

2 Health Care Coverage Options

3 Wellness Incentives

4 Critical Illness Insurance

5 Action to Take During Open Enrollment

6 NEW Online Tool

3 Consider a Health Savings Account

3 Spousal Coverage

4 Additional Information and Federal Notices

5 Changing Your Benefits

6 Important Dates and Actions to Take

CATHOLIC DIOCESE OF CLEVELAND

Benefits

INSIDER

Better Health.
April 2016

2016/2017 BENEFITS HIGHLIGHTS

- If you are not enrolled in the Health Care Plan you must have a completed waiver form on file.
- Open enrollment begins May 2, 2016 and ends at midnight, May 20, 2016.
- Benefits take effect July 1, 2016.
- You can choose from two medical plan options.
- Effective July 1, 2016, HealthSpan is no longer an available option.
- The Health Care Plan will continue to fund HSA contributions.
- We will continue to offer lower premiums when you participate in the Wellness Incentive Program.
- Annual Physical and Tobacco Attestation form due to Diocese by May 1, 2016.
- Spousal Surcharge form due to Diocese by May 1, 2016.
- Dental and vision coverage and costs are unchanged for the 2016/2017 benefits year.
- Medicare supplement premiums are not changing for the 2016/2017 benefits year.
- For more information refer to www.dioceseofcleveland.org/healthbenefits or contact the Diocese Benefits Office at (216) 696-6525, Ext. 5040.

My Dear Brothers and Sisters in Christ,



Truth to be told no one plans to get sick or to get hurt. However, at some point in their lives, most people will need medical care. I believe you will agree that we are blessed in Northeast Ohio to have excellent care from medical professionals and outstanding facilities with state-of-the-art medical technology and equipment.

Like you, I find it comforting to have access to comprehensive, affordable health insurance. The fact remains, however, that the cost of health care continues to rise. Shaping effective strategies to offer high-quality health care for our current workforce in a way that sustains and supports our physical and financial health in the future is one of many serious challenges we face.

Every year the costs associated with providing health insurance rise. Unfortunately, the revenues that are used to cover these costs are not keeping pace. In addition, there are new activities and taxes imposed by the Affordable Care Act that create an additional toll on

our resources. As a result, the Diocese and its participating employers will spend in excess of \$41 million during the upcoming health plan year to cover the cost of health care so that your out-of-pocket costs remain affordable.

In the 2016-2017 health benefits plan year, we will continue our commitment to wellness incentives and options that will help to keep health care costs as affordable as possible.

As we work towards this goal, we ask that you, our employees, continue your commitment to wellness and enhancing your understanding of the options available when it is necessary to access medical care.

We are committed to ensuring access to quality health plans that are beneficial to you and your family.

Know that I continue to pray for you each day. May God bless you and your families.

Most Reverend Richard Lennon
Bishop of Cleveland

If you are covered by Medicare and utilize Medifil for your supplemental coverage, you do not need to do anything for the 2016/2017 benefits year. There are no changes to your coverage or your premium amount for the benefits plan year. Please remember that if you enrolled in Medicare, you cannot open or contribute to an HSA although you can continue to use funds that are in an existing HSA.

Your 2016/2017 Health Care Coverage Options

In 2016/2017 the Diocesan medical plans will continue to offer you and your family medical coverage benefits that balance monthly premiums with the highest quality health care providers. Our goal remains to ensure affordable coverage and shared responsibility for living healthy lives and using health care wisely.

During Open Enrollment this year (May 2–May 20), you may elect coverage OR waive coverage. If you are not enrolled in the Health Care Plan you must have a completed waiver form on file.

Choosing a health care plan is an important decision and should be based on more than your monthly premium amounts. Taking the time to understand how you and your family use your health plan can save you money now and in the future.

