



The Catholic Diocese of Raleigh

July 1, 2024 – June 30, 2025 Benefits Summary (Regular Full-time)

<p><u>Eligibility Requirements</u></p>	<p>This is an outline of benefits for Regular Full-time employees working 30 hours or more per week on a regularly scheduled basis.</p>															
<p><u>Medical Plan</u> Christian Brothers Services Customer Service/Claims: 1-800-807-0400 www.cbsservices.org <i>Medical benefits (including the Prescription Drug and Vision Plans) are in effect the first of the month following date of hire unless date of hire is the first day of the month; then benefits will be in effect on that date.</i></p>	<p><u>IN-NETWORK BENEFITS:</u> Preferred Provider Organization (PPO): Blue Cross Blue Shield Preventative care: 100% Co-pays: Primary Care: \$30 / Urgent Care: \$40 / Specialist: \$50 Radiology/Surgery/Hospitalization: 80% after deductible Annual Deductible: \$1,000 individual/ \$3,000 family</p> <p><u>OUT-OF-NETWORK BENEFITS:</u> Office Visit: 60% after deductible Diagnostic/Surgery/Hospitalization: 60% after deductible Deductible: \$1,500 individual/ \$3,000 family</p> <p><u>Bi-Weekly Pre-tax Cost to Employee</u> (includes Rx and Vision plans)</p> <table border="0"> <thead> <tr> <th></th> <th>26 pay periods</th> <th>20 pay periods (hourly/schools)</th> </tr> </thead> <tbody> <tr> <td>• Employee Only:</td> <td>\$ 52.75</td> <td>\$ 68.58</td> </tr> <tr> <td>• Employee +Spouse:</td> <td>\$338.47</td> <td>\$440.01</td> </tr> <tr> <td>• Employee +Child(ren):</td> <td>\$174.90</td> <td>\$227.38</td> </tr> <tr> <td>• Employee +Family:</td> <td>\$432.93</td> <td>\$562.81</td> </tr> </tbody> </table>		26 pay periods	20 pay periods (hourly/schools)	• Employee Only:	\$ 52.75	\$ 68.58	• Employee +Spouse:	\$338.47	\$440.01	• Employee +Child(ren):	\$174.90	\$227.38	• Employee +Family:	\$432.93	\$562.81
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<p><u>Prescription Drug Plan</u> Express Scripts Group # CBEBT01 Customer Service/Claims: 1-800-718-6601 www.express-scripts.com</p>	<p><u>Retail (covers up to 30-day supply retail Rx)</u> Co-pay: \$ 10 Generic \$ 35 Preferred \$ 60 Non-Preferred</p> <p><u>Mail-order (covers 90-day supply maintenance Rx)</u> Co-pay: \$ 25 Generic \$ 90 Preferred \$150 Non-Preferred</p> <p><i>Note: 90-supply may be purchased directly at any Walgreens pharmacy mail-in service instead of mail order through Express Scripts.</i></p>															
<p><u>Vision Plan</u> Vision Service Plan (VSP) Customer Service/Claims: 1-800-877-7195 www.vsp.com</p>	<p><u>IN-NETWORK BENEFITS:</u> Vision Care: \$10 co-pay for one routine eye exam per 12 months Hardware: \$20 co-pay per benefit period for lenses; \$170 frame or contacts allowance every 12 months</p> <p><u>OUT-OF-NETWORK BENEFITS</u> Allowance given for reimbursement</p>															
<p><u>Dental Plan</u> Christian Brothers Services Customer Service/Claims: 1-800-807-0400 www.cbsservices.org <i>Dental benefits are in effect the first of the month following date of hire unless date of hire is the first day of the month; then benefits will be in effect on that date.</i></p>	<p><u>Dental Benefit:</u> Preventative and Basic Dental: 80% of usual & customary Major Dental: 50% of usual and customary Deductible: None; \$1,000 annual maximum benefit NOTE: Aetna Dental Network can be utilized for discount pricing www.aetnadental.com or 1-800-852-4877 to find a provider</p> <p><u>Bi-Weekly Pre-tax Cost to Employee</u></p> <table border="0"> <thead> <tr> <th></th> <th>26 pay periods</th> <th>20 pay periods (hourly/schools)</th> </tr> </thead> <tbody> <tr> <td>• Employee Only:</td> <td>\$ 5.30</td> <td>\$ 6.89</td> </tr> <tr> <td>• Employee +Spouse:</td> <td>\$22.44</td> <td>\$29.17</td> </tr> <tr> <td>• Employee +Child(ren):</td> <td>\$20.17</td> <td>\$26.23</td> </tr> <tr> <td>• Employee + Family:</td> <td>\$37.29</td> <td>\$48.49</td> </tr> </tbody> </table>		26 pay periods	20 pay periods (hourly/schools)	• Employee Only:	\$ 5.30	\$ 6.89	• Employee +Spouse:	\$22.44	\$29.17	• Employee +Child(ren):	\$20.17	\$26.23	• Employee + Family:	\$37.29	\$48.49
