ARCHDIOCESE OF LOUISVILLE

Employee Benefits Program 2017

and

Summary Plan Description

Employee Benefits Office
P. O. Box 1073
Louisville, KY 40201-1073

ARCHDIOCESE OF LOUISVILLE
Benefits Program
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THE FLEXIBLE BENEFITS ADVANTAGE

The Archdiocese of Louisville provides a Flexible Benefits Program that offers a variety of benefit choices. As a participant in this program, you design the benefits package that best suits your needs.

The Archdiocese provides these benefit options in addition to your basic life insurance and long-term disability protection, sick leave plan, and retirement plan, while continuing to match your Social Security contributions dollar-for-dollar.

PARTICIPATION

If you meet both of the following conditions, you are eligible to participate in the Flexible Benefits Program:

- You are employed by a parish, school, or participating agency;
- You are either a full-year employee or a school-year employee (providing 30 or more hours of weekly service).

Employees hired after January 1 will become eligible participants in the Flexible Benefits Program on the first day of the month following date of hire. To receive any benefits, the Benefit Enrollment Form along with any required applications, must be completed. **If you fail to enroll by the first of the month following date of hire, you will have to wait until the next open enrollment period to enroll. All archdiocesan group benefits cease the last day of the month in which termination occurs or contract ends.**

CHANGING YOUR BENEFIT ELECTIONS DURING A PLAN YEAR:

The same laws that make it possible for the Archdiocese to provide this Flexible Benefits Program also contain restrictions about making changes in your benefit elections during the course of a plan year.

In general, these laws require that the benefits you select (and the levels of coverage you choose) remain the same for an entire plan year. This will not present a problem for most employees, since the laws contain exceptions for virtually all major events, such as changes in your family status, your employment status, or your spouse's employment status.

If you want to make a change in your benefit selections, you must complete an insurance change form providing the reason for the change. This form may be obtained from your bookkeeper. It must be completed, returned to your bookkeeper and submitted to the insurance provider within 30 days of any major event that affects your family status, your employment status, or your spouse's employment status. The change you request will be approved if it complies with the laws governing benefit elections.

FULLY-PAID BENEFITS

BASIC TERM LIFE INSURANCE:
All parish, agency, and school employees working 30 hours or more per week are to receive a term life insurance policy in the amount of one and one-half times their annual salary ($50,000 maximum). Benefits are reduced to 65% at age 70 and 50% at age 75.

LONG-TERM DISABILITY:
All parish, agency, and school employees working 30 hours or more per week are to receive long-term disability coverage. Should a disability last beyond 180 days, this coverage provides up to 50% of the employee's salary until Normal Retirement Age, dependent on the extent of disability. If employee receives Social Security benefits or other deductible sources of income, insurance benefits decrease. Employees working beyond age 65 have a reduced benefit period.

For a more detailed description of the plans, see your bookkeeper.

OPTIONAL BENEFITS

Benefit choices include:

- Medical plan options offered through Humana
- Dental plan options offered through Humana
- Flexible spending account options
- Optional short-term disability insurance

TAX SAVINGS THROUGH FLEXIBLE BENEFITS

Any of your earnings used to buy benefits under the Flexible Benefits Program are tax free (except for short-term disability insurance). Under Internal Revenue Service guidelines, this money is directed into a flexible benefits account before it is considered to be part of your taxable income. Because this pre-tax money does not show up as taxable income on your paychecks, you do not pay federal, state, or Social Security tax on that amount. As a result, your take-home pay will be higher than if you purchased the same benefits with after-tax dollars. Your actual tax savings depend on your total income, your I.R.S. filing status, and your tax deductions. Since 2012 employers have been required to disclose the value of the health-care benefits on an employee's annual W-2.

You should be aware; however, that part of the tax savings under the Flexible Benefits Program occurs because you do not have to pay Social Security tax on any pre-tax earnings you use to buy benefits. While this could result in reduced Social Security benefits, in most cases any reduction will be minimal when compared with the taxes you will save through the years.

Also, certain tax credits may be available based on household income and qualifying dependents. Those tax credits are not available for premiums and expenses paid on a pre-tax basis. Employees should consult with a tax advisor to determine if they are eligible for such tax credits and whether they will benefit more from pre-tax payments or tax credits.

