



Quick Content  
Links

New Hire Enrollment  
and Qualifying  
Life Events

Contact  
Information

Eligibility and  
Enrollment

Monthly Cost For  
Health Insurance  
Coverage

Medical/Rx  
Coverage

Dental & Vision  
Coverage

HSA and FSA

Life and  
AD&D

Long Term  
Disability

Employee  
Assistance  
Program

Wellness  
Screening

403 (B)  
Retirement  
Program

Adoption  
Assistance  
Program

Archdiocese of St. Louis

2026

*New Hire  
Benefits Guide*

# Inside This Guide

- 3** Welcome to the Archdiocese of St. Louis!
- 5** Contact Information
- 6** Eligibility and Enrollment
- 7** Monthly Cost For Health Insurance Coverage
- 8** Medical/Rx Coverage
- 9** Spousal Surcharge Policy
- 11** Dental Coverage
- 12** Vision Coverage
- 13** Health Savings Account (HSA)
- 14** Flexible Spending Accounts (FSA)
- 16** Basic Life / AD&D Insurance
- 16** Supplemental Life Insurance
- 17** Long Term Disability
- 17** Employee Assistance Program
- 17** Wellness Screenings
- 18** 403(B) Retirement Plan
- 18** Adoption Assistance Program

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



# Welcome to the Archdiocese of St. Louis!

Whether you are a new hire, or you are newly eligible for benefits, we want to welcome you to the Archdiocese of St. Louis benefit plan offerings! Employers who are included under the Archdiocese of St. Louis have their benefits offered by the Archdiocese of St. Louis. The following information provides a general outline of the benefits available, however please remember that there is additional information found on the [Archdiocesan HR Benefits website](#). Be sure to review all of the benefit information available to you before making your enrollment decisions, to be sure that you elect what best works for you and your family.

It is very important to note that you only have 31 days from your date of hire (or date of benefit eligibility) to enroll in or waive benefits through ArchHR. If you are waiving coverage, you will not have the opportunity to enroll in benefits again until the next plan year's open enrollment period which is typically held in May, OR, unless you experience a qualifying life event at which point you will be able to make permitted benefit changes depending on the specific life event.

## When does insurance begin and end:

Insurance begins the first of the month following hire, once you have enrolled in coverage, for the new hire and all eligible dependents.

Coverage ends at the end of the month in which you terminate employment or on the date of a qualifying life event and you are ending coverage. Coverage ends at the end of the month in which a covered dependent turns age 26, unless they are covered with a disability status.

All benefit information and materials, including educational Brainshark videos on Open Enrollment, FSA, and the Base (HDHP w/HSA) Plan, benefit summaries, plan documents, employee handbooks and annual notices can be found on the [Archdiocesan HR Benefits website](#).

| Different Plan Years For Activity                                                                                                      | When                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Medical / Dental / Vision Calendar Year</b><br>Deductibles / maximum out-of-pockets                                                 | January 1 – December 31<br>(calendar year)                        |
| <b>Health Spending Account (HSA) with Optum</b><br>*For those enrolled in the HDHP only                                                | January 1 - December 31<br>(calendar year)                        |
| <b>Health and Dependent Care Flexible Spending Account Plan (FSA) with Tristar</b><br>Claims grace period<br>Deadline to submit claims | July 1 – June 30 (plan year)<br>Until September 15<br>December 15 |

## Questions

Please email any Benefits questions to [AskHR@archstl.org](mailto:AskHR@archstl.org).

## Qualifying Life Events

Your benefit elections will stay in place and you will not have another chance to make changes to your coverages until Open Enrollment, unless you experience a “Qualifying Life Event”.

### Examples of qualifying life events are:

- Marriage
- Legal separation
- Divorce
- Birth or adoption of a child
- Change in eligibility of a child
- Death of a dependent
- Change in your/your spouse’s employment status
- You or your spouse attains age 65 and is covered by Medicare

If you do experience a “Qualifying Life Event”, you **must do the following within 31 days of the date of the event:**

- Log into ArchHR,
- Click on the My Benefits button, and
- Report your qualifying event and changes (QLE) you need to make to your coverages.

If you do not take action **within the 31 days from the date of the event**, no changes will be made to your coverages.

Any changes that do take place will go into effect as of the date of the qualifying life event. Under no circumstances will coverage be retroactively effective any further back than the date of the event. If a coverage change is approved, you will expect to see any applicable backpay premiums for such coverage on your paycheck.

To help explain how a change in coverage due to a qualifying life event would be determined, please review the following example:

*Tim is a new employee hired on August 20th. He elects to enroll in the Archdiocesan health plan with Employee Only coverage, which becomes effective on September 1st. Then, on October 10th, Tim gets married. When he returns to work on October 20th, he logs into ArchHR to report his marriage-a qualifying life event-and submits the necessary changes within the required 31 day window. Tim updates his health coverage from Employee Only to Employee+1, to add his spouse. The effective date of this coverage change is October 10th, the date of the marriage. As a result, Tim will see an updated payroll deduction reflecting the Employee+1 coverage, along with any retroactive premium owed for the coverage dating back to October 10th.*

Please visit the following webpage for more information or to make changes: [Qualifying Life Events | Default Site](#).



## Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or your human resources department at [AskHR@archstl.org](mailto:AskHR@archstl.org).

| Benefit                                  | Carrier                                                 | Phone                                           | Website                                                                                                                                                                                          |
|------------------------------------------|---------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical</b>                           | UnitedHealthcare<br>Policy #703597                      | 833.748.2404                                    | <a href="http://www.myuhc.com">www.myuhc.com</a>                                                                                                                                                 |
| <b>Pharmacy (Rx)</b>                     | OptumRx                                                 | 833.748.2404                                    | <a href="http://www.myuhc.com">www.myuhc.com</a><br>(click "Pharmacies & Prescriptions"<br>to get to the OptumRx homepage)                                                                       |
| <b>Dental</b>                            | Delta Dental of Missouri<br>Policy #1873-1000           | Toll-Free: 800.335.8266<br>Local: 314.656.3001  | <a href="http://www.deltadentalmo.com">www.deltadentalmo.com</a>                                                                                                                                 |
| <b>Vision</b>                            | DeltaVision<br>Policy #1033244                          | Claims and<br>Customer Service:<br>877.226.1412 | <a href="http://www.deltadentalmo.com/vision">www.deltadentalmo.com/vision</a>                                                                                                                   |
| <b>Health Savings Account (HSA)</b>      | Optum Bank                                              | 866.234.8913                                    | <a href="http://www.optum.com">www.optum.com</a>                                                                                                                                                 |
| <b>Flexible Spending Account (FSA)</b>   | TriStar Benefit Administrators<br>Policy #A03100-A03999 | 800.456.4584<br>Option 4                        | <a href="http://www.tristar.summitfor.me">www.tristar.summitfor.me</a>                                                                                                                           |
| <b>Employee Assistance Program (EAP)</b> | Saint Louis Counseling                                  | 314.544.3800                                    | <a href="http://www.saintlouis counseling.org">www.saintlouis counseling.org</a>                                                                                                                 |
| <b>Long Term Disability (LTD)</b>        | Unum<br>Policy #374488                                  | 800.868.1773<br>x. 53049                        | <a href="http://www.unum.com">www.unum.com</a>                                                                                                                                                   |
| <b>Life Insurance</b>                    | Hartford Life<br>Policy #677885                         | 800.523.2233                                    | <a href="http://www.archstl.org/human-resources/employee-benefits-and-forms/life-insurance-plans">www.archstl.org/human-resources/<br/>employee-benefits-and-forms/<br/>life-insurance-plans</a> |
| <b>Retirement Plan</b>                   | Empower                                                 | 866.467.7756                                    | <a href="http://www.participant.empower-retirement.com/participant/login">www.participant.empower-<br/>retirement.com/participant/login</a>                                                      |

Annual Notices are available for review on the [Archdiocesan HR Benefits website](http://www.archstl.org/human-resources).

# Eligibility and Enrollment

## Employees Eligible For Health Insurance Benefits

Please see the table below for your benefits eligibility.

| Who Is Eligible For Benefits?                                     |                                                                                                                                                                    | Health Insurance            | Flexible Spending Account | Supplemental Life Insurance |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|-----------------------------|
| Active employee working > 1,000 hours annually                    |                                                                                                                                                                    | ✓                           | ✓                         | ✓                           |
| Educator with half-time or more contract                          |                                                                                                                                                                    | ✓                           | ✓                         | ✓                           |
| Religious on Official Assignment (excluding Archdiocesan priests) |                                                                                                                                                                    | ✓                           |                           |                             |
| Kenrick Glennon Seminarian                                        |                                                                                                                                                                    | ✓                           |                           |                             |
| Total Full-Time Equivalent (FTE) Ranges:                          |                                                                                                                                                                    | Benefit Eligibility         |                           |                             |
| On or Between 0 - 0.47 FTE                                        |                                                                                                                                                                    | Not Benefits Eligible       |                           |                             |
| On or Between 0.48 - 0.87 FTE                                     |                                                                                                                                                                    | Part-Time Benefits Eligible |                           |                             |
| On or Between 0.88 - 1 FTE                                        |                                                                                                                                                                    | Full-Time Benefits Eligible |                           |                             |
| Non-Contracted School Year Employees                              |                                                                                                                                                                    | Full-Time                   | Part-Time                 | Non-Eligible                |
| <b>Teachers and Learning Consultants:</b>                         | Full-Time/Nine months out of the year                                                                                                                              | X                           |                           |                             |
|                                                                   | Half-Time or More: Yet less than full-time for nine months                                                                                                         |                             | X                         |                             |
|                                                                   | Nine months out of the year, less than half-time and works less than 2 1/2 days a week                                                                             |                             |                           | X                           |
| <b>School Year Employees who work:</b>                            | Nine months, five days a week for full school days (ex: School Secretaries, Maintenance, Teacher's Aide, Preschool Teacher, Cafeteria, Cooks who are non-contract) | X                           |                           |                             |
|                                                                   | More than 1,000 hours, but less than 1,820 hours annually and less than five full school days per week                                                             |                             | X                         |                             |
|                                                                   | Less than 1,000 hours annually and less than five full school days per week (ex: Bookkeeper, Maintenance, Clerical, Youth Minister)                                |                             |                           | X                           |
| <b>Parish Employees who work:</b>                                 | More than 1,000 hours and less than 1,820 hours annually (yet not Full-Time)                                                                                       |                             | X                         |                             |
|                                                                   | Less than 1,000 hours                                                                                                                                              |                             |                           | X                           |

