



# **Catholic Diocese of Salt Lake City Employee Health Benefits Enrollment Guide for January 1, 2025 – December 31, 2025**



# **Welcome to the Open Enrollment for your January 1, 2025 through December 31, 2025 Health Benefits!**

**The Catholic Diocese of Salt Lake City's health plan year runs January through December to coincide with the Cafeteria plan year and the medical deductible and other health plan accumulators that also apply on a calendar year basis. Our Annual open enrollment will be held October 31<sup>st</sup> to November 15<sup>th</sup> with changes effective as of January 1, 2025. Future open enrollments for the health plan will continue to be held in the month of November.**

**Open Enrollment: October 31<sup>st</sup>– November 15<sup>th</sup>, 2024  
New Hire Enrollment: Enrollment Application Forms must be completed  
and returned within 30 days from date of hire in a benefits eligible  
position.**

**The current group prescription drug coverage is considered Creditable Coverage (on average, at least as good as the Medicare Part D standard prescription drug coverage.) Please refer to Creditable Coverage Disclosure Notice included with this letter.**





*Este paquete contiene informacion breve en ingles de su beneficios bajo el Plan Medico de Catholic Diocese of Salt Lake City. Si usted tiene dificultad en comprender cualquier parte de este informacion, o tiene preguntas, favor contactar al administrador de reclamos en Regence BlueCross BlueShield of Utah, quien con gusto le ayudara, telefono 1-866-240-9580. Las horas de oficina son de Lunes a Viernes de 7:30 a.m. a 6:00 p.m. MST. Tambien, puede llamar al administrador del Plan al telefono 1-801-328-8641.*

**The Diocese is pleased to announce that we will continue to offer the option to choose between the current 'General' plan and 'High Deductible Health Plan (HDHP)'.**

- **NETWORK choices for the General plan option and the HDHP plan option:**
  - Two network options will be offered: ValueCare (PVC) or Participating (PAR) so you have the choice of four enrollment options:
    - **GENERAL** plan option with the Preferred ValueCare (PVC) network, or Participating (PAR) network
    - or
    - **HDHP** plan option with the Preferred ValueCare (PVC) network, or Participating (PAR) network

- Out-of-pocket maximum for the GENERAL plan option: there will continue to be separate out-of-pocket maximums for in and out-of-network services. The two-party and family out-of-pocket maximums are two (2) and three (3) times the single out-of-pocket maximum.
- Out-of-pocket maximum for the HDHP plan option: the out of pocket maximum will be a combined out-of-pocket maximum for both in-network and out-of-network.
- Out-of-Network care: all services are subject to balance billed charges.

## **Benefit Highlights:**


- Both the GENERAL plan option and the HDHP option will cover preventive services at 100% in-network with no cost sharing for the member, when services are billed as preventive care services by the in-network provider, in accordance with age limits and frequency guidelines according to and as recommended by the United States Task Force (USPSTF), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) or Health Resources and Services Administration (HRSA).
- A Two-Party rate tier will continue to be offered so employees will have the option to make premium contributions based on single, two-party, or family coverage.

**Note:** Please see your Human Resource department for contribution guidelines if you and your spouse both work for the Diocese.

- Employees electing the HDHP plan option will be offered an option to contribute to a Health Savings Account (HSA) through Accrue CMS.
- The 2025 maximum annual HSA contribution for the individual option is \$4,300 and the maximum contribution for the family option is \$8,550.
- The 2025 maximum annual FSA Health contribution limit is \$3,300 and the maximum carryover amount is \$660.
- Employees enrolled in first dollar coverage through their own employment or their spouse's employment or employees with Medicare entitlement (eligible and enrolled in Medicare) are not eligible to contribute to an HSA.
- An HSA is compatible with Dependent Care FSA, but NOT Medical FSA.
- Employees that enroll in the GENERAL plan option will continue to be offered a Flexible Spending Account (FSA).

## Medical and Prescription Drugs:

- The following chart briefly summarizes the GENERAL plan and the HDHP options. Carefully review the attached Summary of Benefits and Coverage (SBC) and your Medical Benefits Booklet for actual benefits, limitations, and exclusions.

	<b>Catholic Diocese of Salt Lake City 2025 Medical Plan Options</b>			
	<b>General</b>		<b>HDHP</b>	
	*members pay for balance billed amounts out of network			
Benefit	In Network	*Out of Network	In Network	*Out of Network
Deductible <u>Individual</u> – Calendar Year	\$1,800	\$3,600	\$2,000	
Deductible <u>Two Party</u> – Calendar Year	\$3,600	\$7,200	See Family	
Deductible <u>Family</u> – Calendar Year	\$5,400	\$10,800	\$4,000	
Medical Out of Pocket <u>Individual</u> – Calendar Year	\$5,500	\$11,000	\$5,500	
Medical Out of Pocket <u>Two-Party</u> – Calendar Year	\$11,000	\$22,000	See Family	
Medical Out of Pocket <u>Family</u> – Calendar Year	\$11,000	\$22,000	\$11,000	
Office Visit - Primary	\$40 deductible waived	45% AD	30% AD	45% AD
Office Visit Specialist	\$55 deductible waived	45% AD	30% AD	45% AD
Expanded Office Visit	Included	45% AD	30% AD	45% AD
Preventive Services	*Paid at 100%	45% AD	*Paid at 100%	45% AD
Diagnostic Lab & X- Ray	\$400 benefit then deductible and coinsurance	\$400 benefit then deductible and coinsurance	30% AD	45% AD
Inpatient Hospital Services	30% AD	45% AD	30% AD	45% AD
Outpatient Hospital Services	30% AD	45% AD	30% AD	45% AD
Ambulatory Surgical Center	20% AD	45% AD	20% AD	45% AD
Emergency Room	\$250 deductible waived	\$250 deductible waived	30% AD	30% AD
Ambulance	30% AD	30% AD	30% AD	30% AD
Urgent Care	\$55	45% AD	30% AD	45% AD
Regence Customer Service Number: Phone: 866-240-9580 Website: <a href="http://www.regence.com">www.regence.com</a>				