ENROLLING IN THE FLEXIBLE BENEFITS PROGRAM

The following sections of this booklet contain the information you need to make your benefit selections. Before making your selections, take a look at the Benefit Enrollment Form. You may want to complete your enrollment form as you read the following sections of this booklet.

POINTS TO KEEP IN MIND:

- Your benefit needs will depend on your personal circumstances, such as your age, marital status, the needs of your dependents, and any coverage you may have outside of this program. Carefully consider the types of benefits and levels of coverage that are best for you.

- The benefits you choose now will become effective on January 1 (unless your participation starts at a later date), and will remain in effect until December 31. You will make new benefit selections for each calendar year in the future, as long as the Flexible Benefits Program is in effect and you remain an eligible participant.

- If you need help completing your enrollment form, or if you would like more information about a particular benefit option, talk with your bookkeeper.

You are now ready to make your benefit choices.

MEDICAL/DENTAL PLANS

For most of us, medical insurance is a necessity. The cost of medical treatment, particularly for a serious illness or accident, can be a substantial financial burden. That's when the medical/dental plan choices offered under the Flexible Benefits Program can help.

MEDICAL INSURANCE:

For our members, changes under the Affordable Care Act and other adjustments to our insurance plans take effect January 1, 2017.

Eligibility:

Humana medical insurance will be offered to all full-time employees working 30 or more hours per week.

Persons working less than 30 hours per week may be eligible for medical coverage under the New Health Insurance Marketplace (*Exchange*).

Dependent Coverage:
Employees may enroll their spouses in our health insurance only if they are **not** offered coverage under their own employer's plan. Dependent children under the age of 26 may continue to be enrolled under the employee's plan.

If you elect to cover your spouse under this medical coverage, you will certify this information to be true and correct to the best of your knowledge and understand that any misstatement constitutes fraud and may result in termination of benefits.

The employer contribution schedule below applies for all parish and grade school employees for 2017.

Full-time employees (30 or more hours per week):

The employer will pay $467.40 for individual; $623.20 for employee +1; and $779.02 for family medical insurance.

Plan	Monthly Premium	Employer Pays for F/T Employee
Individual	$519.34	$467.40
Employee +1	$1,038.68	$623.20
Family	$1,558.02	$779.02

Please note: Employee contributions toward insurance premiums are paid with pre-tax dollars.

DENTAL INSURANCE:
Several dental plan options are available through Humana to employees working 30 or more hours per week. Dental coverage is also available for your spouse and eligible dependent children.

COMPLETE DETAILS ABOUT THE PLANS:
Complete details on the medical and dental plan options are contained in the enrollment packets prepared by Humana. Please refer to these packets to learn how the plans work and the coverage they provide.

ELECTING MEDICAL/DENTAL COVERAGE:

1. In the Medical Coverage section of your enrollment form, place a check mark in the appropriate box for the medical plan option you elect.

2. Check the appropriate box if you do not elect medical coverage.

3. In the Dental Coverage section of your enrollment form, place a check mark in the appropriate box for the dental plan you elect.

4. Check the appropriate box if you do not elect dental coverage.

Note: Employees electing medical or dental insurance for the first time or making changes to their present coverage must complete Humana enrollment materials.

SHORT-TERM DISABILITY

You must work 30 or more hours per week to be eligible for this optional benefit.

Short-term disability insurance provides financial protection for you and your family if you are ill or injured and unable to work. It provides coverage for temporary disabilities as well as short-term coverage in the event you are permanently disabled.

SHORT-TERM DISABILITY COVERAGE:
Once medical certification of your disability has been accepted, you will receive 66 2/3% of your basic weekly earnings up to a maximum benefit of $225 a week. This payment may be in addition to any accrued sick leave pay. Benefit payments will begin on the 14th day of injury or sickness and continue for a maximum of 22 weeks per illness or injury.

As long as you are an eligible employee, this coverage is in effect. If your employment should end for reasons other than illness or temporary disability, your coverage will end at that time.

Short-term disability payments are made **only when work time is missed** due to disability.

Work-related injuries are not covered by short-term disability insurance, but may be covered under workers' compensation insurance.

In the Short-Term Disability Coverage section of your enrollment form, check "Yes" if you wish to purchase this optional coverage.

If you do not wish to purchase this optional coverage, check the appropriate box.