HEALTHSPAN HMO PLAN TERMINATION

HealthSpan was recently acquired by Medical Mutual and as a result, the HealthSpan HMO Plan will not be offered for benefits taking effect July 1, 2016. If you are enrolled you may enroll in either the MMO PPO or MMO PPO/HSA plan. If you do not complete an enrollment form you will be automatically enrolled in the MMO PPO plan.

MEDICAL PLANS OFFERED

You may elect coverage under the Medical Mutual PPO (MMO PPO) or Medical Mutual PPO/Health Savings Account (MMO PPO/HSA) health plans. Please take the time to review all of your benefits information or visit www.dioceseofcleveland.org/healthbenefits so that you make the best choice for you and your family's needs.

Medical Plans Overview

	MMO PPO/HSA	MMO PPO
Employee contribution Single/Family		
0 incentives	\$62/\$237	\$121/\$444
1 incentives	\$47/\$207	\$106/\$414
2 incentives	\$32/\$177	\$91/\$384
Deductible (In-network)		
Single	\$3,000	\$700
Family	\$6,000	\$1,400
Out-of-pocket maximum (In-network)		
Single	\$4,000	\$2,100
Family	\$8,000	\$4,200
Co-insurance rate	80%	80%
Annual Health Care Plan HSA Contribution		
Single	\$500	
Family	\$1,000	

PLAN MODIFICATIONS

The cost of health care continues to increase and while the Diocese and its participating employers continue to pay over \$41 million a year toward the cost of health care coverage, these cost increases require that changes be made.

Medical Mutual PPO Plan (MMO PPO)

The MMO PPO remains an attractive plan option for many of our employees and their families. The following changes will be effective July 1:

- Premium increases will occur for MMO PPO Plan participants.
- In-network co-insurance will decrease to 80%.
- In-network deductibles will increase to \$700 single and \$1,400 family.
- In-network out-of-pocket maximums will increase to \$2,100 single and \$4,200 family.
- Out-of-network deductibles and out-of-pocket maximums will also increase.
- There are no changes to prescription coverage.

Medical Mutual PPO with Health Savings Account (MMO PPO/HSA)

The MMO PPO/HSA plan offers the opportunity to set aside money for health expenses now and in the future. When you elect this plan, the Health Care Plan will continue to help you save by contributing to your Health Savings Account but at a reduced amount from last year:

- The Health Care Plan will make total HSA contributions in 2016/2017 of \$500 for single or \$1,000 for family coverage.

There are no other changes to this plan for premiums and benefits taking effect July 1, 2016.

For both plans, combining the medical and prescription plans under a single out-of-pocket maximum provides the greatest flexibility possible to our participants. By not setting separate maximum levels for each type of expense, all expenses incurred by a participant (excluding such expenses as non-covered expenses, expenses over allowance for non-network, etc.) will count toward the out-of-pocket maximum.

We encourage you to take the time to read and understand each topic. As always, the Employee Benefits Office is available to answer questions and can be reached at: **(216) 696-6525, Ext. 5040** or hbo@dioceseofcleveland.org.

CONSIDER A HEALTH SAVINGS ACCOUNT TO SAVE NOW AND FOR THE FUTURE

When you elect to participate in the Medical Mutual PPO/Health Savings Account Plan (MMO PPO/HSA) and open a Health Savings Account (HSA), the Health Plan will help you pay for current qualified medical expenses or save for future needs.

For 2016/2017, when you are an active participant in the MMO PPO/HSA plan, the Health Care Plan will contribute

- \$500 total for single coverage plan participants. A deposit of \$125 will be made into your HSA on July 1, 2016, October 1, 2016, January 2, 2017, and April 1, 2017 (when you are an active participant)
- \$1,000 total for family coverage plan participants. A deposit of \$250 will be made into your HSA on July 1, 2016, October 1, 2016, January 2, 2017 and April 1, 2017 (when you are an active participant)

In addition to Health Care Plan contributions, an HSA offers you many benefits including:

- Your account ownership. Your HSA, including Health Care Plan contributions, go with you if you leave your Diocesan employment for any reason.
- Your ability to reduce your taxable income by making additional pre-tax deposits into your HSA, up to the federal limits.
- For calendar year 2016, the annual maximum contribution for an individual with single coverage is \$3,350, unchanged from calendar year 2015.
- For calendar year 2016, the annual maximum contribution for an individual with family coverage is \$6,750. This is an increase of \$100 over calendar year 2015.
- Individuals age 55 and older are still entitled to make an additional contribution of up to \$1,000 to their accounts, thereby raising the caps to \$4,350 single / \$7,750 family.