<b>Prescription Drug Benefits</b>				
	<b>GENERAL Plan Option</b>		<b>HDHP Option</b>	
	In Network	*Out of Network	In Network	*Out of Network
Deductible	\$300 Individual /\$600 Two-Party /\$900 Family		70%/30% AMD	
Rx Out of Pocket Maximum	Applied to medical OOP		Applied to medical OOP	
Generic Preferred	\$10 deductible waived	*Members will usually have to pay for prescription and submit to Regence for processing	30% AMD  50% Non-Preferred Specialty and Compound up to the OOP maximum AMD	*Members will usually have to pay for prescription and submit to Regence for processing
Generic Non-Preferred	20% up to \$150 deductible waived			
Brand Preferred	25% up to \$100 APD			
Brand Non-Preferred	35% up to \$150 APD			
Specialty Preferred	25% up to \$250 Generic & Preferred APD			
Specialty Non-Preferred	25% up to \$300 Non-Preferred APD			
Compound Drugs	50% up to the medical OOP maximum APD			
Regence Customer Service Phone: 866-240-9580 Website: <a href="http://www.regence.com">www.regence.com</a>				
<b>Expressions Dental</b>				
	<b>Included with both the GENERAL plan option and the HDHP plan option</b>			
	In Network	*Out of Network		
Deductible	\$50 (3x for Family)			
Preventive Services	100%	100% of Allowed Amount		
Basic Services	80%	80% of Allowed Amount		
Major Services	50%	50% of Allowed Amount		
Annual Maximum	\$1,500			
Orthodontic Lifetime Maximum Adults and Children *NEW BENEFIT*	\$1,000			
Regence Customer Service Phone: 866-240-9580 Website: <a href="http://www.regence.com">www.regence.com</a>				

- **\*Members pay all balance billed charges for care rendered at all medical, prescription drug and dental non- participating providers**
- **APD – After Pharmacy Deductible / AMD – After Medical Deductible / OOP – Out of Pocket**
- **Disclaimer: This is intended as a brief summary only. Please refer to Regence plan documents for actual benefits, limitations, and exclusions. In the event of a discrepancy, the plan documents are the governing documents.**



## Who is Eligible?

If you are a Diocesan employee (working 30 or more hours per week), you are eligible to enroll yourself and your eligible dependent spouse and your eligible dependent children in the benefits described in this guide. New hires are eligible the 1<sup>st</sup> of the month following 30 days of employment. 1099 contracted individuals and employees working under 30 hours per week are NOT eligible to enroll.

## How to Enroll

**All eligible employees MUST enroll in the Paylocity system during open enrollment.**



**Employees wanting to enroll or are already enrolled and want to change plan or network options, will be required to complete a new enrollment application in its entirety AND online in Paylocity.**

If you are eligible and not currently enrolled or if you are a new hire or newly eligible, your first step is to review the medical benefit options being offered. You should also review whether you're going to cover your eligible dependents (legal spouse and/or children to age 26). Make your benefit and network election and complete both an enrollment application **and** enroll online in Paylocity. Once you have made your election, you will not be able to change until the next Cafeteria plan open enrollment period to be effective the following January 1<sup>st</sup> unless you have a qualifying life change event.



**IT IS YOUR RESPONSIBILITY TO GET YOUR ENROLLMENT APPLICATION TO YOUR EMPLOYER TO ENSURE PROPER & TIMELY PROCESSING**

Regence Dental: Expressions Dental: **The dental annual maximum is increasing to \$1,500 and adding a new \$1,000 orthodontic lifetime maximum benefit for 2025!** The dental option is included with the medical option and cannot be purchased separately.

Prescription Drug Benefits: Both the GENERAL plan option and the HDHP plan option include prescription drug benefits. The prescription drug plan design is changing under both plan options. Prescriptions under the HDHP are subject to the medical deductible. Please refer to the Summary of Benefits and Coverage (SBC) for additional information.



## When to Enroll

The open enrollment period runs from October 31<sup>st</sup> to November 15<sup>th</sup>, 2024. The benefits you elect during open enrollment will be effective from January 1, 2025, through December 31, 2025.

**Please carefully review all notices in this guide and contact the Diocesan Human Resources office for any questions.**

## How to Make Changes

Unless you have a qualifying special enrollment event, you cannot make changes to the pre-tax benefits you elect for the 2025 plan year. Qualified changes in status include: marriage, divorce, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

## Who Pays for Benefits?

BENEFIT	WHO PAYS	TAX STATUS
Health plan	Catholic Diocese and You	Pre-Tax



The Catholic Diocese contributes to the premium. The employee pays the remaining balance of premium. Employees may also purchase coverage for their eligible legal spouses and eligible dependent children to age 26. Your premium portion is paid pre-tax through payroll deduction.

Please see your Human Resource department for contribution questions if you are adding dependents at open enrollment or if you and your spouse both work for the Diocese and you both wish to enroll under one Two-Party contract or one Family contract.





# Questions & Answers

**Open Enrollment will be available from October 31<sup>st</sup> to November 15<sup>th</sup>.**

- All eligible employees must complete Open Enrollment online in Paylocity.
- If you are newly eligible or joining the Diocesan health plan for the first time, you must complete both the online enrollment in Paylocity and paper enrollment for submission to Regence.
- If you are currently enrolled with employee only coverage and you want to add your eligible dependents, you must complete a new enrollment both online in Paylocity and on paper for submission to Regence.
- If you are changing Diocesan employer locations, you must coordinate with your new location HR / Finance manager to contact Regence and transfer your medical coverage to your new location. No changes in plan coverage can happen outside open enrollment, unless it is a qualified special event change.

## Will you get new ID cards?

- No, only newly enrolled employees and those making coverage changes will be issued a new ID card. Always review your ID card(s) for accuracy upon receipt. Destroy your old ID cards only after receiving your new ID cards.
- Your address on file with Regence must be current and accurate or you will not receive a new ID card. Please provide address changes to your employer so your employer can submit to Regence.
- Your mailing address for your Explanations of Benefits for medical services rendered must be your home address, not your work address.

## Where can I find ValueCare (PVC) and Participating (PAR) provider Information?

- You can go to [www.regence.com](http://www.regence.com) and find these information.

# Network coverage 2025: Participating & Preferred ValueCare



Includes more than 2 million providers nationwide. Search for providers at [regence.com](https://regence.com) or [bcbs.com](https://bcbs.com).

**Participating (PAR)** and National BlueCard® Participating network: Our most complete network, comprising all 56 Utah hospitals and 17,000 providers and professionals, including Intermountain Healthcare and University of Utah, statewide multispecialty groups, and all urgent care locations.

All networks include most free-standing surgical and imaging centers, urgent care locations, providers and clinics, including Total Care/Total Cost of Care (TCC) providers.

**TCC providers include:** Revere Health, Granger Medical Clinic, Foothill Family Clinic, Tanner Clinic, MountainStar-HCA, Aledade, CommonSpirit Hospital - Utah Health Network and the Ogden Clinic.

**Preferred ValueCare (PVC)** and National BlueCard® PPO network: Includes 46 statewide Utah hospitals and 16,000+ providers and facilities, including HCA MountainStar, University of Utah and CommonSpirit Hospital - Utah Health Network, along with all major multispecialty groups.