HEALTH INSURANCE AND PORTABILITY ACT (HIPPA)

HIPPA is a federal law that became effective July 1, 1997. This federal legislation made some very significant amendments to the Public Health Service Act (PHSA) and the Internal Revenue Code of 1986. One of the most significant changes is the requirement that employees are provided with a certificate showing evidence of prior health coverage when they leave employment. The insurance provider will furnish this certificate.

FLEXIBLE SPENDING ACCOUNTS

Flexible spending accounts allow you to save taxes on certain expenses you may incur for health care and dependent care for you and your spouse or eligible dependents. You decide if you want to set up one or both of the following accounts and how much you want to put into them.

- A Health Care Account that can reimburse you for certain health care expenses that are not covered or paid by any medical, dental, or vision-care plan in effect for you and your spouse or eligible dependents.

- A Dependent Care Account that can reimburse you for eligible dependent and child care expenses.

HOW THE ACCOUNTS WORK:
These accounts work very much like a checking account:

1. You decide how much you want to deposit in your account each month. This amount will be deducted from your pay based on pre-tax earnings.

2. Claims are handled by a Third Party Administrator (TPA). You will be able to use your Benefits Card or submit claims directly to Administrative Information Management, Inc. (AIM), 10353 Linn Station Road, Louisville, KY 40223. Forms are available on their website: www.aimadministrator.com or by contacting your AIM Administrator, Michele Cull at (502) 426-1235.

A WORD ABOUT TAXES:
If you elect to deposit money into one (or both) of the flexible spending accounts, those deposits will be deducted from your paycheck on a pre-tax basis. In other words, you will not have to pay federal, state, or Social Security tax on your deposits.

Your tax savings will depend on your income, the amount of your deposits, and your own personal tax situation (exemptions, deductions, etc.).

SPECIAL RULES APPLY:
If you decide to enroll in one (or both) of the flexible spending accounts, you should plan your deposits carefully by reviewing your past expenses and estimating your needs for the plan year. This planning is important because each of the flexible spending accounts is subject to rules established by the Internal Revenue Service. In essence, the following rules apply:

- You cannot transfer money from one account to another.

- You cannot change your deposits during the year unless the change is consistent with a major change in your family status, your employment status, or your spouse's employment status (as previously discussed in this booklet).

- You will forfeit any money remaining in your account(s) at the end of the plan year which is December 31.

To make sure you will not forfeit any money, you should deposit only the amount you think you will need to cover your expenses.

HEALTH CARE ACCOUNT:

The Health Care Account lets you set aside pre-tax money to pay certain health care expenses that are not covered, or paid in full, by any medical, dental, or vision-care plan in effect for you and your spouse or eligible dependents (including medical insurance under the Flexible Benefits Program). Examples include:

- deductibles and co-payments
- nursing care for a specific medical problem
- hearing aids and batteries
- eyeglasses and contact lenses
- dental expenses
- qualified counseling expenses
- prescriptions

Flexible Spending Health Care Accounts may no longer be used to purchase over-the-counter drugs unless prescribed by a doctor. However, eligible participants with diabetes may still use a health care account to pay for insulin without a prescription.

Generally, any health care expense you could otherwise claim as a deduction for income tax purposes may be reimbursed from this account, with the exception of mileage and parking expenses for medical appointments. In addition, a flexible spending account cannot be used to reimburse participants for premiums paid for other health plan coverage, including premiums paid for health coverage under a plan maintained by the employer of the employee's spouse or dependent.

You should also be aware that health care expenses reimbursed through the Health Care Account **cannot** be claimed as deductions on your income tax return.

DEPENDENT CARE ACCOUNT:

Many working parents and other employees have child care expenses (for children under age 13) or expenses for the care of a disabled spouse, parent, or other family member. The Dependent Care Account lets you set aside pre-tax money to reimburse yourself for those expenses.

To qualify for reimbursement, your dependent care expenses must be incurred for the purpose of enabling you and your spouse (or you alone, if you are not married) to work. If your spouse does not work, you may use this account only if he or she is a full-time student or is not capable of self-care.

Each plan year, you can use the money in your Dependent Care Account to reimburse yourself for eligible dependent care expenses incurred during that year. Examples of eligible expenses include the cost of:

- licensed dependent care center for both children and adults
- nursery school
- dependent care in your home
- dependent care in another person's home (as long as fewer than seven persons are being cared for)

However, you cannot be reimbursed for dependent care provided by your spouse, by a relative being claimed as a dependent on your income tax return, or by any of your children under age 19.