## Dependents

Your eligible dependents may include the following:

- Your opposite sex spouse to whom you are legally married as recognized by the laws of the Catholic Church. A spousal surcharge may be applicable if your spouse has available medical coverage through their employer plan. You will need to review and complete the spousal surcharge attestation. See page 9 of this guide for additional information on the spousal surcharge.
- Your child who is married or unmarried, without respect to student or dependency status, until the end of the month of the child's 26th birthday. **It is the responsibility of the employee / participant to monitor dependent's eligibility.**
- Your unmarried dependent child older than age 26 who is mentally or physically disabled and depends on you for support and care. (Approval from UnitedHealthcare required.)

## Enrollment Periods

There are only three time-frames in which benefit enrollment changes can take place. Outside of these time-frames, changes to your elections can not be made.

- **Initial Enrollment Period** – New Hires (or newly benefit eligible employees) will have 31 days from their date of hire to enroll in or waive coverage through ArchHR. Coverage will begin on the first day of the month following date of hire, should you elect to enroll in coverage.
- **Annual Enrollment Period** – Held each year during May for the following plan year. Allows you to review and make changes to your existing benefit elections. Any changes made during this time will become effective July 1.
- **Special Enrollment Period** – for Qualifying Life Events, a change in family or employment status, that allows you to make changes to your existing elections. You have 31 days from the date of the event to submit changes. Changes are effective on the date of the event.



# Monthly Cost For Health Insurance Coverage

## Health Insurance Premiums 7/1/2026 – 6/30/2027

(Rates include Medical, Rx, Dental, and Vision coverage)

| In-Network                                          | Base (HDHP w/ HSA) Plan | Comprehensive (PPO) Plan |
|-----------------------------------------------------|-------------------------|--------------------------|
| <b>Deductible</b><br>(Individual/Family)            | \$2,500/\$5,000         | \$1,250/\$2,500          |
| <b>Out-of-Pocket Maximum</b><br>(Individual/Family) | \$5,000/\$9,000         | \$5,000/\$10,000         |

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

\*\*Payroll deductions for benefits only occur 24 times a year, taking place on the first and second payrolls of the month.

| Monthly Premiums                                 | Health Insurance Premiums for Full-Time Employees and Educators |                            |                     |
|--------------------------------------------------|-----------------------------------------------------------------|----------------------------|---------------------|
| Effective:<br>July 1, 2026 through June 30, 2027 | Employee Only                                                   | Employee + One Dependent*1 | Employee + Family*1 |
| <b>BASE (HDHP W/ HSA) PLAN*2</b>                 |                                                                 |                            |                     |
| <b>Employee Contributions</b>                    | \$ 33.00 (5%)                                                   | \$ 366.00 (25%)            | \$ 495.00 (25%)     |
| <b>Employer Contributions</b>                    | \$630.00 (95%)                                                  | \$1,100.00 (75%)           | \$1,486.00 (75%)    |
| <b>Total Monthly Premium</b>                     | \$663.00                                                        | \$1,466.00                 | \$1,981.00          |
| <b>COMPREHENSIVE (PPO) PLAN</b>                  |                                                                 |                            |                     |
| <b>Employee Contributions</b>                    | \$132.00 (15%)                                                  | \$ 486.00 (25%)            | \$ 657.00 (25%)     |
| <b>Employer Contributions</b>                    | \$749.00 (85%)                                                  | \$1,459.00 (75%)           | \$1,972.00 (75%)    |
| <b>Total Monthly Premium</b>                     | \$881.00                                                        | \$1,945.00                 | \$2,629.00          |

