CHRISTIAN BROTHERS SERVICES

Your 2026 Health Benefits Guide

Archdiocese of Louisville

CHRISTIAN BROTHERS SERVICES

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YOUR 2026 HEALTH BENEFITS

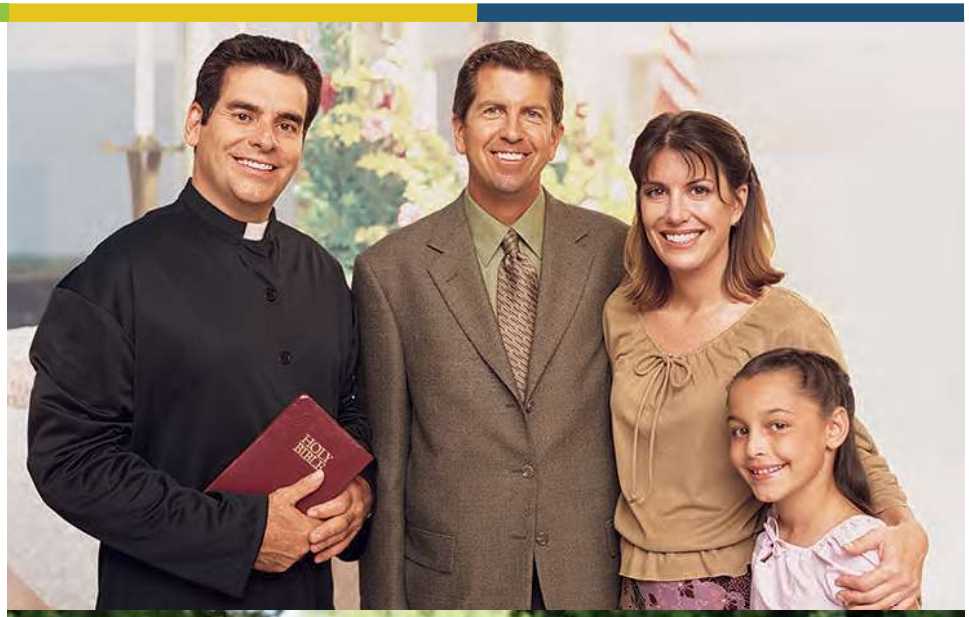
Welcome

We are happy to partner with Archdiocese of Louisville in the Christian Brothers Employee Benefit Trust.
We appreciate the opportunity to administer your health care needs.

Your Health Benefits Package includes information on the following coverages:

- Medical/Prescription

We value your membership and appreciate the opportunity to serve you.



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YOUR MEDICAL BENEFITS

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YOUR MEDICAL BENEFITS

General Information

Preferred Provider Network: Blue Cross Blue Shield
Prescription Benefit Manager: Express Scripts, Inc. (ESI)

PPO (Preferred Provider Organization)

Why choose an in network participating provider?

- Provider fees are discounted.
- Benefit level is higher.
- Providers are contractually obligated to bill insurance on behalf of the covered member.

Out of network or non-participating providers are not obligated to extend the benefits listed above and may require you to pay all charges up front.

Prescription Drugs

Prescription drug coverage is available with all medical plan designs. Three prescription service levels are offered:

- Short-term, 30 day supply at retail/pharmacy. The program includes more than 99% of all retail pharmacies across the United States.
- Long-term, 90 day supply mail-order home delivery program that offers a significant savings to participants with the ease of worry free refills.
- Long-term, 90 day supply using Walgreens Smart90 program which allows participants the ability to fill and receive their medication at any Walgreens pharmacy and affiliates below.

Sample Identification Card

- Pre-certification is required for inpatient hospitalization, outpatient surgery, and diagnostic imaging.
- Some prescription medications may require prior authorization.
- Use the Provider Finder guide to look up participating providers online.
- When setting appointments, always confirm the provider is contracted with the PPO network.

Walgreens DUANE reade by Walgreens Happy Harry's PHARMACY

PPO PROVIDER INFORMATION

Health Solutions

We are a Catholic organization serving other Catholic organizations with affordable health and benefits coverage tailored to the unique needs of each member organization. We understand the Church because we are part of the Church.

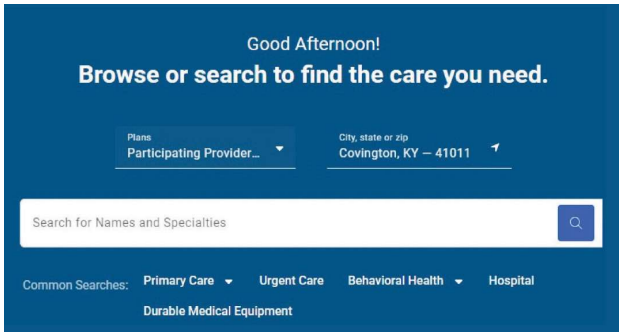
Provider Finder® Online Directory

A Quick and Easy Way to Find a Doctor

Selecting a doctor that's right for you is important. The Provider Finder® Online Directory is a reliable and convenient tool to locate doctors in your network. Filter search results by provider type, specialty, network type, ZIP code, language and gender. You can even get directions from Google Maps®. The Provider Finder® Online Directory is available 24 hours a day, 7 days a week, and is fast and easy to use.

Step-by-Step Instructions

1) To find a doctor or hospital with Provider Finder, navigate to mycbs.org/ppo-hcsc
2) Select "**Plans, Participating Provider**" from the menu
3) Click "**Help me pick a network**"
4) Select "**Employer Plans**"
5) Select the state you live in then click "**Select State**"
6) Next, select the "**PPO**" option
7) If you reside in any state other than Wisconsin, select "**Participating Provider Organization [PPO].**" If you live in Wisconsin, scroll down and select "**Blue Preferred POS (Wisconsin).**"
8) Click "**Search Selected Plan for Doctors**"
9) You can browse by category by clicking the "**Medical Care,**" "**Urgent Care**" or "**Behavioral Health**" icons
10) Or you can use the Common Searches buttons by clicking on the drop down menu for each specific category: "**Primary Care**", "**Urgent Care**", "**Behavioral Health**", "**Hospital or Durable Medical Equipment.**"
11) Once you choose a specific category, your results will appear. At the top of this page, you will find additional filters to narrow your search.
12) You will be presented with a list of health care professionals who match your criteria. You can choose to view only those doctors accepting new patients, narrow your selection by distance, and view them in either a list or map view. If you click on the provider's name under results, you will see additional information about your selection, such as gender, languages spoken, hospital affiliation and educational background.



Tip! The BC/BS site also has a login area for Telehealth services. Members enrolled for medical coverage in the trusts administered by Christian Brothers Services have access to Teladoc. Visit the Teladoc information page at cbservices.org/health-teladoc.html for more information.

Note: Be sure to verify your search results! The BlueCross/BlueShield Directory is a convenience we're pleased to provide to our members. Please remember that directory information is for reference only. Always confirm with the provider that they are part of the BC/BS network before scheduling your appointment or receiving services.

CHRISTIAN BROTHERS SERVICES

BlueCross BlueShield of Illinois

For over 60 years, Christian Brothers Services has been a trusted partner for Catholic institutions, offering cost-effective health coverage, retirement planning, property protection, and expert consulting. Let us handle the details so you can focus on your mission. Visit cbservices.org to learn more.