FEDERAL TAX CREDIT VERSUS DEPENDENT CARE ACCOUNT:
If you use day care services, you probably know about the federal tax credit for dependent care expenses. Like the Dependent Care Account, this tax credit reduces the taxes you pay. You cannot use both the tax credit and the Dependent Care Account for the same expenses. In addition, any Dependent Care Account

reimbursements must be subtracted from the amount of expenses you can claim for the tax credit.

You must decide which is best for you, the federal tax credit or the Dependent Care Account. Since the actual amount of savings depends on each person's tax situation, it is impossible to provide hard and fast rules. In general, you may find that the federal tax credit will help you save more in federal income taxes. However, since the Dependent Care Account also helps you save on Social Security taxes in addition to federal, state, and local taxes, it usually results in greater total tax savings for most people. You should consult a tax advisor to determine which is better for you, the federal child care tax credit, or the Dependent Care Account.

You should also be aware that to use the tax credit or the Dependent Care Account, you must show on your tax return the name, address, and Social Security number (or other taxpayer identification number) of your dependent care provider. The only exceptions are for certain nonprofit dependent care providers (such as day care centers operated by nonprofit religious or educational organizations).

AMOUNTS YOU MAY PUT INTO YOUR FLEXIBLE SPENDING ACCOUNTS:
Each account has a minimum amount and a maximum amount that you can deposit each calendar year. The minimums and maximums are shown below:

	Minimum per Month	Maximum per Year
Health Care	$75	$2,550
Dependent Care	$75	$5,000 (single or married filing jointly) $2,500 (married filing separately)

Regardless of the maximums shown above for the Dependent Care Account, the deposits you make to that account each year cannot exceed your total annual income or your spouse's total annual income, whichever is less.

If your spouse is a full-time student or is not capable of self-care, IRS guidelines will be used to determine the amount of his or her total annual income for this purpose.

REIMBURSEMENTS FROM YOUR ACCOUNTS:
If you enroll in one (or both) of the flexible spending accounts, you will need to do one of the following to use or be reimbursed for your expenses.

1. Use your Benefits Card.

2. Obtain a claim form from the AIM Website (www.aimadministrator.com).

3. You may fax your claims and information to (502) 426-6569. If your document is large or otherwise not faxable, please mail to AIM's physical address: 10353 Linn Station Road, Louisville, KY 40223.

Note: Reimbursements are made only for expenses incurred while flexible spending accounts are in effect. (e.g., if you establish a Health Care and/or Dependent Care Account effective January 1, you cannot submit receipts for expenses incurred before that date).

WHEN YOUR FLEXIBLE SPENDING ACCOUNTS WILL END:

Your Health Care and/or Dependent Care Account will end on the last day of the month of active employment or on the date you are no longer eligible to participate in the Flexible Benefits Program.

WHEN THIS HAPPENS:

- You will forfeit any money left in your Health Care Account. However, you will have **60 days** in which to submit any claims for health care expenses incurred before the date your employment ended or before the date you became ineligible for the Flexible Benefits Program.

- You may continue to file claims for eligible expenses from your Dependent Care Account for the remainder of the plan year or until there are no funds remaining in your account, whichever occurs first.

WHAT HAPPENS IF MY CLAIM FOR BENEFITS IS DENIED?:

- A Claimant is entitled to a full and fair review of a denied claim.

- You must submit a request for a review of a denied claim to the Plan Administrator within 90 days after you receive written notice of the denial.

- The Plan Administrator makes a decision on review not later than 60 days after the Plan receives a request for review with specific reasons for the decision.

ELECTING FLEXIBLE SPENDING ACCOUNTS

1. In the Flexible Spending Accounts section of your enrollment form, check the appropriate box if you want to establish a Health Care Account, a Dependent Care Account, or both.

2. If you are establishing a Health Care Account, enter the amount you want to deposit each month.

3. If you are establishing a Dependent Care Account, enter the amount you want to deposit each month.

4. If you do not want to establish a Flexible Spending Account, check the appropriate box.

ENROLLMENT CHECK LIST

Please take the following steps to complete your enrollment:

1. Be sure to supply complete information for each item listed as well as the "Employee Information" section at the top of your form.

2. Follow the instructions previously provided in this booklet for selecting your benefits.

3. All employees electing medical or dental insurance for the first time must complete a Humana enrollment application. Employees making changes to their present coverage must complete a Humana Change Form.