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<p><u>Life Insurance</u> Reliance Standard Life Insurance Company</p> <p><i>Life Insurance benefits are in effect the first of the month following date of hire unless date of hire is the first day of the month; then benefits will be in effect on that date.</i></p>	<p><u>Life Insurance Benefit:</u></p> <p>2 times annual salary rounded up to the next thousand, maximum benefit \$500K. Benefit is reduced to 65% of calculated benefit at age 70 - 74 and to 50% of calculated benefit at age 75 and older.</p> <p><i>Claims must be filed through Human Resources</i></p>
<p><u>Long-Term Disability Insurance</u> Reliance Standard Life Insurance Company</p> <p><i>Long Term Disability benefits are in effect the first of the month following date of hire unless date of hire is the first day of the month; then benefits will be in effect on that date.</i></p>	<p><u>Long-Term Disability Benefit:</u></p> <p>Benefit pays approximately 60% of salary. Approved benefits begin after a 90-day waiting period.</p> <p><i>Claims must be filed through Human Resources</i></p>
<p><u>403(b) Retirement Plan</u> Lincoln Financial Group</p> <p>Customer Service: 1-800-234-3500</p> <p>www.lfg.com</p>	<p><u>Employer Core Contribution: (non-contributory by employee)</u></p> <ul style="list-style-type: none"> • 4% of annual salary contributed to designated target date • Contribution may be changed to any funds offered in the plan • 5-year vesting schedule: 20% per completed year of service <p><u>Optional Employee Contribution: (elective contribution)</u></p> <ul style="list-style-type: none"> • Auto-deferral of 5% of salary (may opt out at any time) • Match: 50% of the first 5% you contribute • Option of pre-tax or after-tax (Roth) or combination of both • Contributions may be made to any of the investment funds offered in the plan, up to the annual IRS limit • 100% vesting on employee contributions and match
<p><u>Flexible Spending Accounts</u> Connect Your Care</p> <p>Customer Help Desk: 1-877-292-4040</p> <p>www.connectyourcare.com</p>	<p><u>Health Care Spending Account: (optional benefit)</u></p> <ul style="list-style-type: none"> • Pay out of pocket health care costs for self or immediate family members with pre-tax income • Pre-tax amount allowed up to annual IRS limit <p><u>Dependent Care Spending Account: (optional benefit)</u></p> <ul style="list-style-type: none"> • Pay childcare costs with pre-tax income • Pre-tax amount allowed up to annual IRS limit
<p><u>Workers' Compensation</u> Zurich Insurance</p> <p>Claims: 1-800-987-3373</p>	<p><u>Workers' Compensation Benefit:</u></p> <p>Covers disability incurred through accident or occupational disease—arising out of, and in the course of, employment—that requires medical, surgical, or hospital treatment.</p> <p>All work-related injuries should be reported immediately to the employee's location administrator for a claim to be filed with Zurich Insurance.</p>
<p><u>Employee Assistance Program</u></p> <p>Supportline 1-888-881-5462</p> <p>www.supportline.com Group code: dioceseofraleigh</p>	<p>The Employee Assistance Program offers confidential support to all regular full-time employees and their families for help in matters such as counseling, financial expertise, convenience resources, and legal consultations.</p>

This is only a highlight of your benefits through the Diocese of Raleigh. For a complete explanation of your benefits, please refer to the diocesan website www.dioceseofraleigh.org/benefits for further explanation of specific benefit plans. Your direct call to the provider company numbers shown beside each benefit is usually the quickest and most efficient way to handle any questions or problems that you may encounter. However, if you do not receive satisfaction from your call, please contact the diocesan Benefits Administrator in the Human Resources Office.