| Monthly Premiums                                 | Health Insurance Premiums for Part-Time Employees<br>(work 1000 hours or more per year) and Less than Full-Time Educators (work Half Time or more and less than Full Time) |                            |                     |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|
| Effective:<br>July 1, 2026 through June 30, 2027 | Employee Only                                                                                                                                                              | Employee + One Dependent*1 | Employee + Family*1 |
| <b>BASE (HDHP W/ HSA) PLAN*2</b>                 |                                                                                                                                                                            |                            |                     |
| <b>Employee Contributions</b>                    | \$265.00 (40%)                                                                                                                                                             | \$ 733.00 (50%)            | \$ 990.00 (50%)     |
| <b>Employer Contributions</b>                    | \$398.00 (60%)                                                                                                                                                             | \$ 733.00 (50%)            | \$ 991.00 (50%)     |
| <b>Total Monthly Premium</b>                     | \$663.00                                                                                                                                                                   | \$1,466.00                 | \$1,981.00          |
| <b>COMPREHENSIVE (PPO) PLAN</b>                  |                                                                                                                                                                            |                            |                     |
| <b>Employee Contributions</b>                    | \$352.00 (40%)                                                                                                                                                             | \$ 972.00 (50%)            | \$1,314.00 (50%)    |
| <b>Employer Contributions</b>                    | \$529.00 (60%)                                                                                                                                                             | \$ 972.00 (50%)            | \$1,315.00 (50%)    |
| <b>Total Monthly Premium</b>                     | \$881.00                                                                                                                                                                   | \$1,945.00                 | \$2,629.00          |

\*1 Spousal Surcharge of \$100 per pay period to the employee may be applicable.

\*2 Annual Employer HSA Contribution of \$600 for Employee Only and \$1,200 for Employee + Dependent and Employee + Family, not included. This will be paid over 24 payrolls and billed to locations separately.

School-year employees who are full-time and part time benefits eligible:

- Need to pay their employee portion of their benefits premiums (viewed on pay stub) directly to their employer via check by the first of May for coverage for the summer months they are not working or getting paid to keep their benefits plans active. Employers can also view the employee amount on the monthly payroll/benefits billing.
- The Supplemental Life Insurance premium, if applicable, will be collected automatically through the payroll deductions arrears process, upon the employee's return to paid status.

This same practice is followed when an employee is on FMLA and moves into an unpaid status so that they can continue their benefits coverage.

# Medical/Rx Coverage

Administered by UnitedHealthcare

Your health and the health of your family are of great importance to your well being. That is why the Archdiocese of St. Louis offers two UnitedHealthcare (UHC) medical plan choices designed to help you get the care you need. You may choose the Base (HDHP w/HSA) Plan, which has a higher deductible but lower premiums, or the Comprehensive (PPO) Plan, which offers coverage at a higher premium cost to you.

If you enroll in one of the UHC Plans, you will receive a new ID card.

When you enroll for a medical plan with UHC, you will automatically be enrolled in the dental and vision plans.