HOSPITAL	PAR	PVC
Alta View Hospital - Intermountain	X	
American Fork Hospital - Intermountain	X	
Ashley Regional Medical Center	X	X
Bear River Valley Hospital - Intermountain	X	X
Beaver Valley Hospital	X	X
Blue Mountain Hospital	X	X
Brigham City Community Hospital - MountainStar	X	X
Cache Valley Hospital - MountainStar	X	X
Castleview Hospital	X	X
Cedar City Hospital - Intermountain	X	X
Central Valley Medical Center	X	X
CommonSpirit Holy Cross Hospital - Davis	X	X
CommonSpirit Holy Cross Hospital - Jordan Valley	X	X
CommonSpirit Holy Cross Hospital - Jordan Valley West	X	X
CommonSpirit Holy Cross Hospital - Mountain Point	X	X
CommonSpirit Holy Cross Hospital - Salt Lake	X	X
Delta Community Hospital - Intermountain	X	X
Fillmore Community Hospital - Intermountain	X	X
Garfield Memorial Hospital - Intermountain	X	X
Gunnison Memorial Hospital	X	X
Heber Valley Hospital - Intermountain	X	X
Huntsman Cancer Institute - U of U	X	X
Huntsman Mental Health Institute - U of U	X	X
Intermountain Medical Center - Intermountain	X	
Kane County Hospital	X	X
Lakeview Hospital - MountainStar	X	X
Layton Hospital - Intermountain	X	

HOSPITAL	PAR	PVC
LDS Hospital - Intermountain	X	
Logan Regional Hospital - Intermountain	X	X
Lone Peak Hospital - MountainStar	X	X
McKay-Dee Hospital - Intermountain	X	
Milford Memorial Hospital	X	X
Moab Regional Hospital	X	X
Moran Eye Center	X	X
Mountain View Hospital - MountainStar	X	X
Mountain West Medical Center	X	X
Ogden Regional Medical Center - MountainStar	X	X
Orem Community Hospital - Intermountain	X	
Park City Hospital - Intermountain	X	X
Primary Children's Hospital	X	X
Primary Children's Hospital - Lehi	X	X
Riverton Children's Unit	X	X
Riverton Hospital - Intermountain	X	
San Juan County Hospital	X	X
Sanpete Valley Hospital - Intermountain	X	X
Sevier Valley Hospital - Intermountain	X	X
Shriners Hospital	X	X
Spanish Fork Hospital - Intermountain	X	
St. George Regional Hospital - Intermountain	X	X
St. Mark's Hospital - MountainStar	X	X
Timpanogos Regional Hospital - MountainStar	X	X
Uintah Basin Medical Center	X	X
University of Utah Hospital	X	X
University of Utah Neuropsychiatric	X	X
University of Utah Ortho Center	X	X
Utah Valley Hospital - Intermountain	X	



*This information is designed to help you choose a medical facility. Those listed could be subject to change.*



## Catholic Diocese of Salt Lake City 2025 Medical Plan Options

Monthly Premiums	30+ hours General Plan		30+ hours HDHP Plan	
	Valuecare Network	Participating Network	Valuecare Network	Participating Network
<b>SINGLE COVERAGE</b>				
Employee Contribution	\$ 64.00	\$ 94.00	\$ 8.00	\$ 40.00
<b>Employer Contribution</b>	\$ 890.00	\$ 890.00	\$ 890.00	\$ 890.00
Total Billed Premium	\$ 954.00	\$ 984.00	\$ 898.00	\$ 930.00
<b>TWO-PARTY COVERAGE</b>				
Employee Contribution	\$ 436.00	\$ 482.00	\$ 364.00	\$ 406.00
<b>Employer Contribution</b>	\$ 908.00	\$ 908.00	\$ 908.00	\$ 908.00
Total Billed Premium	\$ 1,344.00	\$ 1,390.00	\$ 1,272.00	\$ 1,314.00
<b>FAMILY COVERAGE</b>				
Employee Contribution	\$ 1,050.00	\$ 1,118.00	\$ 922.00	\$ 994.00
<b>Employer Contribution</b>	\$ 1,126.00	\$ 1,126.00	\$ 1,126.00	\$ 1,126.00
Total Billed Premium	\$ 2,176.00	\$ 2,244.00	\$ 2,048.00	\$ 2,120.00

**Please see your HR department when both spouses work for the Diocese.**

DISCLAIMER: THESE EMPLOYER/EMPLOYEE CONTRIBUTIONS HAVE BEEN PROVIDED AS AN ESTIMATE BASED ON DIOCESAN POLICY. IF THERE IS A DISCREPANCY IN THESE RATES, THE DIOCESE INFORMATION WILL PREVAIL.

# Flexible Spending Account

## Why should I choose a flexible spending account (FSA)?

A flexible spending account (FSA) lets you save money by setting aside pre-tax dollars to pay for eligible medical, dental, vision and dependent care expenses incurred by you, your spouse or your eligible dependents.



### Take home more money

Putting money into an FSA decreases your taxable income, which means you'll take home more money.



### Plan better for health expenses

Spend your funds on the eligible health expenses you incur throughout the year. The IRS has a "use it or lose it" rule for FSAs, which means funds must be spent by the end of the plan year unless your employer offers a grace period or carryover.



### Flexibility

You can use your funds for eligible expenses occurred by you, your spouse, or your eligible dependents. Thousands of products and services are FSA eligible. (Eligible expenses are determined by the IRS.)



### Funds on Day 1

All of your FSA dollars are available on the very first day of the plan year. For example, if you choose to contribute \$1,200 to your FSA, your contributions will be deducted evenly across all of your paychecks for the year, but you have access to all \$1,200 on Day 1.



### Can I enroll?

Yes, as long as you or your spouse aren't actively enrolled and contributing to a Health Savings Account (HSA).

## Contribution limits + IRS regulations

The IRS sets the maximum dollar amount you can elect to contribute to a medical FSA. The annual contribution limit for 2025 is \$3300

**Tip:** Review how much you spend on eligible healthcare expenses every year to determine how much to elect.

## Changing your election

In order to make changes to your election after open enrollment, you need to experience a qualifying life event. These events include:

- Change in marital status or in the number of dependents
- Increase due to birth, adoption, or marriage
- Decrease due to death, divorce, or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse, or dependent employment status

If you experience a qualifying life event, contact your employer to make changes to your election.

## Your Saving Can Add Up Fast

Here's an example based on \$2,850 annual spending and a 30% effective tax rate.



\$1,850



\$500



\$500

Annual tax saving

**\$855**

1. According to the U.S. Internal Revenue Service's guidelines, each employee can contribute a maximum of \$3,050 per plan year. For more information, visit <http://www.irs.gov/>
2. Tax savings are dependent upon your annual income and tax bracket. Example for demonstration purposes only.



# Dependent Care FSA

Why should I choose a dependent care FSA?