A comprehensive list of qualified medical expenses which can be paid for with HSA dollars. Find the list at www.irs.gov/pub/irs-pdf/p502.pdf.

If you are maximizing your HSA savings, remember to add the Health Care Plan contributions along with your personal contributions when calculating your allowable contributions. Please note that the Diocesan benefit year runs from July 1–December 31. Federal limits for HSAs are established based on a calendar year of January 1–December 31.

NOTE: If you are electing the MMO PPO/HSA, please submit the PNC HSA Application along with your health plan enrollment form.

SPECIAL NOTE ON SPOUSAL COVERAGES

If you are covering your spouse who does not have access to enroll in a medical plan (either because your spouse does not work, the employer does not offer coverage or your spouse is not eligible for the employer coverage) you must complete the Working Spouse Employer Verification (“Spousal Surcharge”) form. If this form is not received by the Employee Benefits Office by May 1, 2016 you will be charged the \$150 per month surcharge. Get the form at www.dioceseofcleveland.org/healthbenefits/forms, under the Enrollment folder.

Don't Leave Money on the Table!

If you or your family are among the 40% of Diocesan health plan enrollees who spend less than \$500 annually on health care, the MMO PPO/HSA could save you thousands of dollars when you maximize your HSA contributions.

YOUR PARTICIPATION IN WELLNESS INCENTIVES LOWERS YOUR HEALTH CARE PREMIUMS

We are proud to continue to help you and your family lead the healthiest lives possible. For the 2016/2017 benefits year, the Diocese will again offer incentives by reducing your monthly premiums when you are tobacco-free* or complete the Medical Mutual of Ohio QuitLine tobacco cessation program (call 866-845-7702 to enroll) and when you obtain an annual physical from your primary care doctor. Your spouse will be required to be tobacco-free and obtain a physical for family plan coverage as well. Get the form at www.dioceseofcleveland.org/healthbenefits/forms, under the Enrollment folder.

The wellness incentives for the coming plan year are

- Single coverage - \$15 per month for each of the tobacco-free and physical examination incentives.
- Family coverage - \$30 per month for each of the tobacco-free and physical examination incentives.

These discounts can total \$360 for single or \$720 for families in a year!

Remember, if you and your spouse are enrolled in family coverage, then both of you must be tobacco-free (or have completed the QuitLine program) and obtained an annual physical in order to receive incentives.

**Tobacco-free is defined as not having used nicotine or nicotine products within 90 days. Tobacco or nicotine usage includes, but is not limited to: cigarettes, E-cigarettes, cigars, pipe smoking, snuff, chewing tobacco, nicotine patch, nicotine gum or other nicotine supplements.*

SPOUSE COVERAGE

The Diocese is doing all we can to keep health care and benefits costs aligned with your needs and the needs of the organization. As health care costs continue to spiral, this becomes more difficult although we remain committed to balancing needs and costs.

We understand that many of our participants are married and have spouses who may have the opportunity to enroll in benefits through their own employers. In cases where a spouse has the ability to enroll through his or her employer and chooses to participate in one of the Diocesan medical plans, a monthly surcharge of \$150 will be added to the participant’s monthly insurance cost.

This charge is common among employers and assists in managing our health care coverage costs.