SUMMARY OF BENEFITS (SBC)

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Christian Brothers Employee Benefit Trust: MP 6601 - Rx 0927

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call **1-800-807-0400** or visit us at www.myCBS.org/health or email at HealthCustomerService@CBServices.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call **1-800-807-0400** to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	**Medical Only In-Network** $2,000 Individual / $6,000 Family **Medical Only Out-of-Network** $4,000 Individual / $12,000 Family In-Network & Out-of-Network deductibles do not reduce each other.	**Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.** If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. For preventive care services, the In-Network deductible does not apply	This plan covers some items and services even if you haven't yet met the deductible amount, but a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	**Combined Medical & Prescription Drug In-Network** $7,500 Individual / $15,000 Family **Medical Only Out-of-Network** $18,750 Individual / $37,500 Family In-Network & Out-of-Network out-of-pocket limits do not reduce each other.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in out-of-pocket limit	Premiums, balance-billed charges, deductible, copayment, or coinsurance amounts paid on a covered persons behalf by a foundational or manufacturer sponsored patient assistance program, penalty for prescription retail refill allowances, penalty for mandatory generics, penalty for non-notification of hospital admission and other services requiring pre-certification, and health care this plan does	Even though you pay these expenses, they don't count toward the out-of-pocket limit. Certain specialty pharmacy drugs are considered non-essential health benefits and fall outside the out-of-pocket limits.

Important Questions	Answers	Why This Matters:
	not cover.	
Will you pay less if you use a network provider?	Yes. Your network is BlueCross BlueShield. See **myCBS.org/ppo-hcsc** or call 1-800-810-2583 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$30 copayment/Visit; Deductible does not apply	50% coinsurance	Includes Virtual Care (via video or voice).
	Specialist visit	$60 copayment/Visit; Deductible does not apply	50% coinsurance	Includes Virtual Care (via video or voice). In-Network Allergy injections $5 copayment / visit; deductible does not apply.
	Preventive care/screening/immunization	No charge	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	**Lab Work** - No charge **Radiology**- No charge	50% coinsurance	Limited to services performed in a physician's office. Payment may differ based on place of service.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	Applies to services performed in an office or outpatient setting. Payment may differ based on place of service. Precertification is required. A 25% penalty up to $300 may apply. Penalty does

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
				not apply to out-of-pocket limit.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at **www.myCBS.org/health** Log in and click on My Prescription Drugs or call Express Scripts at 800-718-6601. More information about the Smart 90, Generics Member Pays The Difference, Formulary , Retail Refill Allowance and SaveonSP programs is available at: **www.myCBS.org/Rx**	Generic drugs	$10 /Prescription (retail); $20 /Prescription (mail or Smart90)	Same as In-Network +20% coinsurance penalty	Deductible does not apply. Covers up to 30-day supply at retail; 90-day supply mail order or Smart90 prescription. Retail maintenance prescriptions are limited to an initial fill and two refills. If you continue to use retail, outside of the Smart 90 program, you will pay the mail order copayment for a 30-day supply. You may fill a 90-day supply at Walgreens owned retail pharmacies through the Smart90 program. If a generic equivalent is available and a brand-name medication is dispensed for any reason, you will pay the difference in cost plus the brand copayment. *If a patient enrolls in SaveonSP, they will pay $0.
	Preferred brand drugs	$50 /Prescription (retail); $125 /Prescription (mail or Smart90)	Same as In-Network +20% coinsurance penalty	
	Non-preferred brand drugs	$75 /Prescription (retail); $225 /Prescription (mail or Smart90)	Same as In-Network +20% coinsurance penalty	
	Specialty drugs	**All drug tiers** 25% coinsurance **Specialty Drugs on SaveonSP** 30% coinsurance* Certain specialty pharmacy drugs are considered non-essential health benefits and copayments may be set to the maximum of above or any available manufacturer-funded copay assistance. For a complete list of non-essential specialty medications, see **mycbs.org/health/SaveonSP**		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center, hospital)	$200 copayment/Visit; Deductible does not apply	50% coinsurance	Limited to services performed outside physician's office. You may be billed amounts in excess of prevailing charges for Out-of-Network Providers. Precertification is required. A 25% penalty up to $300 may apply. Penalty does not apply to out-of-pocket limit.
	Physician/surgeon fees	20% coinsurance	50% coinsurance	
If you need immediate medical attention	Emergency room care - Facility fee	$300 copayment/Admission; Deductible does not apply	$300 copayment/Admission; Deductible does not apply	Copayment is waived if admitted.
	Emergency room care - Physician/surgeon fees	No charge (Included in $300 facility copayment)	No charge (Included in $300 facility copayment)	Emergency room care may include tests and services described elsewhere in the SBC (i.e. Diagnostic tests or Imaging.) You may be billed amounts in excess of prevailing charges for Out-of-Network Providers.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
	Emergency medical transportation	20% coinsurance	20% coinsurance	For transportation service charges exceeding $5,000 by ground and/or air, payment will not exceed 150% of Medicare allowance for such incurred expenses. Charges include transportation and medical supplies used during transport.
	Urgent care	$75 copayment/Visit; Deductible does not apply	50% coinsurance	None.
If you have a hospital stay	Facility fee (e.g., hospital room)	$400 copayment/Day, limited to 5 days; Deductible does not apply	50% coinsurance	Precertification is required.
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	**Therapy Visits** $30 copayment/Visit; Deductible does not apply **Other non-surgical services** 20% coinsurance	**Therapy Visits** 50% coinsurance **Other non-surgical services** 50% coinsurance	None.
	Inpatient services	$400 copayment/Day, limited to 5 days; Deductible does not apply	50% coinsurance	Precertification is required.
If you are pregnant	Office visits	$30 copayment/Visit; Deductible does not apply	50% coinsurance	Copayment applies to initial prenatal visit only (per pregnancy). Cost sharing does not apply to preventive services.
	Childbirth/delivery professional services	20% coinsurance	50% coinsurance	Depending on the type of services, a copayment, coinsurance, or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery facility services	$400 copayment/Day, limited to 5 days; Deductible does not apply	50% coinsurance	None.
If you need help	Home health care	20% coinsurance	50% coinsurance	Limited to 100 visits per plan year maximum.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
recovering or have other special health needs	Rehabilitation services	**Physical and Occupational Therapy** $30 copayment/Visit; Deductible does not apply **Speech, Cognitive and Audiology Therapy** $60 copayment/Visit; Deductible does not apply	50% coinsurance	Includes services rendered in an outpatient hospital or office setting.
	Habilitation services	**Specialist**- $60 copayment/Visit; Deductible does not apply **Outpatient Facility**- 20% coinsurance	50% coinsurance	Payment may differ based on place of service. Limited to a combined 20 visits per year for all providers, including, but not limited to, physical, occupational and speech therapy. Visit limits apply to Habilitation services only.
	Skilled nursing care	20% coinsurance	50% coinsurance	Limited to 60 days per plan year.
	Durable medical equipment	20% coinsurance	50% coinsurance	Check your plan document for limitations. Orthotics – Limited to $500 lifetime.
	Hospice services	0% coinsurance	0% coinsurance	Limited to 180 days per plan year maximum.
If your child needs dental or eye care	Children's eye exam	No charge	50% coinsurance	Covered up to age 5.
	Children's glasses	Not covered	Not covered	Unless covered by your vision plan.
	Children's dental check-up	Not covered	Not covered	Unless covered by your dental plan.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Contraceptives
- Cosmetic surgery
- Dental care (Adult) - Except as noted below
- Eye exam over age 5
- Hearing aids and related charges (Adult)
- Infertility treatment (except initial diagnosis)
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Sterilization or Abortion
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric Surgery
- Habilitation services (payable per medical necessity)
- Services provided by State Licensed Practitioners within the scope of license not specifically covered under any other provisions of the medical plan, including Acupuncture, Massage Therapy, and Nutritional Counseling – Limited to 12 combined visits per year for all services
- Chiropractic care - $30 copayment applies. Limited to 20 visits per year.
- Non-emergency care when traveling outside the U.S. (only when on assignment by ER)
- TMJ (Temporomandibular Joint Disorder) covered the same as any other illness when services rendered by a Medical Provider. Limitations apply, refer to your Plan Book for details.
- Hearing Benefit - Hearing Aids, 1 hearing aid per impaired ear every 36 months under the age of 18. Includes related services, limited to $1,400 per ear.
- Oral Surgical Operations. Limitations apply, refer to your Plan Book for details.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. Church plans are not covered by the Federal COBRA continuation coverage rules. For more information on your rights to continue coverage, contact the plan at 1-800-807-0400. You may also contact your state insurance department. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan .For more information about your rights, this notice, or assistance, contact: the plan at 1-800-807-0400. A list of states with Consumer Assistance Programs is available at http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-807-0400.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-807-0400.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-807-0400.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-807-0400.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$2,000
Specialist copayment	$60
Hospital (facility) copayment	$400
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$2,000
Copayments	$400
Coinsurance	$400
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$2,860**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$2,000
Specialist copayment	$60
Hospital (facility) copayment	$400
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$1,000
Copayments	$1,000
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$2,020**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$2,000
Specialist copayment	$60
Hospital (facility) copayment	$400
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,200
Copayments	$600
Coinsurance	$0
What isn't covered	
Limits or exclusions	$40
The total Mia would pay is	**$1,840**