A dependent care FSA allows you to put aside a portion of your paycheck before taxes for eligible dependent care expenses each year.



## Save money

The dependent care FSA lets you pay for eligible dependent care expenses while you reap the benefits of additional tax savings. You're spending the money either way. This way, eligible childcare and other dependent care costs are a little less.



## Save strategically

Submit all of your dependent care expenses at the end of the plan year for one lump sum reimbursement to give yourself a hard-earned "bonus."



## Fast Fact

For recurring costs, submit our Recurring Dependent Care Form.

It makes claim filing simple because you only need to submit one form once in order to get reimbursed each pay period.

## What does it cover?

The list includes, but is not limited to, eligible:

- Childcare center, babysitter, nanny (birth through age 12)
- Summer day camp
- Before- or after-school care
- Disabled dependent and/or spouse care
- Elder care

## Can I enroll?

You are eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis.

# Dependent Care FSA

## Contribution Limits & IRS Regulations

The IRS sets the maximum dollar amount you can elect and contribute to a dependent care eligible spending account (dependent care FSA). The annual contribution limit for is:

- Per household: \$5000.00
- Per person (if married and filing separately): \$2500.00

Although most people incur more than the limit per year, we recommend reviewing how much you spend on eligible dependent care expenses every year to determine your election.



### Funds available as you contribute

Funds will be available to you as they're deducted from your paycheck and contributed to the plan. This means when payroll is processed and your paycheck is available to you, your dependent care FSA contributions will be applied to your account and available for reimbursement.



### Use-or-lose

Don't forget to spend your Dependent Care dollars. If you have not used all of your funds before the end of the plan year, you will forfeit any money left in your account. (Check with your employer to confirm how many days you have to submit claims for reimbursement after the plan year ends.)



## Fast Fact

A great way to set it and forget it is to use our Recurring Dependent Care Form that allows you to submit one claim for the entire year and you will be reimbursed after each payroll.

## Changing your dependent care FSA election

In order to make changes to your election after open enrollment, you need to experience a qualifying life event. (If you experience a qualifying life event, contact your employer to make changes to your election.) These events include:

- Change in marital status
- Change in the number of dependents
- Increase due to birth, adoption or marriage
- Decrease due to death, divorce or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse or dependent employment status
- Change in daycare providers
- Child turning age 13
- Increase or decrease in the cost of qualifying daycare expenses
- Judgement, decree or order requiring a change in coverage

# Health Savings Account

## Why should I choose a health savings account (HSA)?

An HSA allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses or use as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA don't, making it a powerful option for diversifying your retirement portfolio.



### It's yours

An HSA isn't a "use it or lose it" account. Unspent funds roll over every year, and the account remains yours even when you switch employers. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.



### Spend, save, and invest

Your funds can be spent on current eligible healthcare expenses, saved for future healthcare needs, or invested for retirement. Want to do all three? Set your investment threshold to mirror your deductible amount and invest any contributions above it to build your retirement nest egg.



### Flexibility

You can adjust your payroll deductions or contributions at any time, no questions asked.

### Save on taxes 3 ways

The money you contribute, your earnings from investments, and withdrawals for eligible expenses, are all tax-free.



### What does it cover?

There are thousands of eligible items. The list includes but is not limited to:

- Copays, coinsurance, insurance premiums
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental, orthodontia, and vision expenses, such as frames, contacts, prescription sunglasses, etc.

### Can I enroll?

You must be enrolled in a high-deductible health plan (HDHP) in order to enroll in the HSA. You're not eligible for an HSA if:

- You're claimed as a dependent on someone else's taxes.
- You're covered by another plan that conflicts with the HDHP, such as Medicare, a medical FSA, or select HRAs.
- You or your spouse are contributing to a medical FSA.

## Contribution Limits & IRS Regulations

The IRS sets the maximum dollar amount you can elect and contribute to an HSA. The annual contribution limit is:

**Single coverage – \$4,300.00**

**Family coverage – \$8,550.00**

Please note: If you're 55 years of age or older, you are eligible to make an annual catch-up contribution, which lets you contribute an additional \$1,000 on top of the above annual contribution limits. To determine your contribution, we recommend setting a goal on what you plan to use your HSA for. Keep in mind you're not locked in to that decision and can change your contribution amount at any time.



Regence



UTAH



REGENCE.COM & APP

# Health care is confusing. Your Regence account has the answer.

When it comes to managing your health care, you deserve more support and less complexity. That's why Regence offers a personalized digital experience on regence.com and in the app.

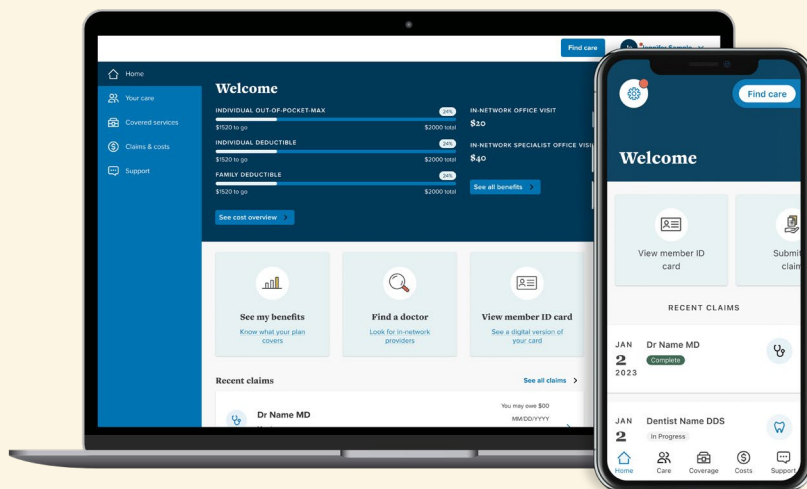
## One experience, any device

Check your claims, view your benefits, find in-network doctors and personalized insights, and chat with Customer Service.

All this right from your own home screen—a convenient way to take care of yourself and save money along the way.

### Get started!

To create an account, go to regence.com or download the Regence app. All you need is your member ID card to get started.

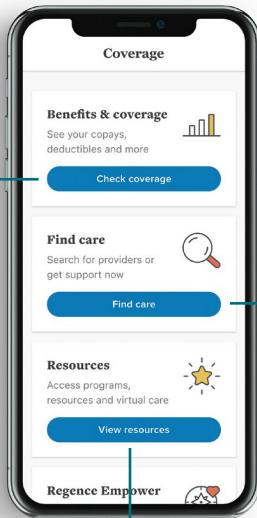




## More clarity

Find out what's covered under your health plan. See your copays and coinsurance, and pull up your Summary of Benefits and Coverage for more details about how much you'll pay for services.

Locate providers in your network, access virtual care and explore all of the benefits, programs and resources available to you.



