



Archdiocese of St. Louis 2026 Benefits

UNITEDHEALTHCARE (UHC) CHOICE PLUS MEDICAL PLAN OPTIONS

(Medical, Dental, and Vision coverage is bundled and begins the 1st of the month following hire date)

	Comprehensive Plan		Base Plan (HDHP w/HSA) *must be eligible*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$1,250/\$2,500	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000
Out-of-Pocket Maximum	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$9,000	\$10,000/\$18,000
Office Visits	\$30 copay	40%, after deductible	20%, after deductible	40%, after deductible
PRESCRIPTION DRUG	Retail (In-Network and Out-of-Network)		Mail Order (In-Network Only)	
Tier Copays	Retail: \$10/\$35/\$50 copay (after deductible for HDHP w/ HSA)		Mail Order: \$20/\$70/\$100 copay (after deductible for HDHP w/HSA)	

DELTA DENTAL PLAN (included with medical enrollment)

	PPO NETWORK	PREMIER AND NON-NETWORK
Preventive/Basic/Major/Orthodontic Services	100/90/60/50%	100/80/50/50%
Annual Deductible/Max Benefit	\$50/\$2,000	
Ortho Lifetime Maximum	\$2,000 (per child)	

VISION PLAN- DELTA VISION (included with medical enrollment)

	In-Network	Out-of-Network
Exams/Materials	\$10/\$25 Copay	\$10/\$25 Copay
Standard Frames	\$150 retail allowance	Reimbursed up to \$60
Elective Contact Lenses	\$150 retail, after copay	Reimbursed up to \$90
Medically Necessary Contacts	\$250 retail, after copay	Reimbursed up to \$250

Supplemental Life with Hartford (coverage over the Guaranteed Issue Amount begins after EOI is approved)

	Guarantee Issue	Maximum Amount
Employee	\$100,000	\$300,000
Spouse	\$25,000	\$150,000
Child	\$5,000 min /\$15,000 max	

Health Savings Account with Optum (included with HDHP w/ HSA medical enrollment)

- Annual employer contribution of \$600 for Employee Only and \$1,200 for Employee + 1 or Employee + Family (*prorated for mid-year enrollments*)
- Employees able to make payroll deducted contributions, if elected.

Flexible Spending Accounts with Tristar

- Set aside tax-free money to pay for eligible Health Care and/or Dependent Care expenses throughout the year.
- Not eligible if enrolled in the HDHP w/HSA Base Plan.

Employer 403(b) Lay Retirement Plan with Empower – Employer Provided

After one year of service, eligible employees receive an employer 5% contribution. Employees may elect to make voluntary contributions to the 403(b) Lay Retirement Plan. Effective January 1, 2024, all new hires are automatically enrolled at a 3% contribution to the 403(b) Lay Retirement Plan.

Basic Life and AD&D with Hartford – Employer Provided (coverage begins at hire date)

- 1x your annual earnings

Long Term Disability (LTD) with Unum – Employer Provided (first of the month following 90 days of employment)

- Provides financial protection during a disability after a 180 day elimination period
- 60% of your monthly earnings to a maximum of \$5,000 per month.

Employee Assistance Program (EAP) with Saint Louis Counseling – Employer Provided (coverage begins at hire date)

- 24/7 Confidential, professional counseling for family problems, parenting issues, marital relationship conflicts, and emotional concerns
- Available to you, your spouse, and any dependent children.

Adoption Assistance Program with Good Shepherd Children and Family Services – Employer Provided

- Up to \$4,000 for Full-Time Employees/\$2,000 for Part-Time employees in reimbursement expenses if you adopt an eligible child and up to twenty days of paid leave from work.

Visit the [Archdiocesan Benefits webpage](#) for more benefits information.