The plan would be responsible for the other costs of these EXAMPLE covered services.

Benefit Summary

Benefit **period:** From 01/01/2026 through 12/31/2026 (Calendar Year).

General Cost Share & Features	In Network	Out of Network
Deductible: - Per Calendar Year - Medical only - Some services do not apply to the deductible, as indicated below.	$2,000/Individual $6,000/Family	$4,000/Individual $12,000/Family
Out-of-Pocket Maximum: - Per Calendar Year - Medical and RX combined	$7,500/Individual $15,000/Family	$18,750/Individual $37,500/Family
In Network and Out of Network Deductibles / Out-of-Pockets do not reduce each other		

Benefit	In Network	Out of Network
Physician Services		
Primary Care Physician Office Visit (includes virtual visits and spinal manipulations)	100% after $30 Co-pay	50% after Deductible
Specialist Physician Office Visit (includes virtual visits)	100% after $60 Co-pay	50% after Deductible
Behavioral Health Office Visit	100% after $30 Co-pay	50% after Deductible
Teladoc or MyCatholicDoctor Virtual visits	100%	Not Applicable
Diagnostic Testing Lab Tests/X-rays (Physician's Office Only)	Lab Tests - 100% X-rays – 100%	50% after Deductible
Preventive Care	100%	50% after Deductible
Urgent Care	100% after $75 Co-pay	50% after Deductible
Allergy Injection	100% after $5 Co-pay	50% after Deductible
Outpatient Visits or Surgery	80% after Deductible	50% after Deductible

Emergency Room Visits	100%, Deductible does not apply (Included with $300 facility Co-pay)	100%, Deductible does not apply (Included with $300 facility Co-pay)
Inpatient Visits or Surgery	80% after Deductible	50% after Deductible
Facility Services		
Outpatient Hospital	80% after Deductible	50% after Deductible
Emergency Room	100% after $300 Co-pay, Deductible does not apply	100% after $300 Co-pay, Deductible does not apply
Inpatient Hospital	100% after $400 Co-pay per day, limited to first 5 days of each admission	50% after Deductible
Outpatient Hospital Surgery	100% after $200 co-pay, Deductible does not apply	50% after Deductible
Limited Benefits		
Skilled Nursing Facility	80% after Deductible	50% after Deductible
	60 Day Maximum for all Skilled Nursing Facility confinements per Calendar Year	
Home Health Care	80% after Deductible	50% after Deductible
	100 Home Health Care visit maximum per Calendar Year	
Other State Licensed Practitioners Includes acupuncture, massage therapy and registered dieticians	80% after Deductible	50% after Deductible
	12 Visit Maximum per Calendar Year (All providers combined)	
Hospice Services	100% after Deductible	100% after Deductible
	180 Day Maximum per Calendar Year	
Orthotics	80% after Deductible	50% after Deductible
	$500 Maximum Lifetime Benefit for all related services	
Natural Family Planning	100%, Deductible does not apply	100%, Deductible does not apply
	$200 Maximum Yearly Benefit for counseling services	
Other Covered Charges		
Durable Medical Equipment	80% after Deductible	50% after Deductible
Ambulance Transportation	80% after Deductible	80% after Deductible

Prescription Drugs		
Generic Drugs	$10 /Prescription (retail); $20 /Prescription (mail or Smart90)	Same as In-Network +20% coinsurance penalty
Preferred Brand Drugs	$50 /Prescription (retail); $125 /Prescription (mail or Smart90)	Same as In-Network +20% coinsurance penalty
Non-preferred Brand Drugs	$75 /Prescription (retail); $225 /Prescription (mail or Smart90)	Same as In-Network +20% coinsurance penalty
Specialty Drugs	All Drug Tiers 25% coinsurance / Prescription	
Specialty Drugs on SaveOnSP List	30% coinsurance / Prescription (If patient enrolls in SaveOnSP, they will pay $0)	

This document is subject to change based on the Trust Plan effective January 1 through December 31. The actual amount of benefits, if any, is subject to all plan provisions at the time of service, including eligibility, plan limitations and exclusions. For more information about limitations and exceptions, see the plan or policy document at myCBS.org/health.

PARTNERS IN HEALTHCARE

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Health Solutions

We are a Catholic organization serving other Catholic organizations with affordable health and benefits coverage tailored to the unique needs of each member organization. We understand the Church because we are part of the Church.

The Christian Brothers Employee Benefit Trust (CBEBT) has had a long tradition of including a variety of utilization and disease management services as part of its benefits package. All plans offered through the CBEBT include services related to wellness initiatives, preventative care, including HRSA's Women's Preventive Services Guidelines, vaccination, various health screenings and counseling services, covering most of the cost before co-payments and/or deductibles when using an in-network provider.

Health and Wellness Continuum

AmericanHealth
American Health Holding Inc

Case Management Program

The Case Management Program is one of the leading URAC-accredited chronic disease and case management programs. The main objective of this program is to improve the overall health and quality of life for each enrolled member. Case Management can be reached at **866.458.4002**.

Oncology: Specialty Case Management

AHH engages with all key members as early as possible following a diagnosis, to assist with coping with the disease and serving the long-term needs of the patient. AHH maintains a dedicated group of professionals who understand and work closely with the medical team through the entire treatment process.

Maternity Management

Receive one-on-one support from a Registered Nurse to help achieve a healthy pregnancy.

Neonatal and Pediatric Specialty Case Management

Case management, advocacy and support from Registered Nurses when birth complications or disease unexpectedly present in newborns.

Utilization Management (Pre-Certification)

The Utilization Management program is designed to positively impact claims costs and provide savings to benefits plans. The highly specialized team of doctors and nurses view the best patient outcomes as their goal while ensuring opportunities for cost savings are maximized.