Know what's covered

Explore programs

Search for providers

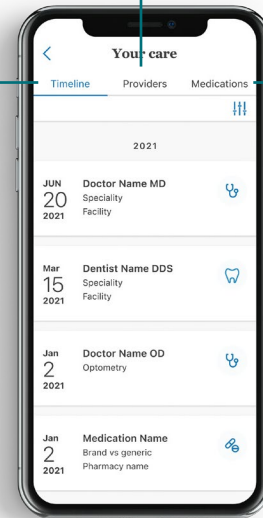
## Your health history at a glance

See your health history in a chronological timeline. View past doctor visits, lab work, prescription fills\* and more for you and any family members on your plan.

See your health history

Look up your providers

View your prescriptions



\*Features and functionality may vary based on your insurance plan

Regence BlueCross BlueShield of Utah  
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Utah  
2890 E Cottonwood Parkway | Salt Lake City, UT 84121

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# Find the right care at the right price: A step-by-step guide

Health care shouldn't be a headache. With our easy-to-use tools at **regence.com** and on the Regence app, you can do the things you need to do—without the hassle.

## How to search for an in-network provider

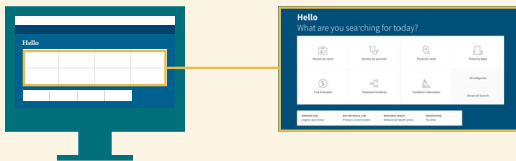
When you stay in network, you'll save money and avoid surprise medical bills. Here's how to search for doctors, specialists and clinics in your network.

**Step 1:** Sign in to **regence.com**.

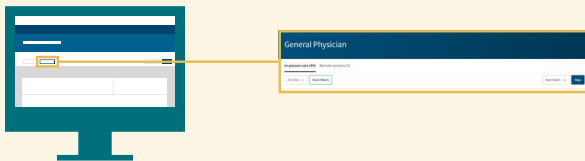
**Step 2:** Click on **Find a doctor**.



**Step 3:** Choose a search category (*Doctors by name, Doctors by specialty, etc.*), and enter your search term.



**Step 4:** Select **More filters** to narrow the results by distance, gender, languages spoken, ethnicity and more.



**Step 5:** Choose a provider to see more details, including reviews by other patients.



## How to get a cost estimate

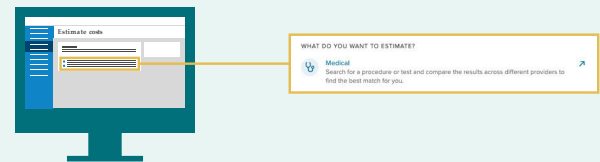
Get help making the right financial decisions with estimated costs for office visits, imaging, surgeries, immunizations, physical therapy and more—all based on your benefits.

**Step 1:** Sign in to **regence.com**.

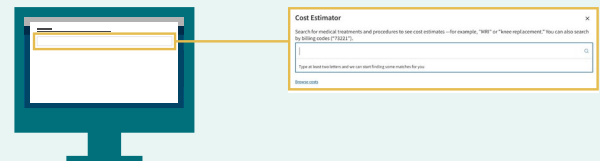
**Step 2:** Click on **Claims & costs** in the menu to the left, and then **Estimate costs**.



**Step 3:** Choose **Medical** under “What do you want to estimate?”



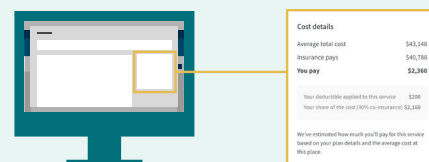
**Step 4:** Enter the service, treatment or procedure you'd like an estimate for, such as “MRI” or “knee replacement.”



**Step 5:** Select **More filters** to narrow the results.



**Step 6:** Click **More details** under each estimated cost to see a price breakdown.



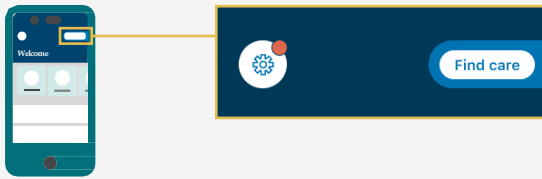
## How to use these tools on the Regence app

With the Regence app for iPhone and Android, you can tap into these tools—as well as all your health plan info—when you're on the go.

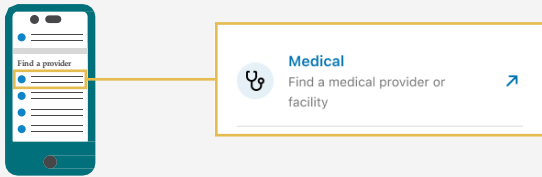
### To find in-network providers:

**Step 1:** Download the app if you haven't already and sign in with your existing Regence account.

**Step 2:** From the home screen, tap **Find care**.



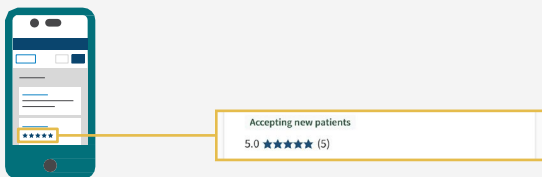
**Step 3:** Scroll down to **Find a provider**, and then select **Medical**.



**Step 4:** Choose your search category and enter your search term. Tap **Filter** to narrow your results.



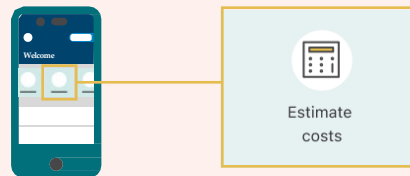
**Step 5:** Choose a provider to see more details, including reviews by other patients.



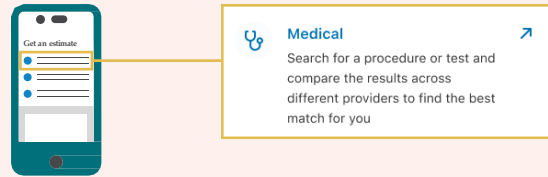
### To get a cost estimate:

**Step 1:** Download the app if you haven't already and sign in with your existing Regence account.

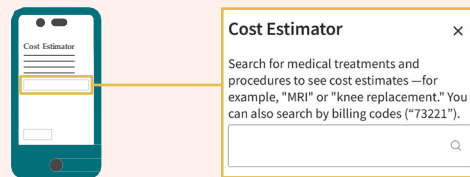
**Step 2:** From the home screen, tap the **Estimate costs** tile.



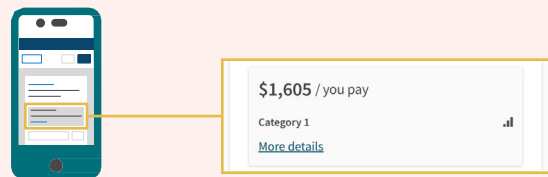
**Step 3:** Select **Medical**.