## At-a-Glance Comparison of the Medical Plans

| UNITEDHEALTHCARE MEDICAL PLAN – Group #703597                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                                                                                                      |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| PLAN FEATURES                                                                                                                                                                                                      | COMPREHENSIVE (PPO) PLAN <sup>1</sup>                                                                                                                                                                                                                                                                                     |                       | BASE (HDHP w/ HSA) PLAN <sup>1,2,3</sup><br>(must meet eligibility)                                                                                                                                                                  |                                      |
|                                                                                                                                                                                                                    | In-Network                                                                                                                                                                                                                                                                                                                | Out-of-Network        | In-Network                                                                                                                                                                                                                           | Out-of-Network                       |
| Employees may choose one of the following UnitedHealthcare Plan Options – The costs outlined on this chart are the costs that are paid by the member. Meeting the deductible first is only applicable where stated |                                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                                                                                                      |                                      |
| <b>Calendar Year Deductible</b><br>(Individual / Family)<br>Copayments do not apply to the deductible                                                                                                              | \$1,250 / \$2,500                                                                                                                                                                                                                                                                                                         | \$2,500 / \$5,000     | \$2,500 / \$5,000                                                                                                                                                                                                                    | \$5,000 / \$10,000                   |
| <b>Out-of-Pocket Maximum</b><br>(Individual / Family)<br>Out-of-Pocket maximum includes the deductible and copays                                                                                                  | \$5,000 / \$10,000                                                                                                                                                                                                                                                                                                        | \$10,000 / \$20,000   | \$5,000 / \$9,000                                                                                                                                                                                                                    | \$10,000 / \$18,000                  |
| <b>Embedded vs Non-Embedded Deductibles and Out-of-Pocket Maximums</b><br>*Deductibles and Out-of-Pocket Maximums follow a calendar year of January 1st – December 31st.                                           | Embedded, meaning: If more than one person in the family is covered, each person must meet the individual deductible amount stated above until the total amount of deductible expenses paid by all family members meets the overall family deductible. The embedded out-of-pocket maximum amounts will work the same way. |                       | Non-Embedded, meaning: If more than one person in the family is covered, no one in the family is eligible for benefits until the family deductible is satisfied, and the family coverage Out-of-Pocket Maximum stated above applies. |                                      |
| <b>Preventative Care Services</b>                                                                                                                                                                                  | No Charge                                                                                                                                                                                                                                                                                                                 | 40%, after deductible | No Charge                                                                                                                                                                                                                            | 40%, after deductible                |
| <b>Coinsurance</b>                                                                                                                                                                                                 | 20%, after deductible                                                                                                                                                                                                                                                                                                     | 40%, after deductible | 20%, after deductible                                                                                                                                                                                                                | 40%, after deductible                |
| <b>Office Visits</b>                                                                                                                                                                                               | \$30 copay per visit                                                                                                                                                                                                                                                                                                      | 40%, after deductible | 20%, after deductible                                                                                                                                                                                                                | 40%, after deductible                |
| <b>Hospital Inpatient Stay</b>                                                                                                                                                                                     | 20%, after deductible                                                                                                                                                                                                                                                                                                     | 40%, after deductible | 20%, after deductible                                                                                                                                                                                                                | 40%, after deductible                |
| <b>Outpatient Surgery</b>                                                                                                                                                                                          | 20%, after deductible                                                                                                                                                                                                                                                                                                     | 40%, after deductible | 20%, after deductible                                                                                                                                                                                                                | 40%, after deductible                |
| <b>Outpatient Diagnostic</b><br>(lab, x-ray, mammography)                                                                                                                                                          | No Charge                                                                                                                                                                                                                                                                                                                 | 40%, after deductible | 20%, after deductible                                                                                                                                                                                                                | 40%, after deductible                |
| <b>Emergency Room</b>                                                                                                                                                                                              | \$150 copay per visit                                                                                                                                                                                                                                                                                                     | \$150 copay per visit | 20%, after deductible                                                                                                                                                                                                                | 20%, after deductible                |
| <b>Urgent Care</b>                                                                                                                                                                                                 | \$50 copay per visit                                                                                                                                                                                                                                                                                                      | 40%, after deductible | 20%, after deductible                                                                                                                                                                                                                | 20%, after deductible                |
| <b>Vision Examinations</b><br>(1 exam per calendar year)                                                                                                                                                           | \$30 copayment                                                                                                                                                                                                                                                                                                            | 40%, after deductible | 20%, after deductible                                                                                                                                                                                                                | 40%, after deductible                |
| PRESCRIPTION BENEFITS                                                                                                                                                                                              | COMPREHENSIVE PLAN                                                                                                                                                                                                                                                                                                        |                       | BASE PLAN (HDHP W/HSA) <sup>4</sup>                                                                                                                                                                                                  |                                      |
|                                                                                                                                                                                                                    | Pharmacy Retail                                                                                                                                                                                                                                                                                                           | Mail Order            | Pharmacy Retail                                                                                                                                                                                                                      | Mail Order                           |
| <b>Copays: Tier 1 / Tier 2 / Tier 3</b>                                                                                                                                                                            | \$10 / \$35 / \$50                                                                                                                                                                                                                                                                                                        | \$20 / \$70 / \$100   | \$10 / \$35 / \$50 after deductible                                                                                                                                                                                                  | \$20 / \$70 / \$100 after deductible |
| <b>Maximum Supply</b>                                                                                                                                                                                              | 30 Days                                                                                                                                                                                                                                                                                                                   | 90 Days               | 30 Days                                                                                                                                                                                                                              | 90 Days                              |

<sup>1</sup> All covered active employees in any of the UnitedHealthcare Plans automatically receive the Delta Dental and the DeltaVision plan benefits.

<sup>2</sup> Base (HDHP w/HSA) Plan option includes an annual employer contribution to your HSA of either \$600 for individual or \$1,200 for family coverage (paid over 24 payrolls during the plan year and prorated for mid-year enrollments).

<sup>3</sup> Participants are expected to follow all Catholic directives when using HSA funds for qualified expenses.

<sup>4</sup> Base (HDHP w/HSA) Plan (HDHP w/HSA) includes an Expanded Preventive Drug List, whereby medications on the list may be covered at the applicable copay only, no deductible applies. Please be sure to call UHC at the number on your ID Card to inquire about your prescription drug costs before filling a prescription.



# Spousal Surcharge Policy

Employees will pay a spousal surcharge to cover a spouse who is eligible for health insurance coverage through their own employer.

The spousal surcharge is an added charge of \$100 each 24 pay period to the usual employee contribution for health insurance. Spousal surcharges are common among employers and assist in managing health plan costs. The Archdiocese Employee Benefit Plan is self-insured and helps pay the cost of each member's healthcare coverage and actual claims. If the employee's spouse moves to his or her employer's plan, it places the costs of those claims with the spouse's employer, thus saving the Archdiocese the cost of those claims. The Archdiocese establishes its premiums based on the actual cost of the claims.

## **Please note the following instructions:**

It is mandatory to elect your appropriate spousal surcharge or exemption status. Please do so by logging into [ArchHR](#) and completing the attestation form if applicable.

## **Below are exemptions to the spousal surcharge:**

- My spouse is not employed.
- My spouse is self-employed, without employer- subsidized health insurance coverage, and is not eligible for employer- subsidized health insurance.
- My spouse is employed with an Archdiocese of St. Louis parish, agency, or school.
- My spouse is employed and is not eligible for his or her employer's health insurance coverage.
- My spouse is employed and my spouse's employer does not offer health insurance coverage.
- My spouse is employed and is eligible for his or her health insurance coverage but the full premium cost is paid by the employee. There is NO employer contribution toward the cost of the health insurance.

