You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

You can read the *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call

1-877-486-2048.

DENTAL PLAN

Your Dental PPO Plan

The Dental Preferred Provider Organization (PPO) plan is offered by Guardian.

Using the Plan

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.

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.





It's Easy to Find a Network Dentist!

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

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



Visit guardiananytime.com and select "Find a Provider"

- Click "Search for Providers"



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



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



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



Find a provider and ID card mobile app

- Download from 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

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.

TIP

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, visit www.guardiananytime.com or contact Human Resources**

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*SM 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*SM, 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*SM 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 or download the *GuidanceNow*SM mobile app. You'll find:

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

*EmployeeConnect*SM

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*SM 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*SM program or for more information: Visit GuidanceResources.com (username: LFGSupport, password: LFGSupport1), download the *GuidanceNow*SM mobile app or call 888-628-4824.

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*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com (username: LFGSupport ■ password: LFGSupport1)
- Download the *GuidanceNow*SM mobile app
- Call 888-628-4824



COST BREAKDOWN

Retired Priest Medical and Dental plans below are effective 7/1/2023 - 6/30/2024.

MEDICAL / DENTAL COVERAGE	RETIRED PRIEST CONTRIBUTION
Aetna Medicare Advantage (Includes Rx, Vision Exam, Eyewear Reimbursement)	
Retired Priest	Provided by Archdiocese of San Antonio
Guardian Dental PPO	
Retired Priest	Provided by Archdiocese of San Antonio

BASIC LIFE AND AD&D	BENEFIT	CONTRIBUTION
Basic Life - under age 70	\$20,000	Provided by Archdiocese of San Antonio
Accidental Death & Dismemberment - under age 70	\$20,000	
Basic Life and AD&D - age 70+	\$10,000	

DIRECTORY & RESOURCES

Below, please find important contact information and resources

INFORMATION REGARDING	GROUP /POLICY #	CONTACT INFORMATION	
Medical Coverage			
Aetna Medicare Advantage	428417	888-267-2637	www.aetnaretireplans.com
Dental Coverage PPO			
Guardian PRE -Enrollment Hotline	560992	888-600-1600	www.guardiananytime.com
Guardian POST -Enrollment for Member		800-627-4200	
Life, AD&D Coverage			
Guardian	560992	800-525-4542	www.guardiananytime.com
Employee Assistance Program (EAP)			
ComPsych/Lincoln Financial		888-628-4824	www.GuidanceResources.com
Human Resources		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 contact Human Resources.

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