**Step 4:** Enter the service, treatment or procedure you'd like an estimate for. Tap **Filter** to narrow your results.



**Step 5:** Tap **More details** under each estimated cost to see a price breakdown.



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# Know your behavioral health options



If you or your loved one is facing a behavioral health challenge—from anxiety and depression to eating disorders or substance use—we want to make it easy to get care. You can find in-network providers at [regence.com](https://www.regence.com). (Some services aren't available on all plans.)

## Help is available. No referral is needed.

Thoughts of suicide? Call 988—National Suicide and Crisis Lifeline—available 24/7.

### In-person care

Go to [regence.com](https://www.regence.com) to find a doctor and look for these in-network options:

- Private practitioners with a variety of expertise, such as psychiatrists, psychologists, social workers, licensed counselors and more
- Inpatient care
- Outpatient programs

### Virtual care

- **AbleTo Therapy+** for an 8-week series of one-on-one therapy with digital support between sessions for ages 18 and up: [AbleTo.com](https://www.ableto.com) or 1-866-287-1802
- **Array** specializes in psychiatry and counseling services for ages 5 and up: [arraybc.com](https://www.arraybc.com)
- **Charlie Health** for an Intensive Outpatient Program treating ages 1 to 34 with behavioral health needs: [charliehealth.com](https://www.charliehealth.com)
- **Equip** for treatment of eating disorders for all ages: [equip.health](https://www.equip.health)
- **NOCD** specializes in treatment of obsessive-compulsive disorders for ages 6 and up: [treatmyocd.com](https://www.treatmyocd.com)
- **Talkspace** specializes in counseling for general behavioral health needs for ages 13 and up, and psychiatry/medication management for ages 18 and up: [talkspace.com](https://www.talkspace.com)

### Substance use disorder

- **Boulder Care** for virtual outpatient treatment: [boulder.care](https://www.boulder.care) or 1-866-901-4860

### Provider matching

- **Headway** for finding an in-network therapist and booking their next available virtual or in-person appointment for ages 6 and up: [headway.co](https://www.headway.co)

### Employee Assistance Program (EAP)

Ask your HR team if your plan includes EAP. It quickly puts professional support in your hands without additional cost to you. Get a range of services to support your mental health, emotional well-being and life-balance needs.



### Customer Service is here for you

Need more help finding the right care? Our compassionate team is ready to help. Just give us a call at the number on the back of your member ID card.



Resource information is current as of June 2024.

Boulder Care is a separate company that provides substance abuse and addiction treatment services. AbleTo and Talkspace are separate companies that provide mental health telehealth services.

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# Get virtual care, 24/7/365

MDLIVE puts health care at your fingertips

## Visit a doctor over the phone or video

Sometimes seeing a doctor is inconvenient—there's no time, the office is closed or you're on the road. The good news is your health plan includes a virtual care benefit, powered by MDLIVE, a national leader in telehealth. You can talk to an MDLIVE doctor any time by phone or video **24 hours a day, 7 days a week, 365 days a year.\***

## Care you can count on

You can consult board-certified doctors who will diagnose and treat non-emergency medical conditions, prescribe medications and send prescriptions to your pharmacy of choice.

On average, MDLIVE doctors have 15 years of experience practicing medicine and are licensed in the state where you're located. Their specialties include primary care, pediatrics, emergency medicine, family medicine and dermatology.

### Common ailments treated via virtual care include:

Allergies	Heartburn	Skin discoloration
Chronic skin conditions	Infections	Sore throat
Cold & flu	Pink eye	Spot checks for skin cancer
Ear infections	Rashes	Sunburns
Headaches	Sinus infections	Urinary tract infections



\*Idaho regulations require telehealth services be video-enabled.  
By law, additional restrictions in other states may apply.

## What you need to know

MDLIVE is easy to use. Here are some basic things to know:

- MDLIVE can be a great option when your child isn't feeling good outside business hours; dependents will need a parent present during the visit.
- The average wait to connect with a physician is less than 15 minutes.
- You can use MDLIVE as often as you need to.
- We process each visit as a claim, and your costs count toward your deductible.
- This is more than a nurse advice line. With MDLIVE, a doctor can diagnose, treat and prescribe medications.
- You will work with an MDLIVE doctor, not your regular doctor.
- With your permission, the MDLIVE doctor will share your treatment information with your regular doctor.

**Go to [MDLIVE.com/regence-ut](https://MDLIVE.com/regence-ut) and register today. You'll want to create your online account in advance so when you need care, you will already be set.**

## Behavioral health is important too!

Your MDLIVE benefit includes a behavioral health program. It gives you access to mental health specialists for a wide variety of concerns—from grief counseling, family stress and marital problems, to other issues that impact your quality of life, as well as management of some psychiatric medications.

## What you need to know

- Behavioral health visits are offered as video visits.
- Per-visit rates for behavioral health vary depending on your needs and the type of provider you access.
- Behavioral health visits are scheduled in advance, and are not offered on-demand like primary care, but you can usually schedule a counseling visit within a few days.

## Your MDLIVE benefit includes dermatology

Connect with a board-certified dermatologist—they're available 24/7, 365 days a year. Receive a full consultation, complete with a diagnosis, personalized treatment plan and any necessary prescriptions.

## What you need to know

- You'll answer a few basic questions and provide a brief medical history. Then, upload photos of your skin, nail or hair condition. A dermatologist will take a look at the photos and get back to you.
- With MDLIVE, you can get answers fast. On average, members receive a diagnosis and treatment plan from a dermatologist within 24 hours.
- To start a visit, select **Dermatologist** from the service options on your MDLIVE dashboard.



MDLIVE is a separate and independent company that provides telehealth services for Regence members.

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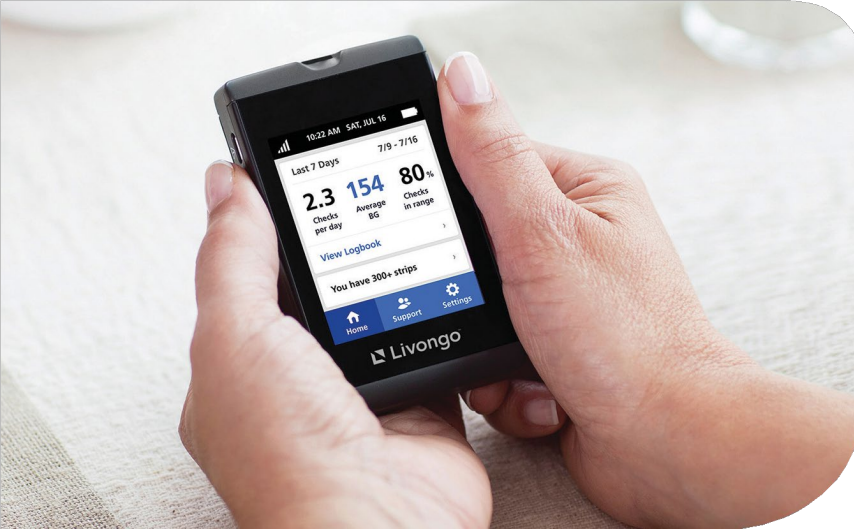
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# Diabetes management, your way

Get an advanced blood glucose meter and as many strips and lancets as you need, paid for by your plan sponsor—all at no cost to you.