Pelago

Smoking Cessation Programs

Pelago uses a digital solution to quit smoking considered one of the most effective smoking cessation programs in the world by the World Health Organization. This program, which comes at no additional costs to members, replaces traditional, legacy telephone coaching programs with a confidential, technology-enabled digital clinic designed to help participants access evidence-based care wherever they are. The program provides access to mobile content, quit coaches, personalized tracking, nicotine replacement therapy and a connected device to monitor carbon monoxide levels and help members track progress. Call **877.349.7755.**

Livongo® by Teladoc Health

Preventing Diabetes Program

The Livongo Healthy Living and Diabetes Prevention Program can help members at risk for Type 2 diabetes. Members will have access to a CDC-recognized program that focuses on lifestyle behavior changes to achieve health goals through various lessons, strategies and personalized one-on-one coaching. Members will receive a cellular scale that provides seamless weigh-ins and food and activity tracking to understand lifestyle habits.

Diabetes Management Program

Livongo Health makes diabetes management easier and at no cost to CBEBT members and family members who are diagnosed with Type 1 or Type 2 diabetes. Members receive a connected meter, unlimited strips and personalized support from a Livongo coach by phone, email, text, or mobile app to give guidance in managing diabetes. For more information, call **800.945.4355.**

Hypertension Program

The Livongo for Hypertension Program combines advanced technology with personalized coaching to help members manage their blood pressure. An automatic monitor connected to a smartphone app sends data to Livongo. Members receive a Health Summary Report and convenient automatic reminders to check their blood pressure. Members also have round-the-clock access to knowledgeable, caring health professionals whenever and wherever they need them and receive personalized content and tips, as well as nudges, emails and texts.

START HEARING

*Hearing Aid Discount Program**

Start Hearing offers significant savings on all styles of digital hearing aids through 3,000 provider locations. Additionally, the program offers free hearing screenings for members, their spouse, children, parents and grandparents. Please call **888.529.0194** or visit www.starthearing.com/partners/CBS.

* Eligible members and non-CBS members may be responsible for any testing performed during the hearing screenings. This program is available to any enrolled members and their dependents.

Continued >

Consult a Doctor 24/7

The Christian Brothers Employee Benefit (EBT) and Religious Medical Trusts (RMT) offer 24/7 access to physicians, 365 days a year through Teladoc for all members who are enrolled with medical coverage. The telemedicine benefit offers accessible and convenient care, as well as providing patients and physicians a way to communicate, which bypasses the traditional office visit yet provides excellent care through the use of technology.

Members can talk with a doctor anytime, anywhere about non-emergent medical conditions from earaches to allergies via telephone, secure email, video or mobile app. In addition to ***general medical visits***, Teladoc offers access to care for ***mental health***, allowing members to speak with licensed psychiatrists, psychologists or therapists to assist in behavioral health needs such as depression, anxiety, stress, marital or family issues by phone or video. A member can also receive assistance for ***dermatology*** needs by uploading images of a skin issue online to receive a custom treatment plan within two days for conditions such as eczema, acne, rashes and more. Teladoc also offers a ***nutrition*** program with access to registered dietitians who assess clinical nutrition needs and develop personalized programs for each member.

Members also have access to ***Primary360***, allowing for consultations with a board-certified online primary care provider of their choice for routine checkups, ongoing wellness needs and referrals.

The Doctor is ALWAYS in – connect today – visit mycbs.org/health and click on "**My Teladoc**" or call **800.TELADOC** (835.2362).

All Chrisitan Brothers Employee Benefit Trust members have access to MyCatholicDoctor, a nationwide organization that brings a network of faithful medical professionals to patients through video visits/telehealth. Trust members will have access to providers who practice evidence-based scientific medicine from a Catholic perspective and integrate Catholic spirituality into its care as appropriate to the situation. To make an appointment, visit mycbs.org/health and click on "**MyCatholicDoctor**" or call **888.822.8436**.

Accordant Care

Accordant Health Services, a CVS Caremark company, provides valuable support to our members with chronic conditions such as ALS, Crohn's Disease, Cystic Fibrosis, Parkinson's Disease, Rheumatoid Arthritis and more. It is specially designed to help meet our members' unique health care needs. The Accordant Care Program can be reached at **866.655.7490**.

Prescription Drug Program

Express Scripts manages prescription drug benefits for CBEBT members. Express Scripts is dedicated to providing members, clients and healthcare professionals with services that deliver safe and affordable pharmaceuticals, 24 hours a day/seven days a week. With Express Scripts sophisticated dispensation technology and mail-order pharmacies, Trust members are provided with high-quality prescription drugs at discounted prices. To learn more, call **800.718.6601**.

Personal Health and Wellness Programs

CBEBT has partnered with Empower Health Services to help members realize their wellness potential and to place them in control of health and fitness goals. The pursuit of good health starts with assessing your current health and lifestyle risks. The checkup provided by Empower Health Services can include a simple blood draw that includes a variety of preventative blood tests. The checkup is convenient, confidential, actionable, educational and easy to complete, and is free to all members covered under our medical plans. Members can contact a CBEBT benefit consultant to obtain more information on this program.

Vision Discount Program

A Vision Discount Program through Vision Service Plan (VSP) is available to all members enrolled in a medical, dental or vision plan. This program offers discounts on exams, lenses and more. Visit vsp.com or call **800.877.7195** for more information.

Supportlinc

Christian Brothers Employee Benefit Trust (CBEBT) members have access to Supportlinc's Animo program offering a variety of remote and digital access points that allow members to address a wide range of mental health concerns from the privacy of their own home, including video, phone, text therapy, and live chat.

Supportlink's dCBT platform is an innovative online and mobile program that offers evidence-based content, practical resources and daily inspiration to foster meaningful and lasting behavioral change.

Textcoach®, designed as a stand-alone digital option to fill the gaps in the traditional behavioral health medical system, is designed to help manage day-to-day issues. Users can connect with a mental health 'coach' via mobile or desktop on one's own time. All coaches, independently licensed and experienced clinicians, will be available to help with anxiety, burnout, depression, drug and alcohol concerns, mindfulness, relationship issues, resilience, stress, trauma and more.

Through Textcoach® users can boost emotional fitness and well-being through an exchange of text-based dialogue, voicenotes, resource links and video links.

For more information, visit: https://www.cbservices.org/wp-content/uploads/2024/12/SupportLinc_AnimoTC_Program.pdf

For more information about these programs and services, please visit mycbs.org/health or contact customer service at the number on the back of your medical ID card.

CMI-1/2025

CHRISTIAN BROTHERS SERVICES

For over 60 years, Christian Brothers Services has been a trusted partner for Catholic institutions, offering cost-effective health coverage, retirement planning, property protection, and expert consulting. Let us handle the details so you can focus on your mission. Visit cbservices.org to learn more.

Health Solutions

We are a Catholic organization serving other Catholic organizations with affordable health and benefits coverage tailored to the unique needs of each member organization. We understand the Church because we are part of the Church.

Smart90®

Smart90 Prescription Drug Program

Christian Brothers Employee Benefit Trust (CBEBT) and Christian Brothers Religious Medical Trust (CBRMT) members who use 90-day prescription programs will receive a cost-savings for their long-term medication needs.

Trust members now have two options to receive their 90-day supply of medications. Members can continue to have the medications delivered directly to their homes by mail from the Express Scripts home delivery pharmacy or pick them up at a Walgreens retail pharmacy through the new Express Scripts Smart90 Program.

What is the Smart90 Program?

The Smart90 Program allows Trust members to fill a 90-day prescription at any of more than 8,000 Walgreens pharmacies (or its affiliates) nationwide. The program gives members an option if they would rather pick up their medications from a Walgreens retail pharmacy than have them delivered through the mail.

The Smart90 Program is...