Critical Illness Insurance: A Valuable Benefit From the Diocese

In the 2016/2017 plan year, the Diocese will continue to package Critical Illness Insurance with the MMO PPO/HSA plan. There is no added charge to you as this coverage has been embedded into the design of the MMO PPO/HSA plan.

While the money can be used for ANY purpose, and does not have to be deposited into your HSA, this important benefit may reduce the need to withdraw money from your HSA if you are stricken by a covered medical condition, many of which can be very costly.

The Critical Illness Insurance will pay a lump sum of up to \$12,000 to individuals (employees or covered family members) in the event of a covered serious, costly medical event such as a heart attack, kidney failure or major organ transplant, among others. Here's a chart that shows how it works:

Covered Conditions	Initial Benefit (1st Occurrence After Effective Date)	Recurrence Benefit
Full Benefit Cancer	100% of \$12,000 Benefit Amount	100%
Partial Benefit Cancer	25% of \$12,000 Benefit Amount	25%
Heart Attack	100% of \$12,000 Benefit Amount	100%
Stroke	100% of \$12,000 Benefit Amount	100%
Coronary Artery Bypass Graft	100% of \$12,000 Benefit Amount	100%
Kidney Failure	100% of \$12,000 Benefit Amount	NONE
Alzheimer's Disease	100% of \$12,000 Benefit Amount	NONE
Major Organ Transplant	100% of \$12,000 Benefit Amount	NONE
22 Additional Listed Conditions (see www.dioceseofcleveland.org/healthbenefits)	25% of \$12,000 Benefit Amount	NONE

NOTE: There is a \$36,000 lifetime maximum benefit per person.

THE CRITICAL ILLNESS INSURANCE ALSO HAS THESE IMPORTANT FEATURES:

Guaranteed Acceptance – When you enroll in the MMO PPO/HSA plan you and your eligible family members are covered – no health questions, no medical exams and no hassle.

Portable – Your critical illness insurance will be made available on a direct bill basis if your employment terminates or you retire. You can take it with you at the same low group rate that was available when you were covered under the Diocesan plan.

Coverage for Spouse and Children – When enrolled in the MMO PPO/HSA plan your spouse and children who are covered by the health plan are also covered by the critical illness insurance.

Payments Made Directly to You – You decide how to spend the money — for medical expenses not covered by your medical plan like deductibles — or for non-medical expenses like extra household bills, childcare, or home modifications that might have resulted from your illness.

The critical illness insurance is underwritten by Metropolitan Life Insurance Company, New York, New York. Like most insurance this policy contains certain exclusions and limitations. In this limited space we have only been able to provide a summary of the critical illness plan. Please visit the Diocese health benefits website at www.dioceseofcleveland.org/healthbenefits for a copy of all of the policy provisions.

Additional Information Programs for Children, Pregnant Women and Families

Ohio Medicaid offers three programs for children, pregnant women and families with limited income to get health care. Once eligible for Medicaid, each child (birth through age 20) will have access to an important group of services known as Healthcheck.

To learn more about these programs, please call a State of Ohio Enrollment Counselor at: **800.605.3040**.

FEDERAL NOTICES

CHIP Program Notice

Please refer to the Diocesan Benefits Website at www.dioceseofcleveland.org/healthbenefits for details concerning the Federal Regulations regarding Children's Health Insurance Program Renewal Act of 2009 (requiring notice of certain state CHIP programs).

Special Rights Following Mastectomy

A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis
- Treatment of physical complications of mastectomy

The Diocesan health plans comply with these requirements. Benefits for these procedures generally are comparable to those provided under our plans for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our plans neither impose penalties (ex. reducing or limiting reimbursements) nor provide incentive to induce attending providers to provide care inconsistent with these requirements.

Notice to Plan Participants

The Department of Health and Human Services continues to be challenged in the courts regarding the legality of mandating services that are not aligned with the teachings of the Catholic Church. Diocesan health insurance offerings remain unchanged, aligned with the Catholic Church and do not cover contraception, abortion, sterilization and related counseling services.