4. Return the **signed** Benefit Enrollment Form along with any Humana medical or dental enrollment or change materials.

5. During open enrollment for 2017, the enrollment or change process must be completed online at the Humana website.

In order to ensure benefit coverage, do not delay enrolling.

The plan descriptions contained in this booklet are summaries only. Full details of the Flexible Benefits Program and its benefit options are available through the plan documents and insurance contracts, which define and govern the actual plan benefits. In case of any conflict between this booklet and the plan documents or insurance contracts, the provisions of the applicable plan documents or insurance contracts will control.

Archdiocese of Louisville

2017 Insurance Rate Sheet

I. MONTHLY PRE-TAX PREMIUMS:

Medical Insurance	
Individual	$519.34
Employee +1	$1,038.68
Family	$1,558.02

Dental Insurance	Preventive Plus	Humana PPO	Traditional Preferred
EE	$14.82	$26.84	$35.98
EE+SP	$32.32	$47.44	$71.48
EE+CH	$36.26	$52.64	$72.88
Family	$56.42	$90.20	$118.24

The dental rates are guaranteed for two (2) years ending December 31, 2018

II. MONTHLY AFTER-TAX PREMIUMS:

SHORT-TERM DISABILITY INSURANCE	Cost per $10 of weekly payment
(66 2/3% of salary to a maximum of $225 per week)	$.40

Example:

Employee earning $350 per week is eligible to receive $225 per week in disability income (66 2/3% of $350 to a maximum of $225 per week). Based on $.40 per $10 of weekly coverage (cost to employee is $9 per month).

Employee earning $225 per week is eligible to receive $150 (66 2/3% of $225) in disability income. Based on $.40 per $10 of weekly coverage (cost to employee is $6.00 per month).

CONTINUATION OF BENEFITS (COBRA)

NON-RENEWAL/TERMINATION OF CONTRACT OR EMPLOYMENT:
Any teacher/parish/agency staff leaving archdiocesan employment is no longer an employee effective the date of termination/end of contract. **All archdiocesan group benefits cease the last day of the month in which termination occurs or contract ends. For other school-year employees, benefits end on June 30 unless they are under contract or have a promise of employment for the following school year.** For example, benefits for school teachers end on June 30 if they are not under contract for the following school year.

Should any former employee be rehired by an archdiocesan school/parish/agency in the future, new applications must be completed for all benefits.

** Continuation Coverage Rights Under COBRA**
Employee and Eligible Dependents

Introduction
This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your eligible dependents, and what you need to do to protect your right to receive it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.
The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of a qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.
If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.
  If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;

- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the local bookkeeper as soon as possible after the qualifying event occurs. You must provide this notice to *your local bookkeeper*.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a

dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

COBRA:
Humana coverage includes COBRA insurance administration, handled by CONEXIS. Once the COBRA Qualifying Event Form has been completed and received by CONEXIS, you will receive additional information of your COBRA Rights. Participants will be billed directly at home, and at the Archdiocesan group rate plus 2%. The coverage duration period is based upon the qualifying event.

Plan contact information

Archdiocese of Louisville
Office of Personnel and Planning
212 East College Street, P O Box 1073
Louisville, KY 40203-1073
502-585-3291

CONVERSION PRIVILEGE FOR RELIANCE STANDARD LIFE INSURANCE:
Life insurance coverage may be converted to an individual policy (limited to current level of coverage only). No increase in amount of coverage is allowed. **Archdiocesan group premium rates do not apply** to converted coverage (increase in premium for converted coverage is significant).

An employee who wants to continue current life insurance coverage after termination must contact Reliance Standard within 15 days after benefits end at 1-800-644-1103 or 1-800-351-7500 for details. Participants electing life insurance conversion policies are billed direct at their home address and receive information regarding the plan from the insurance company along with instructions for making monthly premium payments.

FLEXIBLE SPENDING ACCOUNTS

An employee will have 60 days from the end of the month when they ended employment in which to submit claims to AIM. Expenses must have been incurred while you were still actively employed.

In addition to the benefits offered through the flexible benefits plan, Archdiocese of Louisville employees are eligible for the following benefits:

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance and Work-Life Program is available for all employees through our Humana Insurance Plan. Employees do not need to be enrolled in our Humana plan in order to make use of the Employee Assistance Program. For additional information, go to Humana.com/eap or request information from your local bookkeeper.