- **Fast**—Instead of waiting for mail-order prescriptions to arrive, Trust members can simply go to their nearest participating Walgreens (or affiliate) pharmacy and pick up their medications.
- **Economical**—Trust members still pay the same low price if they opt to pick up their maintenance medications at a local Walgreens pharmacy instead of mail order.
- **Convenient**—Mail-order or local pickup, members choose what works best for them.

How to use Smart90

Members have the choice to receive 90-day supplies of maintenance medications through home delivery from Express Scripts or directly at a Walgreens retail pharmacy for the same copayment.

Both Smart90 retail pharmacies and the Express Scripts home delivery pharmacy can aid members in transferring prescriptions, contacting their physicians, or discussing clinical questions one-on-one.

If members want to switch from ESI home delivery to the Walgreens Smart90 program they can apply the following simple steps:

- If they still have medicine on hand, they can bring their current prescription bottle to the Walgreens pharmacy to transfer their prescription;
- If they are out of medication, they can request a 90-day prescription from their doctor and bring to the Walgreens pharmacist of their choice; or
- If they require a new maintenance medication, they can submit a 90-day prescription from their doctor to the Walgreens pharmacy.

The Express Scripts Contact Center and online chat feature allow members to ask pharmacists questions anytime, from anywhere. Whichever option members choose, they are assured of receiving affordable, high-quality care.

Contact Express Scripts Inc. at **800.718.6601.**

Walgreens · Happy Harry's Pharmacy · Duane Reade by Walgreens

PDP-1/2025

Christian Brothers Services · Express Scripts®

For over 60 years, Christian Brothers Services has been a trusted partner for Catholic institutions, offering cost-effective health coverage, retirement planning, property protection, and expert consulting. Let us handle the details so you can focus on your mission. Visit cbservices.org to learn more.

TELEMEDICINE PROGRAM

Health Solutions

We are a Catholic organization serving other Catholic organizations with affordable health and benefits coverage tailored to the unique needs of each member organization. We understand the Church because we are part of the Church.

Consult A Doctor 24/7 *Where the Doctor is Always In*

The Christian Brothers Employee Benefit (EBT) and Religious Medical Trusts (RMT) offer 24/7 access to physicians, 365 days a year through Teladoc for all members who are enrolled with medical coverage.

The telemedicine benefit offers accessible and convenient care, as well as providing patients and physicians a way to communicate, which bypasses the traditional office visit yet provides excellent care through the use of technology. Members can talk with a doctor anytime, anywhere about non-emergent medical conditions via telephone, secure email, video or mobile app.

Telehealth

Teladoc's network of board-certified physicians can discuss symptoms, recommend treatment options, diagnose many common, minor and/or brief illnesses and prescribe medication, when appropriate. Common conditions treated include:

- Allergies
- Eye/Ear Infections
- Sinus Infections
- Stomach Ache/Diarrhea
- Urinary Tract Infections
- Yeast Infections
- Bronchitis
- Cold/Flu
- Headaches
- Rash/Skin Irritation
- Upper Respiratory Infections
- And More ...

Mental Health

Talk to licensed psychiatrists, psychologists or therapists to assist in behavioral health needs by phone or video.

- Get confidential counseling seven days a week for conditions like depression, anxiety, stress, marital or family issues.
- Schedule an appointment on one's own time. Visits are secure, discreet, and confidential.
- Choose a therapist or psychiatrist who best fits individual's needs.
- Complete, on average, a visit 18 days faster than at a brick and mortar therapist office.
- Visit with same therapist or psychologist for continuity of care.

Dermatology

Upload images of a skin issue online and get a custom treatment plan within two days for conditions such as eczema, acne, rashes and more.

Primary360

Consult with a primary care provider of your choice for routine checkups, ongoing wellness needs and referrals.

- Annual checkups
- Ongoing wellness visits
- Manage chronic conditions
- Complex medical needs
- Monitor blood pressure
- General health concerns

Getting Started with Teladoc

1) **Set Up your Account in one of three ways:**
   - Call **800.835.2362** or
   - Download the app on Apple App Store or Google Play or
   - Log into your account at cbservices.org and click **"My Telemedicine"**
2) **Provide Medical History**
3) **Request a Consult**

Due to the Internal Revenue Service (IRS) requirements of Health Savings Account (HSA) plans, in order to preserve the pre-tax status of the HSA, members must be charged a fair market value for Teladoc services. The fair market value for General Medical visits is $65 for 2024-2025.; Dermatology visits, $85; Nutrition Consultation, $59; Therapist visits, $90; $220 for Initial Psychiatrist Evaluations and $100 for Ongoing Sessions; Primary360 Services, $165 per New Participant, $99 per Primary Care Consultation, and no charge for Annual Wellness Check up.

TP-1/2025

CHRISTIAN BROTHERS SERVICES

Teladoc® HEALTH

For over 60 years, Christian Brothers Services has been a trusted partner for Catholic institutions, offering cost-effective health coverage, retirement planning, property protection, and expert consulting. Let us handle the details so you can focus on your mission. Visit cbservices.org to learn more.

TELEMEDICINE PROGRAM

Health Solutions

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Primary360

The Christian Brothers Employee Benefit (EBT) and Religious Medical Trusts (RMT) offer 24/7 access to physicians, 365 days a year through Teladoc for all members who are enrolled with medical coverage.

This telemedicine benefit offers accessible and convenient care, as well as providing patients and physicians a way to communicate, which bypasses the traditional office visit yet provides excellent care through the use of technology.

Primary360

Primary360 lets you schedule your annual wellness checkup and manage your ongoing care virtually through Teladoc and the doctor of your choice.

With Primary360 you can:

- Choose from board-certified doctors who are with you for the long-term.
- Book your annual visits within days.
- Receive unlimited access to a dedicated Care Team that answers any health-related questions.
- Find referrals to in-person (and in-network specialists), if needed.
- Create a custom care plan from the comfort of your home.
- Get prescriptions, lab orders and more.

Why members reach out:

- If you're in need of a Primary Care Doctor.
- If you want to establish a long-term relationship with a doctor.
- If you want to schedule primary care visits on your own time, in as little as five days.
- If you want to take control of your health and wellness.
- If distance makes an office visit difficult.
- If you are on vacation or on a business trip in the U.S.

How it works:

1) Log into your account at mycbservices.org/health and click **"My Teladoc,"** or register via Teladoc.com/ **800.835.2362**.
2) Receive a blood pressure monitor in advance of your visit and complete a health assessment, family history and submit any questions you would like to discuss.
3) During your appointment, you can discuss your medical history/concerns. If needed, the physician can order testing and make referrals.
4) Based on the visit, your care team creates a personalized care plan to meet your health goals which includes any labs ordered, recommendations, health goals, etc., which adjusts over time based on your needs.
5) Stay on track to meet your health goals by reaching out to your care team for outreach and support, available at any time.

Due to the Internal Revenue Service (IRS) requirements of Health Savings Account (HSA) plans, in order to preserve the pre-tax status of the HSA, members must be charged a fair market value for Teladoc services. The fair market value for General Medical visits is $65 for 2024-2025; Dermatology visits, $85; Nutrition Consultation, $59; Therapist visits, $90; $220 for Initial Psychiatrist Evaluations and $100 for Ongoing Sessions; Primary360 Services, $165 per New Participant, $99 per Primary Care Consultation, and no charge for Annual Wellness Check up.

In addition to PrimaryCare360, Teladoc offers services in General Health, Mental Health, Dermatology, and Nutrition. Visit mycbservices.org/health for more information.