***To assist in understanding the spousal surcharge, please read the Spousal Surcharge Frequently Asked Questions and other material located on the [Archdiocesan HR Benefits website](#).***

Also please note that if your situation changes in regards to the Spousal Surcharge, please be sure to inform your employer by submitting a ticket to AskHR within 31 days of the event. A change in the Spousal Surcharge status will go into effect as of the date of the change, as long as you submit your change request to AskHR within 31 days. Under no circumstances will coverage be retroactively effective any further back than the date of the Spousal Surcharge change.

For a detailed summary of the plans, including limitations and exclusions, please read the Summary of Benefits located on the [Archdiocesan HR Benefits website](#), along with, FAQs, SBCs, drug formulary, and other helpful information.

**See eligibility requirements for participation in the Base (HDHP w/HSA) Plan following the Medical, Dental and Vision summaries.**

## **Calendar Year Deductibles, Out-of-Pockets, and Maximums**

The Medical, Dental and Vision deductibles, out-of-pocket maximums and benefit maximums run on a **calendar year**.

# Get Connected!

Be sure to register your online member accounts in order to have 24/7 access to view benefits, claim details, and account balances, pay for care, search providers and facilities, **access ID Cards**, and compare cost estimates.

## UnitedHealthcare (Medical)

To register, start by opening the **UnitedHealthcare app** (you can scan the QR Code to the right) or go to [myuhc.com](https://myuhc.com) and then:

- Tap Register Now on the app, or select Register on the website.
- Fill in the required fields and create a username and password.
- Enter your contact information and select SMS text or phone call for two-factor authentication-then, agree to the terms and conditions.
- If you prefer, opt in to paperless delivery from your communication preferences in order to go all digital.



## DeltaDental (Dental)

To create your member account, go to [www.DeltaDentalMO.com](https://www.DeltaDentalMO.com), then;

- Hover over **'Sign In'** in the top right corner and click **'Member'**, then click **'Employer Plan'**.
- Choose **'Dental Plan'**, then click **'Create an Account'** and follow the instructions to get registered.

Scan this **QR code** to find a provider, or go to **'Find a Provider'** in the menu bar at the top of the page and click **'Find a Dentist'**.



## DeltaVision (Vision)

DeltaVision makes it easy to sign up for an online member account, to find a provider, or estimate costs by going to the websites below or by scanning the designated QR codes.

**Register:**

[www.DeltaVisionMO.com/  
Members/Register](https://www.DeltaVisionMO.com/Members/Register)



**Find a Provider:**

[www.eyedoclocator.  
eyemedvisioncare.com/  
deltavisionmo/en](https://www.eyedoclocator.eyemedvisioncare.com/deltavisionmo/en)



**Estimate Costs:**

[www.DeltaDentalMO.com/Vision](https://www.DeltaDentalMO.com/Vision)



# Dental Coverage

*Administered by Delta Dental of Missouri*

Our dental plan, provided through Delta Dental of Missouri, is designed to help you maintain a healthy smile through regular preventive dental care, and to fix any problems as soon as they occur.

You are automatically provided with dental coverage, if you are enrolled in a medical plan through the Archdiocese of St. Louis. Dental only coverage, without the medical plan, is not available.

## Dental Benefits with Delta Dental of Missouri

The Archdiocese dental plan includes Delta Dental Premier and Delta Dental PPO providers. If you choose to see a Delta Dental PPO provider, you will save money and stretch your benefits because you will get 10% more benefits for Basic and Major services.

You and your eligible dependents have the freedom to choose any dentist. Benefits will be based upon your provider and services. **You do not enroll in the PPO Network or Premier Network.** For example, you may be a patient of a PPO network provider and your dependent may be a patient of a Premier network provider. You are able to change a dentist at any time.

Providers have the ability to join and drop Delta's network, so please be sure to determine if your provider participates in the Delta Dental PPO or Premier Network by either:

- Visiting the Delta Dental website at [www.deltadentalmo.com](http://www.deltadentalmo.com) and clicking on Find a Provider and then Find a Dentist on the home page and then complete the fields requested.
- Calling Delta Dental's customer service at: **800.335.8266** or calling your dentist's office to see if they are participating in Delta Dental's PPO or Premier Network.

You will receive a Delta Dental ID card in the mail. When you receive dental care from a Delta Dental participating dentist, simply present your card and the dentist's office will file the claim for you.

For more benefit details, read the Delta Dental Benefits Summary on the [Archdiocesan HR Benefits website](#).

| Features Delta Dental Plan                               |                                |                                 |
|----------------------------------------------------------|--------------------------------|---------------------------------|
| Group #1873-1000                                         | PPO Network                    | Premier Network and Non-Network |
| A: Preventive Services                                   | 100%                           | 100%                            |
| B: Basic Routine & Restorative Services                  | 90%                            | 80%                             |
| C: Major Services                                        | 60%                            | 50%                             |
| D: Orthodontics for children up to age 19                | 50%                            | 50%                             |
| Annual Deductible<br>(does not apply to A or D benefits) | \$50 Individual / \$100 Family |                                 |
| Maximum Benefit per Year<br>(excluding Ortho)            | \$2,000 per person             |                                 |
| Ortho Lifetime Maximum<br>(per dependent child)          | \$2,000                        |                                 |

### Delta Dental Deductibles and Maximums

Deductibles and maximums run on a calendar year.