Personalized tips with each blood sugar check



Real-time support when you're out of range



Strip re-ordering right from your meter



Optional alerts to keep contacts in the loop



Send a Health Summary Report directly from your meter



Automatic uploads mean no more paper logbooks

## Get started

Text **“GO UT-REG-HP”** to 85240 to learn more and join  
You can also join by visiting [Join.Livongo.com/UT-REG-HP/Register](https://Join.Livongo.com/UT-REG-HP/Register)  
or call **800-945-4355** and use registration code: **UT-REG-HP**

Program includes trends and support on your secure Livongo account and mobile app but does not include a phone, tablet or smartwatch.

Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-945-4355 o visite [Hola.Livongo.com/UT-REG-HP](https://Hola.Livongo.com/UT-REG-HP)

The Livongo for Diabetes program is offered by Regence to all members and dependents (age 13 and over) with a diagnosis of diabetes or who are on medications that are commonly prescribed for Diabetes and with coverage through the Regence health plan.

# Access your well-being program at home or on the go

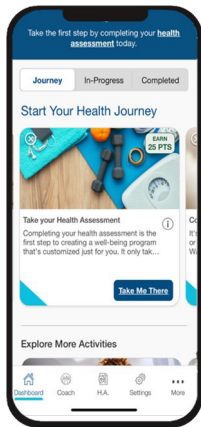
Regence  
Empower™



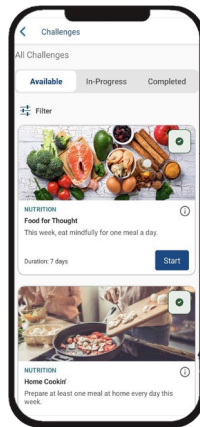
Download the **Regence Empower™** app.

Download the Regence Empower app and keep your well-being program always within reach. You'll be able to join fun challenges, claim rewards, set new goals and more—anytime, anywhere.

Once you've created your [regence.com](https://www.regence.com) account, download the Regence Empower app and take advantage of these features while you're on the go.



**Take your Health Assessment**



**Check in to a challenge or program**



- **Set personal goals**
- **Redeem rewards**
- **Participate in challenges**
- **Sync your fitness tracker**
- **Find well-being webinars**

**Scan the QR code to download the Regence Empower app and start engaging in your well-being journey today!**

Use the Regence Empower app to find all your well-being resources. It is different from the Regence app, where you find claims and benefit information.

Regence  
Empower



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# Get the most from your pharmacy benefit

Have a prescription to fill? Wondering if you should switch to a generic or use our home delivery service? Here are some quick tips and programs you need to know about.

## How to fill your prescription

Whether you have a new prescription or need to refill an existing one, our network of more than 65,000 participating pharmacies has you covered—across the country and around your corner.

Show your member ID card to your pharmacist so they can file your claim with us online and tell you how much you owe.

## Programs to stretch your pharmacy dollar

Our programs are designed to put valuable medication and health support into your hands, while also saving you money.

### Covered-drug list

When it comes to choosing medications, it's important to know how the list of covered drugs—or formulary—works.

The covered-drug list divides medications into multiple tiers, each with its own cost share. Before we add a medication to the list, our team of doctors and pharmacists carefully evaluate how safe and effective it is while assessing whether it will improve health.

What does this mean for you? By knowing whether your benefit covers your medication as well as which tier it falls under, you'll know how much you owe.

### Generics

Generic and brand-name medications have the same strength, quality and purity. But, generics can cost 20% to 60% less. So, ask your doctor if there is a generic drug that will work for you.

### Home delivery

You can get some medications—like the ones you take for a chronic condition—mailed to you at the location of your choice. That means fewer trips to the pharmacy, and it can even save you a copay or lower your out-of-pocket costs if you have coinsurance.

### 90-day fills

You can pick up 90-day supplies of most long-term medications at one of our Extended Supply Network (ESN) retail pharmacies or have our Home Delivery Program ship it to the location of your choice. Visit [regence.com/pharmacy](https://www.regence.com/pharmacy) and click on **Find a Pharmacy** to locate an ESN retail pharmacy or register for home delivery.

### Clinical programs

Our pharmacists work behind the scenes to help you get the medications you need when you need them. We also look out for safety concerns, such as potential drug interactions or duplicate prescriptions, that could affect you.

## Specialty Pharmacy

We know that living with a complex health condition can be stressful and sometimes confusing. Our specialty pharmacy services are here to support you with the care and medications you need, every step of the way. In some cases, your plan may require that you use our Specialty Pharmacy.

To assist you with the complexities of your condition and its treatment, our Specialty Pharmacy services will help you coordinate refills, monitor side effects, and give you 24-hour access to clinical specialists. You'll even get injectable supplies for free—and everything can be delivered to your home or location of your choice.

## Blood Glucose Meter Program

If you have diabetes, you're eligible to receive a new LifeScan OneTouch® glucose meter at no cost. Order your meter directly from LifeScan by calling 1 (855) 306-2278.

## Understanding pre-authorization

To ensure you're getting an effective drug at an affordable price, we review prescriptions for some medications before we cover them. Drugs on the pre-authorization list include many for which equal or more effective and lower-cost options exist.

If your drug needs pre-authorization, you'll want to do one of two things:

1. Talk with your doctor to see if there's an alternative treatment that does not require pre-authorization.

**OR**

2. Have your doctor or pharmacist request pre-authorization for your medication. You may need to get that authorization before you can get your prescription filled.



## Stay connected

Visit [regence.com](https://www.regence.com) to find drug coverage, pricing, network pharmacies and more.

**Questions?** Call the Customer Service number on your member ID card.



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# Annual Notice of Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **801-328-8641, Ext 333** for more information.

## Wellness Program Disclosure

Regence Empower is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA.

However, employees who choose to participate in the wellness program will receive an incentive from Regence.