TP-1/2025

CHRISTIAN BROTHERS SERVICES

Teladoc® HEALTH

For over 60 years, Christian Brothers Services has been a trusted partner for Catholic institutions, offering cost-effective health coverage, retirement planning, property protection, and expert consulting. Let us handle the details so you can focus on your mission. Visit cbservices.org to learn more.

ADDED BENEFIT PROGRAM

Health Solutions

We are a Catholic organization serving other Catholic organizations with affordable health and benefits coverage tailored to the unique needs of each member organization. We understand the Church because we are part of the Church.

Innovative Methods to Managing Diabetes and Hypertension

On average, about 1 in 10 people have diabetes and nearly half of U.S. adults have hypertension, leading to serious health problems.

All members in the Christian Brothers Employee Benefit and Religious Medical Trusts, have free access to Livongo by Teladoc Health, offering support in the areas of diabetes prevention, weight management, diabetes and hypertension.

Livongo is a program created to empower all people with chronic conditions, including diabetes and high blood pressure, to live healthier lives and reduce risk for serious health issues. Using advanced technology, personalized recommendations, and real-time communication, the program provides the right information, tools and support—all at no additional cost.
All members of the Trusts, diagnosed with prediabetes, diabetes or hypertension, receive free access to Livongo.

Preventing Diabetes Program

The Livongo Healthy Living and Diabetes Prevention Program can help members at risk for type 2 diabetes. The program doesn't cost anything and helps members focus on living a healthier life.

Within the program, members will have access to a CDC-recognized program that focuses on lifestyle behavior changes to achieve health goals through:

- **Effortless data collection:** A cellular scale provides seamless weigh-ins and food and activity tracking to understand lifestyle habits.
- **Personalized health signals:** Lessons provide evidence-based strategies for healthy living and health challenges to drive small changes for big wins!
- **Human-centered approach:** Coach-led meet ups for support and accountability and 1:1 live coaching from Livongo expert coaches.

Depending on your health goals, you could also receive a blood pressure monitor and/or blood glucose monitor.

Continued >

CHRISTIAN BROTHERS SERVICES

Livongo® by Teladoc Health

ADDED BENEFIT PROGRAM

Innovative Methods to Managing Diabetes and Hypertension

Managing Diabetes

Livongo for Diabetes offers an innovative remote monitoring solution aimed at helping patients with diabetes better manage their blood sugar levels, so they can prevent both short- and long-term complications and reduce their overall health care costs.

Member Benefits

Members who have diabetes will be contacted with information on how to enroll. Those who enroll in the program will receive:

- **Livongo Welcome Kit:** Livongo In Touch® meter, which tracks strip usage and prompts members with targeted messaging, a lancing device, 150 test strips, 100 lancets and a carrying case.
- **Unlimited checking supplies** (test strips, lancets and meter). Have test strips and lancets shipped to you whenever you need them.
- **Real-time 24/7 interventions** by Certified Diabetes Educators for members with dangerous (high and/or low) blood sugar levels.
- **Online access:** Access your readings, along with graphs and insights, online or on your mobile device.

Livongo Health provides personalized support through the meter and its mobile app, and provides coaches to help members make better decisions about diabetes management.

Managing Hypertension

Livongo for Hypertension combines advanced technology with personalized coaching to help members identified with hypertension manage their blood pressure.

Member Benefits

Members who have hypertension will be contacted with information on how to enroll. Members who enroll in the Livongo for Hypertension program will receive:

- An automatic monitor connected to a smartphone app that sends data to Livongo.
- Health Summary Reports.
- Convenient automatic reminders to check their blood pressure.
- Around-the-clock access to knowledgeable, caring health professionals whenever and wherever they need them.
- Scheduled care with coaches who provide answers to questions and support for a member's weight loss journey, and give advice on improving overall health through nutrition, stress management and medication.
- Personalized content and tips, as well as nudges, emails and texts. Members who submit a blood pressure reading over 180mmHg also receive feedback on their elevated reading. For members on high blood pressure medication, the program uses clinical algorithms to ensure they are receiving the maximum medication benefits.

NOTE: It takes less than 10 minutes to register.

EBT members: Register at get.livongo.com/EBT/begin.

RMT members: Register at welcome.livongo.com/RMT/begin.

For more information, call member support at **800.945.4355**.

ABP-1/2025

CHRISTIAN BROTHERS SERVICES

Livongo® by Teladoc Health

For over 60 years, Christian Brothers Services has been a trusted partner for Catholic institutions, offering cost-effective health coverage, retirement planning, property protection, and expert consulting. Let us handle the details so you can focus on your mission. Visit cbservices.org to learn more.

ADDED BENEFIT PROGRAM

Health Solutions

We are a Catholic organization serving other Catholic organizations with affordable health and benefits coverage tailored to the unique needs of each member organization. We understand the Church because we are part of the Church.

A Digital Solution to Quit Smoking

The Christian Brothers Services Employee Benefit (EBT) and Religious Medical Trusts (RMT) offer Pelago, a digital solution to smoking considered one of the most effective smoking cessation programs in the world by the World Health Organization. This program, which comes at no additional costs to members, replaces traditional, legacy telephone coaching programs with a confidential, technology-enabled digital clinic designed to help members access evidence-based care wherever they are.

Did you know it has been proven that quitting smoking can help prevent numerous health problems, including heart disease, stroke, multiple cancers, respiratory diseases, pre-term labor and low birth weight? Quitting tobacco isn't easy, but getting the right help can help make the difference between saying you're going to quit smoking and actually doing it for good!

The Pelago program is available at no cost to you and your enrolled dependents age 18 years and older. Whether you are thinking about quitting now or want to learn more about quitting in the future, Pelago is here for you. You can work through the program at your own pace.

Pelago is a highly effective, evidence-based tobacco cessation program that delivers measurable results. As a matter of fact, the program is so successful it produces an average quit rate of 52%, making it at least 10 times more effective than quitting "cold turkey."

What is Pelago and how does it work?

- **Engaging mobile content:** A cognitive behavioral therapy (CBT) journey that delivers bite-size audio sessions and interactive exercises to help members learn new techniques to deal with craving triggers.
- **Dedicated care team:** Access to qualified Quit Coaches to help every step of the way, guiding members on their recovery journey.
- **Personalized tracking:** Tools to help members track their personal triggers, cigarettes smoked, dollars saved and health progress.
- **Nicotine Replacement Therapy:** Access to gums and patches to assist in cravings as they come.
- **Connected Devices:** Monitor carbon monoxide levels and help participants track progress.

Once registered for the program, members will receive:

- One-on-one virtual coaching with a personal quit coach
- 24/7 access to self-guided activities and helpful content on the Pelago mobile app
- A 4-week supply of nicotine replacement therapy to help reduce cravings

To register, call **877.349.7755**.

ABP-1/2025

CHRISTIAN BROTHERS SERVICES

Pelago

For over 60 years, Christian Brothers Services has been a trusted partner for Catholic institutions, offering cost-effective health coverage, retirement planning, property protection, and expert consulting. Let us handle the details so you can focus on your mission.
Visit cbservices.org to learn more.

ADDED BENEFIT PROGRAM

Health Solutions

We are a Catholic organization serving other Catholic organizations with affordable health and benefits coverage tailored to the unique needs of each member organization. We understand the Church because we are part of the Church.

VSP® Vision Savings Pass™

VSP Vision Savings Pass is a discount vision program available to members of the Christian Brothers Employee Benefit (EBT) and Religious Medical Trusts (RMT) that offers immediate savings on eye care and eyewear. This is not an insurance plan.

