



Archdiocese of St. Louis 2025 Benefits

UNITEDHEALTHCARE (UHC) CHOICE PLUS MEDICAL PLAN OPTIONS

	Comprehensive (PPO) Plan		Base (HDHP w/HSA) Plan *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

**Deductibles and Out-of-Pocket Maximums follow a calendar year of January 1st- December 31st.*

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
<u>Exams/Materials</u>	\$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

Health Savings Account with Optum- (included with Base Plan 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.

Long Term Disability (LTD) with Unum – Employer Provided

- 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.

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.

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.

Supplemental Life with Hartford

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

Basic Life and AD&D with Hartford – Employer Provided

- 1x your annual earnings

Employee Assistance Program (EAP) with Saint Louis Counseling – Employer Provided

- 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.

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