### *Protections from Disclosure of Medical Information*

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Catholic Diocese of Salt Lake City may use aggregate information it collects to design a program based on identified health risks in the workplace, Regence Empower will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is Regence in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Dolores L. Lopez, Director of Human Resources at 27 C Street E, Salt Lake City, UT 84103 , 801-328-8641, Ext 333, [dolores.lopez@dioslc.org](mailto:dolores.lopez@dioslc.org).

# CHIPRA/CHIP Notice

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>ALASKA – Medicaid</b>	<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442
<b>ARKANSAS – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

**GEORGIA – Medicaid**

**MASSACHUSETTS – Medicaid and CHIP**

<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
<b>INDIANA – Medicaid</b>	<b>MINNESOTA – Medicaid</b>
<p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>  Family and Social Services Administration  Phone: 1-800-403-0864  Member Services Phone: 1-800-457-4584</p>	<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>MISSOURI – Medicaid</b>
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<b>KANSAS – Medicaid</b>	<b>MONTANA – Medicaid</b>
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>	<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>
<b>KENTUCKY – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<b>LOUISIANA – Medicaid</b>	<b>NEVADA – Medicaid</b>
<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a>  Medicaid Phone: 1-800-992-0900</p>

<p align="center"><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Phone: 1-800-356-1561  CHIP Premium Assistance Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>	<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>  Phone: 1-800-440-0493</p>
<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Utah’s Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>  Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>  Phone: 1-888-222-2542  Adult Expansion Website:  <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a>  Utah Medicaid Buyout Program Website:  <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>  CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>
<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  Phone: 1-844-854-4825</p>	<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> (<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>)  Phone: 1-800-250-8427</p>
<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website:  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>  Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center"><b>OREGON – Medicaid and CHIP</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  Phone: 1-800-699-9075</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>
<p align="center"><b>PENNSYLVANIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>  Phone: 1-800-692-7462  CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center"><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte)</p>	<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website:  <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-">https://www.dhs.wisconsin.gov/badgercareplus/p-</a></p>

Share Line)	<a href="#">10095.htm</a> Phone: 1-800-362-3002
<b>SOUTH CAROLINA – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

**Employee Benefits Security Administration**  
U.S. Department of Labor  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**Centers for Medicare & Medicaid Services**  
U.S. Department of Health and Human Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Notice of Availability of HIPAA Notice of Privacy Practices

Catholic Diocese of Salt Lake City  
27 C Street E, Salt Lake City, UT 84103  
10/30/2024

To: Participants in the  
Catholic Diocese of SLC Group Health Plan  
Catholic Diocese of SLC Group Dental Plan  
Catholic Diocese of SLC Group Tax Advantage Plan

From: Dolores L. Lopez, Director of Human Resources Re: Availability

of Notice of Privacy Practices

Catholic Diocese of SLC Group Health Plan  
Catholic Diocese of SLC Group Dental Plan  
Catholic Diocese of SLC Group Tax Advantage Plan

Maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Dolores L. Lopez, Director of Human Resources at 27 C Street, Salt Lake City, Utah 84103, 801-328-8641, EXT 333, [dolores.lopez@dioslc.org](mailto:dolores.lopez@dioslc.org), or Nell Cline, Human Resources Generalist at 801-328-8641 EXT 359, [nell.cline@dioslc.org](mailto:nell.cline@dioslc.org).

# Notice of Marketplace Coverage Options

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>1, 2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.



There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through November 30, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either- submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and November 30, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and November 30, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact **Dolores L. Lopez, Director of Human Resources at 27 C Street E, Salt Lake City, UT 84103 , 801-328-8641, Ext 333, [dolores.lopez@dioslc.org](mailto:dolores.lopez@dioslc.org).**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Catholic Diocese of Salt Lake City	4. Employer Identification Number (EIN) 87-0215468
5. Employer address, 7. City, 8. State, 9. Zip Code 27 C Street E, Salt Lake City, UT 84103	6. Employer phone number 801-328-8641, Ext 333
10. Who can we contact about employee health coverage at this job? Dolores L. Lopez, Director of Human Resources	
11. Phone number (if different from above) 801-328-8641, Ext 333	12. Email address <a href="mailto:dolores.lopez@dioslc.org">dolores.lopez@dioslc.org</a>

Here is some basic information about health coverage offered by this employer:

- o As your employer, we offer a health plan to:
  - All employees. Eligible employees are:
  - Some employees. Eligible employees are:

Active Full Time Employees working 30+ hours per week.

You will be entitled to enroll in coverage for Yourself and Your eligible dependents within 30 days of initially becoming eligible for coverage per the eligibility requirements in effect with the Plan Sponsor and as stated in the following paragraphs. Coverage for You and Your enrolling eligible dependents will begin on the Effective Date.

You become eligible to enroll in coverage on the date You have worked for the Plan Sponsor long enough to satisfy any probationary period required by the Plan Sponsor.

- o With respect to dependents:
  - We do offer coverage. Eligible dependents are:

- o The person to whom you are legally married (spouse).

- o Your (or Your spouse's) child who is under age 26

- o Your (or Your spouse's) child who is age 26 or over and who is a Disabled Dependent due to a Physical Impairment or a Mental Impairment that began before his or her 26th birthday.

The Claims Administrator's affidavit of dependent eligibility form is available by visiting their Web site or by calling Customer Service. To obtain more detailed information or to apply for this benefit, the employee must contact the *Plan Administrator*, The Catholic Diocese of Salt Lake City, Human Resource Dept. at 801-328-8641.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

*Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.*

## Medicare Part D Creditable Coverage Notice

### Important Notice from The Catholic Diocese of Salt Lake City About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Catholic Diocese of Salt Lake City (the “Plan Sponsor”) and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Plan Sponsor has determined that the prescription drug coverage offered by the Catholic Diocese of Salt Lake City Group Health Plan on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with the Plan Sponsor and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information about This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Plan Sponsor changes. You also may request a copy of this notice at any time.

## **For More Information about Your Options under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	10/30/2024
Name of Entity/Sender:	Catholic Diocese of Salt Lake City
Contact-Position/Office:	Director of Human Resources
Address:	27 C Street E, Salt Lake City, UT 84103
Phone Number:	801-328-8641, Ext 333

# Contacts

Coverage	Carrier	Phone #	Website/Email
Medical Dental	Regence	(866) 240-9580	<a href="http://www.Regence.com">www.Regence.com</a>
Health Savings Account Flexible Spending Account Dependent Care FSA	Accrue CMS	Member Services: (888) 882-1498	Customer Services: <a href="mailto:flex@accruemacs.com">flex@accruemacs.com</a> Claims: <a href="mailto:claims@accruemacs.com">claims@accruemacs.com</a> Website: <a href="http://www.accruemacs.com">www.accruemacs.com</a>
Medicare	Tina Perini	(385) 489-1313	<a href="mailto:Tina@retireehealthsolutions.org">Tina@retireehealthsolutions.org</a>