See the Savings

- Access to discounts through a trusted, private-practice VSP doctor
- One rate of $50 for an eye exam[1]
- Special pricing on complete pairs of glasses and sunglasses
- 15% savings on a contact lens exam[2]
- Unlimited use on materials throughout the year
- Exclusive Member Extras, like rebates and special offers

Unlimited Annual Material Use[3]

Your VSP Vision Savings Pass can be used as often as you like throughout the year. With the best choices in eyewear, we make it easy to find the perfect frame that's right for you, your family, and your budget. Choose from great brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West and more.[4]

How to Use Your VSP Vision Savings Pass

Consult with a primary care provider of your choice for routine checkups, ongoing wellness needs and referrals.

1) Find a VSP doctor at vsp.com or call **800.877.7195**.
2) Save immediately on an eye exam[1] and eyewear at the time of service.
3) Take advantage of your VSP Vision Savings Pass over and over—use is unlimited on materials.[3]

1. This cost is only available with the purchase of a complete pair of prescription glasses; otherwise, you'll receive 20% off an eye exam only.
2. Applies only to contact lens exam, not materials. You are responsible for 100% of the contact lens material cost.
3. Unlimited use is for materials only. An eye exam is limited to once a year per member.
4. Brands subject to change.
5. Blueocean Market Intelligence National Vision Plan Member Research, 2014.

Service	Reduced prices and savings
WellVision Exam®	$50 with purchase of a complete pair of prescription glasses. 20% off without purchase. Once every calendar year.
Retinal Screening	Guaranteed pricing with WellVision Exam, not to exceed $39.
Lenses	With purchase of a complete pair of prescription glasses: Single vision $40 Lined bifocals $60 Lined trifocals $75 Polycarbonate for children $0
Lens Enhancements	Average savings of 20-25% on lens enhancements such as progressive, scratch-resistant and anti-reflective coatings.
Frames	25% savings when a complete pair of prescription glasses is purchased.
Sunglasses	20% savings on unlimited non-prescription sunglasses from any VSP doctor within 12 months of your last WellVision Exam.
Contact Lenses	15% savings on contact lens exam (fitting and evaluation).
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

ABP-1/2025

CHRISTIAN BROTHERS SERVICES

VSP Vision care for life

For over 60 years, Christian Brothers Services has been a trusted partner for Catholic institutions, offering cost-effective health coverage, retirement planning, property protection, and expert consulting. Let us handle the details so you can focus on your mission. Visit cbservices.org to learn more.

RESOURCES

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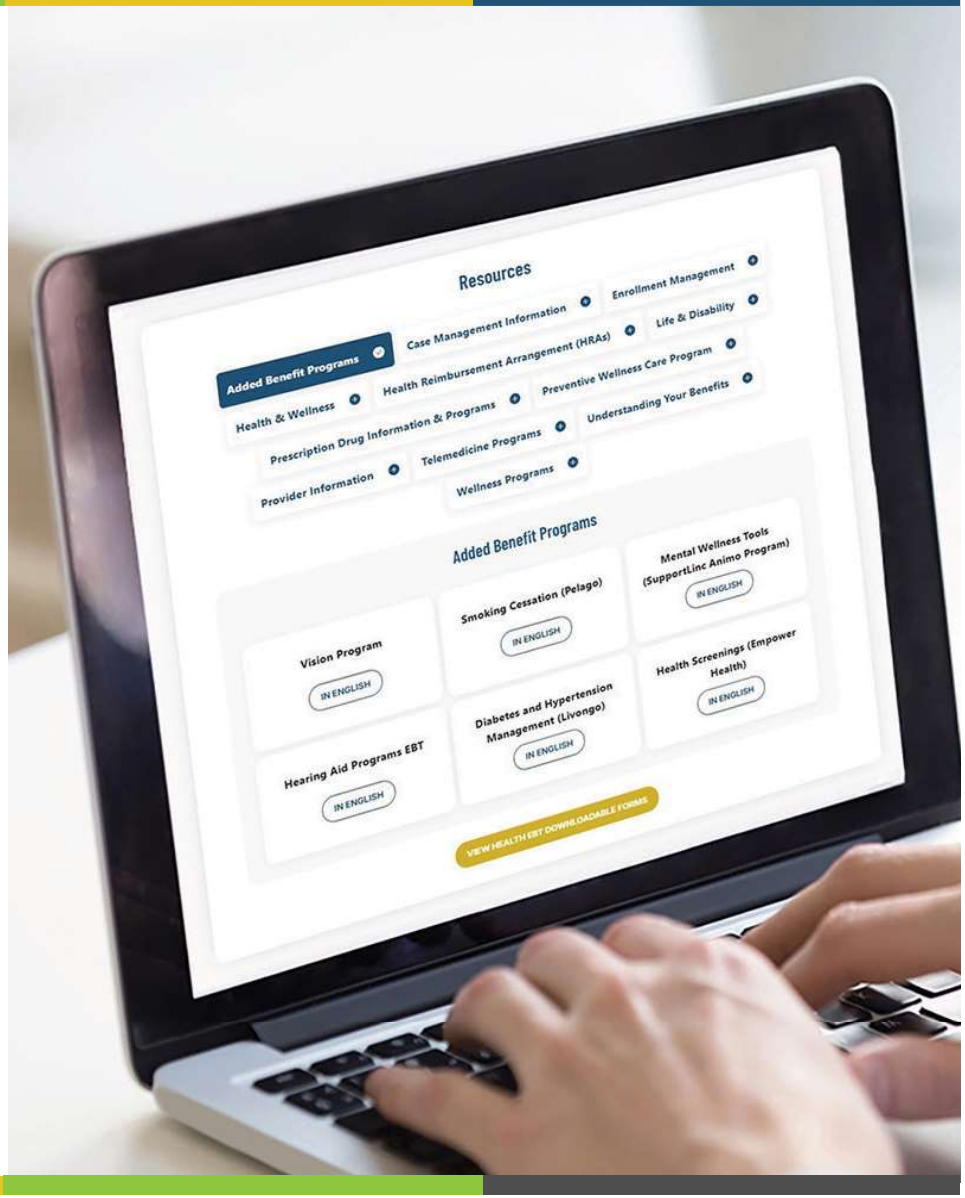

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CHRISTIAN BROTHERS SERVICES

RESOURCES (HIPAA Form)

Employee Benefit Trust
HIPAA Authorization for Use or Disclosure of Protected Health Information (PHI)

This authorization is to be completed by each member 18 years or older and unless limited below or subsequently revoked, grants the Christian Brothers Employee Benefit Trust (CBEBT) the right to use or disclose all personal medical information including medical information about any diagnosis or treatment for any mental health, substance abuse, sexually transmitted diseases, cancer and/or genetic condition.

Please complete the entire form and return it to CBEBT at healthenrollment@cbservices.org or fax to **630.378.3005**.

Individual(s) Whose Information is to be Disclosed

Name _____

Street Address _____

City _____ State _____ Zip _____

CBEBT ID Number (as displayed on your ID Card) _____

Name of Person(s) Information can be Disclosed to

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Information to be Disclosed

☐ Complete medical record

☐ Complete medical record for services rendered on or after the following date: _____

☐ Only the following medical information. Specifically describe the information to be used or disclosed, including but not limited to, meaningful descriptors such as date of service, type of service provided, level of detail to be released, origin of information, etc.

Acknowledgement of Privacy Rights

I understand that:

- A revocation is not effective to the extent that the parties named in this authorization have relied on the use or disclosure of the protected health information prior to the receipt of the revocation;
- That information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law; and
- My health care provider(s) and health plan(s) may not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to:

- Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights).
- Revoke authorization, in writing, at any time.
- Refuse to sign this authorization.