# Vision Coverage

Administered by DeltaVision

You are automatically provided the DeltaVision plan, if you are enrolled in a medical plan through the Archdiocese of St. Louis. Vision only coverage, without the medical plan, is not an available option.

DeltaVision is a smart, affordable way for you to keep an eye on your vision — and your overall health. As a DeltaVision member, you will have access to the EyeMed Insight network, one of the largest and most diverse provider networks in the nation.

**More Eye Care Providers:** The EyeMed Insight network has 115,000+ provider access points at 26,000 locations nationwide. In Missouri, there are 3,725 providers at 593 locations. Staying in-network can also mean using online vision providers such as Lenscrafters.com, Targetoptical.com, Ray-ban.com, Glasses.com and Contactsdirect.com.

**The Choice is Always Yours:** Visit [DeltaDentalMO.com/vision](http://DeltaDentalMO.com/vision) to find a provider near you.

For additional information, visit the [Archdiocesan HR Benefits website](#).

| Vision Coverage   Group #1033244                                          | In-Network                              | Out-Of-Network <sup>1</sup> |
|---------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| <b>Exams</b>                                                              | \$10 copay                              | \$10 copay                  |
| <b>Comprehensive Eye Examination</b> (with dilation)                      | Covered in full after copay             | Reimbursed up to \$40       |
| <b>Retinal imaging</b>                                                    | Up to \$39                              | Not covered                 |
| <b>Contact Lens Fit &amp; Follow-up</b>                                   | \$40 allowance (copay does not apply)   | Not covered                 |
| <b>Materials</b>                                                          | \$25 copay                              | \$25 copay                  |
| <b>EYEGLASSES<sup>2</sup></b> (in lieu of contact lenses)                 |                                         |                             |
| <b>Standard Plastic CR-39 Lenses</b>                                      |                                         |                             |
| • Single                                                                  | Covered in full after \$25 copay        | Reimbursed up to \$20       |
| • Bifocal                                                                 |                                         | Reimbursed up to \$40       |
| • Trifocal                                                                |                                         | Reimbursed up to \$60       |
| • Lenticular                                                              |                                         | Reimbursed up to \$100      |
| <b>Standard Frames</b>                                                    | \$150 retail allowance                  | Reimbursed up to \$60       |
| <b>CONTACT LENSES<sup>3</sup></b> (in lieu of eyeglass lenses and frames) |                                         |                             |
| <b>Elective Contact Lenses</b>                                            | \$150 retail allowance after \$25 copay | Reimbursed up to \$90       |
| <b>Medically Necessary Contact Lenses<sup>4</sup></b>                     | \$250 retail allowance after \$25 copay | Reimbursed up to \$250      |
| <b>LENS UPGRADES</b> Available when you use your eyeglass lens benefit    |                                         |                             |
| <b>Polycarbonate Lenses</b> (members age 19 and under)                    | Covered in full (copay does not apply)  | Not covered                 |
| <b>Standard Progressive Lenses</b>                                        | Additional \$50 copay                   | Not covered                 |
| <b>Photochromic Lenses</b>                                                | Additional \$60 copay                   | Not covered                 |

1. For out-of-network services, you will be reimbursed up to the amount shown, less your copay.
2. A single materials copay applies to standard lenses and frames when purchased together.
3. This benefit is paid only once per calendar year and must be fully utilized at the time of purchase.
4. Only available for conditions of aphakia, keratoconus, or severe anisometropia.

| Benefit Frequency      |                 | DeltaVision Value Discounts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eye Exam</b>        | Every 12 months | Covered members can take advantage of discounted services and materials at participating discount provider locations.<br><b>Polycarbonate Lenses*</b> (members over age 19): \$40<br><b>Frames:</b> 20% off amount over allowance<br><b>Laser Vision Correction:</b> Member discounts up to 15%<br><br>*Only applies to single vision lenses. The discount features are not insurance and may be subject to change without notice. Not all providers participate in DeltaVision Value Discounts. Call your provider or visit our website to confirm if they offer discounts. |
| <b>Eyeglass Lenses</b> | Every 12 months |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Eyeglass Frames</b> | Every 24 months |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Contact Lenses</b>  | Every 12 months |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

**Refer to your certificate of coverage for full coverage details, limitations and exclusions.** For a copy of your Certificate of Coverage, consult your plan administrator or go to the [Archdiocesan HR Benefits website](#) and click on the Vision Plan.

# Health Savings Account (HSA)

*Provided by Optum Bank (available to those who enroll in the Base (HDHP w/HSA) Plan)*

## What is an HSA?

An HSA (Health Savings Account) is a tax-free account, owned by you, used to pay for current and future qualified medical expenses (even medical expenses during retirement). It is paired with a High Deductible Health Plan (Base (HDHP w/HSA) Plan) in order to help pay for those initial expenses such as the higher deductible. An HSA has triple tax benefits:

1. The money goes in tax-free
2. The money grows tax-free
3. Your withdrawals for qualified medical expenses – including any earnings – are tax-free.