WHAT ACTION DO I NEED TO TAKE DURING OPEN ENROLLMENT?

Open Enrollment is the one time each year you are able to change benefit plans unless you have a “Change Event” (see article, “Changing Your Benefits Outside Open Enrollment” on this page).

If you are already enrolled in either the MMO PPO or MMO PPO/HSA plan and do not need to make any changes then you do not need to submit an enrollment form — you will automatically be enrolled in the same coverage.

If you are currently enrolled and want to make a change to a your plan or add a spouse or dependent you will need to submit an enrollment form.

If you are currently enrolled in the HealthSpan HMO Plan that is terminating, you may enroll in either the MMO PPO or MMO PPO/HSA plan by submitting an enrollment form. If you do not complete an enrollment form you will be automatically enrolled in the MMO PPO plan.

If you are not enrolled in the Health Care Plan you must have a completed waiver form on file. If you are waiving coverage this year or have not completed a waiver form in the past please have your employer submit one to the Benefits Office.

Note: All forms can be obtained at www.dioceseofcleveland.org/healthbenefits/forms or from your Employer. Enrollment forms and waivers are to be submitted to your Employer.

CHANGING YOUR BENEFITS OUTSIDE OPEN ENROLLMENT

Your elections generally must remain in effect for the entire coverage period. Under the Plans, however, you may change your elections during a coverage period upon the occurrence of certain events called “Change Events.”

Change Events include a change in your legal marital status, birth of a child, adoption or death of a dependent, change in your employment status or your spouse’s or dependent’s employment status, changes in your dependent’s satisfaction of the Plan’s eligibility requirements (for example, attainment of the maximum age), a significant change in coverage options or cost of the Plans, you or your dependent first become entitled to coverage under Medicare or Medicaid, you first become covered by a qualified medical child support order which requires you to provide coverage for your dependent child, or you first become entitled to coverage under your spouse’s plan. The extent to which you may make a change is limited by and must be consistent with the Change Event which occurred.

The Affordable Care Act (“ACA”) now requires, additional events that allow a participant to revoke a Health Care Plan election:

- An employee who has a change in employment status from full-time to part-time, but continues to be treated as full-time because of the stability period may revoke a Health Care Plan election; and,
- Any participant (employee, spouse or dependent) may elect to revoke his or her Health Care Plan election prospectively in order to enroll in a Qualified Plan through the Marketplace Exchange either because of a Special Enrollment Period or during the Marketplace Exchange open enrollment period.

For more detailed information on these two exceptions required by the ACA please consult the Health Care Handbook at www.dioceseofcleveland.org/healthbenefits/forms or contact the Benefits Office.

If you have a Change Event and wish to make a new coverage election during a coverage period or waive coverage, you must complete a new enrollment/change form or Health Care Waiver Form within 30 days of the effective date for any of these Change Events. **If you do not complete a new enrollment/change form within 30 days, you will not be able to make a change in your coverage until the next open enrollment.**





Benefits INSIDER

For more information, please refer to the website dioceseofcleveland.org
or contact the Employee Benefits Office at
(216) 696-6525, Ext. 5040 | hbo@dioceseofcleveland.org

NEW Online Tool for Cost Comparisons



Did you know different facilities and providers can charge different amounts for the same medical services? Knowing where and how to receive the best care at a reasonable cost can save you money.

Medical Mutual offers My Care Compare, a new online tool, so that you can shop and compare costs between doctors and medical services. Log in to your secure My Health Plan account at member.medmutual.com and click **My Care Compare** to start saving today.

Open Enrollment begins **May 2, 2016** and ends at midnight **May 20, 2016**

If you are **not** enrolled in the Health Care Plan you must have a **completed waiver form** on file

You must elect your benefits or waive coverage before Open Enrollment ends

Physical and Tobacco Attestation form due by **May 1, 2016**

Spousal Surcharge form due by **May 1, 2016**
(unless currently subject to charge)