_____ _____

Signature of individual requesting disclosure (or Personal Representative)If Personal Representative, please attach appropriate documentation.

Date

_____

If Minor, Print Name of Plan Member

_____

Description of Personal Representative's Authority, if Applicable

RESOURCES

Benefits and Claims Contact Information

For questions about medical, dental or benefits and claims, contact:

CHRISTIAN BROTHERS SERVICES

Customer Service
Monday - Friday 7:00a.m. - 7:00p.m. CDT
800.807.0600
adol@cbservices.org

For questions about prescription vision benefits and claims, contact:

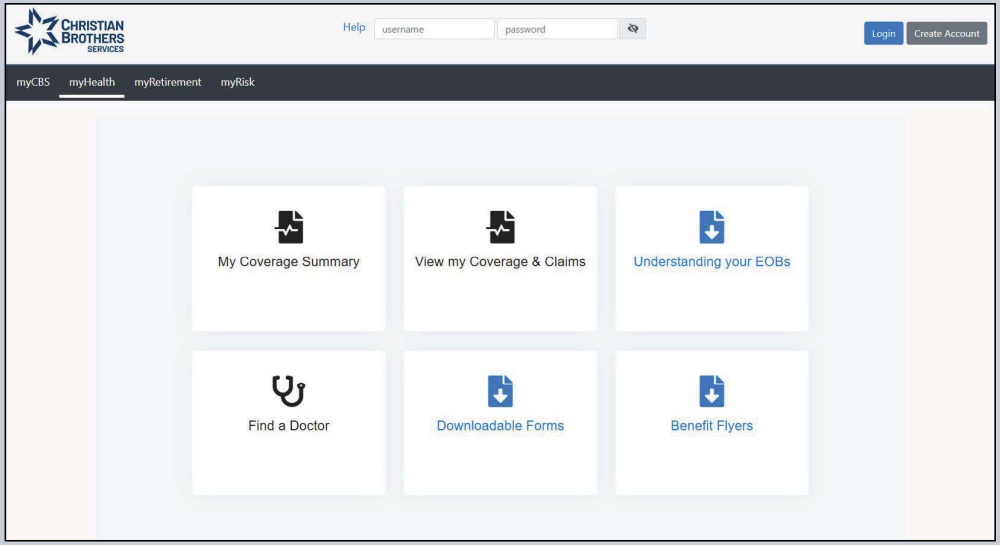
EXPRESS SCRIPTS®

800.718.6601

24 hour telemedicine:

Teladoc® HEALTH

800.835.2362
teladoc.com



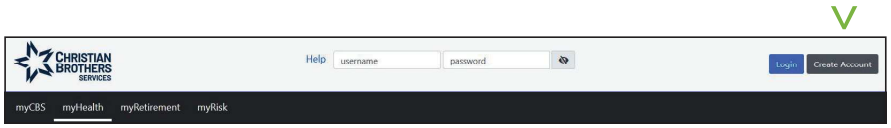
Visit mycbs.org/health to access your personalized benefits. See next page for registration instructions.

Participants Have Access to:

- Online EOBs
- Find PPO Providers
- Med Plan Summaries
- Up-to-Date Health News
- Health Program Information
- Webinars
- Frequently Asked Questions
- Rx Drugs

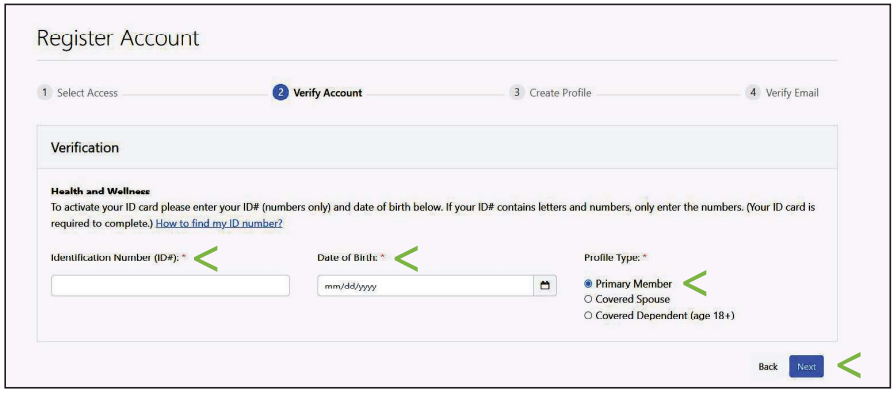
Step-by-Step Instructions to access your Health Benefits online

1 Please visit mycbs.org/health. In the upper right corner, click **Create Account**.



2 **Verify Account**

(Your ID card is required to complete this step.)
Enter your **Identifiication Number** (ID#) and **Date of Birth**.
Then, select a button for the person you are verifying, either **Primary Member**, **Covered Spouse** or **Covered Dependent** (age 18+). Then click **Next**.



3 **Create Login Credentials**

Once you click **Next**, create your **Login Credentials and Security** Questions. Once complete, click **Save** at the bottom of the page.

4 **Verify Email**

Once you click **Save**, you will receive an email to verify your email address.

Thank you for registering with Christian Brothers. Please click on the link below to verify your email address and continue the registration process. The link is active 24 hours (Saturday-Thursday) or until 10:00p.m. (Friday).

Click here to verify email

Go to your email inbox, open the email, and **Click on the Link** to verify your email address.

Once you click on the link for email verification, a web browser will open that contains a link to login.

Registration is complete.

RESOURCES

Health Benefits Checklist For New Hires

Before your effective date

- √ Know your benefits. Review SBC (Summary of Benefits)
- √ If applicable, complete and return any necessary paperwork to your employer
- √ Practice finding an in-network PPO (Participating Provider Organization) provider using the PPO finder guide in the health benefit packet

After your effective date

- √ Register online at mycbs.org/health
  Update new insurance information with all health providers
- √ Return HIPAA authorization form to Christian Brothers Services
  To be completed by all members 18 years and older
- √ Register with Teladoc

CHRISTIAN BROTHERS SERVICES

Important Information for Medical Providers

Dear Provider:

Your patient is enrolled in a Group Health Plan offered through his or her employer. Christian Brothers Services is the plan administrator and the Christian Brothers Employee Benefit Trust (CBEBT) provides the benefits and coverage.

The Trust is not a traditional commercial insurance company, rather, it is a Church plan designed specifically for Catholic Church employers, with Christian Brothers Services processing and administering the claims incurred by its members.

The Trust has an agreement in place with Blue Cross Blue Shield from which members can elect the services from BCBS contracted providers. As such, the BCBS logo appears on each Trust members' ID Card. Furthermore, **you must file medical claims through the local BCBS processing office**.

However, it is **important** to note Christian Brothers Services confirms member eligibility NOT BlueCross BlueShield. Therefore, claim questions, eligibility, or benefit coverage questions, should be directed to Christian Brothers Services using the following methods:

Telephone: **800.807.0400** (Monday – Friday 7:00a.m. – 7:00p.m. CST)
For 24/7 online eligibility verification visit: www.cbservices.org/health_providers.php

The member's prescription manager is **Express Scripts**

RX#: CBEBT01
BIN#: 610014

Additional information such as claim submission, eligibility, and pre-certification is available on the insurance card. AGAIN – **PLEASE DO NOT CONTACT BLUECROSS BLUESHIELD DIRECTLY AND ONLY CONTACT CHRISTIAN BROTHERS AT 800.807.0400**. We look forward to serving you!