FAMILY AND MEDICAL LEAVE ACT

The FMLA entitles eligible employees to take up to 12 weeks of job-protected leave each year for specified family and medical reasons. To be eligible to request FMLA, the employee must have worked a full year for the Archdiocese of Louisville, and have worked at least 1,250 hours during the twelve months prior to the start of the FMLA leave.

HEALTH INSURANCE FOR EARLY RETIREES

Retiring employees who have reached age 55 and have worked for the Archdiocese of Louisville for a minimum of 10 consecutive years immediately prior to retirement have the option to continue on the medical insurance plan until the qualifying employee becomes eligible for Medicare. Employee must have had health insurance coverage through the Archdiocese of Louisville for at least three years immediately prior to retirement. Contact the Chancery Benefits Office for further information. Employee pays full cost of plan and is billed directly by Humana. Eligible dependents will be provided COBRA information at the time the retiring employee becomes eligible for Medicare.

KENTUCKY TELCO CREDIT UNION

Employees are eligible to participate in Kentucky TELCO Credit Union which offers checking and savings accounts as well as options for obtaining credit cards and consumer loans.

Other Benefits for Archdiocese of Louisville parish, school and agency employees:

RETIREMENT

Eligible lay employees may join the Plan on January 1, April 1, July 1, or October 1 coinciding with or next following completion of the eligibility requirements. An assigned ordained diocesan priest will automatically join the Plan on July 1, October 1, January 1, or April 1 following the date of ordination or transfer to the diocese. After becoming a participant, you can make salary deferral contributions to the Plan only through payroll deductions. For complete details, see the SUMMARY PLAN DESCRIPTON FOR THE CATHOLIC ARCHDIOCESE EMPLOYEES RETIREMENT PLAN.

PERSONAL DAYS

Full-time employees (30 or more hours per week) and regular part-time employees (14 or more hours per week) will be granted two paid days per year for the purpose of personal days. Regular part-time employees (14 or more hours per week) will receive a pro-rated amount of pay for each personal day. Unused personal days may not be accumulated. However, at the end of each school year (or calendar year for 12-month employees) unused personal days may be converted to sick days and added to the employee's accrued sick-day bank. Unused personal days will not be paid at time of termination.

SICK TIME

Regular full-time employees (30 or more hours per week) will receive paid sick time based on the employee earning one sick day per month worked. Regular part-time employees (14 or more hours per week) will earn sick time in proportion to the part-time hours worked. A sick day is earned the last day of each month worked. Sick days can be accrued up to the maximum number determined by archdiocesan policies.

Departing employees who have reached age 55, and have worked for the Archdiocese for a minimum of 10 consecutive years, will receive pay for one-third of their accrued sick days at their daily rate of pay at time of retirement.

SOCIAL SECURITY TAXES (FICA)

Social Security tax (FICA) that is deducted from an employee's pay will be matched by an equal contribution from the employer.

VACATION

Employees who work a full 12-month year at a minimum of 14 hours per week will receive paid vacation. Employees in positions requiring them to work less than 12 months are not eligible to receive paid vacation. Refer to the Archdiocese of Louisville Personnel Policies and Procedures Manual for complete details.

WORKERS' COMPENSATION

All archdiocesan employees are covered by workers' compensation benefits should they be injured on the job. Any job-related accident should be reported to the supervisor immediately and a written report filed. Accidents not causing serious injury should also be reported since complications may arise later. Delayed reports could result in a lack of coverage.

UNEMPLOYMENT COMPENSATION

Employees are <u>not</u> eligible to receive unemployment compensation related to their work with the Archdiocese of Louisville. Per KRS 341.055(19) Services performed in the employ of a church or convention or association of churches or an organization which is operated primarily for religious purposes and which is operated, supervised, controlled, or principally supported by a church or convention or association of churches; is non covered employment and no wages were added.

GENERAL INFORMATION

Plan Employer:	Roman Catholic Bishop of Louisville, a corporation sole, its parishes, agencies or participating related Catholic agencies 212 East College Street, P. O. Box 1073 Louisville, KY 40201-1073
Employer Identification Number:	61-0447247
Plan Administrator and Agent for Service:	Roman Catholic Archbishop Archdiocese of Louisville 212 East College Street, P. O. Box 1073 Louisville, KY 40201-1073
Contact:	Dr. Brian B. Reynolds, Chancellor (502) 585-3291