## Who's Eligible?

The HSA is available only if you enroll in the Base (HDHP w/HSA) Plan. You're eligible to elect the Base (HDHP w/HSA) Plan and contribute to an HSA as long as:

- Your only coverage is a qualified high deductible health plan (such as the Base (HDHP w/HSA) Plan).
- You have not signed up for or enrolled in any part of Medicare, Medicaid, Indian Health Services, or TriCare coverage.
- You do not have an HRA.
- You or your spouse do not have a Healthcare FSA.
- You are not eligible to be claimed as a dependent on another's tax return.

[Click here to review the Base \(HDHP w/HSA\) Plan Brainshark video for more information on an HSA](#)

## Will You Be Enrolling in Medicare Soon?

HSA Contributions should end before you enroll in Medicare. For more information on what happens with your HSA as you retire and consider enrolling in Medicare, see the HSA FAQ.

## Opening Your HSA Account and Registering Your Account

Once you elect to enroll in the Base (HDHP w/HSA) Plan, Optum Bank will usually be able to complete the process of opening your HSA Account without any action required from you. However, in the rare occasion that Optum Bank requires your assistance to open an account, they will send you notification of the documentation needed. Notification will be sent using your email, home address, and/or phone number on file in ArchHR. It is important that you keep this information up to date and respond to Optum Bank within 60 days. Once your account has been established, Optum Bank will mail you an HSA Welcome Kit that contains your HSA debit card, and information regarding registering your HSA and activating your card.

## Contributions to the HSA

The Archdiocese of St. Louis will contribute an annual employer contribution into every **opened** HSA of those who elect the Base (HDHP w/HSA) Plan. The contribution amount is \$600 for employee only and \$1,200 for all other tiers. The employer contributions are paid over 24 payrolls during the year and are prorated depending on your effective date for coverage under the Base (HDHP w/HSA) Plan. Along with the employer contribution into your HSA, you will also have the opportunity to elect to make additional contributions into your HSA through payroll deductions.

**Failure to respond to Optum Bank and failure opening the HSA account within the first 60 days following HSA enrollment, will result in:**

- a refund of any employee HSA contribution in the following payroll with the refund being counted as taxable income subject to withholding and payroll taxes, and
- the forfeit of all employer contributions.

**If the employee continues to be eligible for and participates in the HSA, future contributions will be allowed if the account is opened. Retroactive employee or employer contributions are not permitted.**

Below are the maximum contribution limits set forth by the IRS. The maximum contribution limits include all contributions made into your HSA, including any contributions made by your employer.

| Coverage Level              | IRS Maximum Contribution Limit | Archdiocesan Employer Contribution                                              |
|-----------------------------|--------------------------------|---------------------------------------------------------------------------------|
| Single                      | \$4,400                        | \$600                                                                           |
| Family                      | \$8,750                        | \$1,200                                                                         |
| Age 55+ Additional Catch-Up | \$1,000                        | *Employer Contributions count towards the total IRS maximum contribution limits |

# Flexible Spending Accounts (FSA)

Administered by TriStar Benefit Administrators

## What is a Flexible Spending Account (FSA)?

Flexible Spending Accounts (FSAs) allow a participant to set aside a portion of their salary before taxes into an account that can be used during the plan year for paying certain out-of-pocket health expenses. This increases your take home pay since deductions are taken out before taxes. IRS rules limit the amounts that can be contributed to each plan type.

There are two types of FSAs allowed by the IRS:

- **Healthcare FSA:** Allows you to pay for medical expenses not covered by your medical insurance coverage, such as deductibles or copayments, dental or vision care. Because the FSA is a separate plan, it is not necessary for you to participate in your employer's medical insurance plan to take advantage of these savings. The full contribution amount is available at the beginning of the plan year, but you will forfeit any unspent money at the end of the plan year (the "use-it-or-lose-it" rule).
- **Dependent Care FSA:** Allows you to pay for qualified dependent care expenses, such as child care or elderly care, while continuing to work or attend school full-time. Funds can only be spent after they are contributed, but you will forfeit any unspent money at the end of the plan year.

## Health and Dependent Care FSA Contributions

At the beginning of the plan year, you decide the pre-tax contributions to your accounts, and those funds are deducted from your paycheck each pay period. Because they are separate accounts, you cannot shift money between accounts.

Healthcare Account: **\$3,400** maximum per plan year. You have until September 15, 2027 to incur Healthcare claims for the 7/1/2026 to 06/30/2027 plan year. All Healthcare claims have to be submitted to TRISTAR by December 15, 2027. Plan carefully as any unused Healthcare contributions at the end of the plan year are forfeited. These incur/ submit claim due dates apply to the Dependent Care FSA as well.

Once the amount has been decided, changes can only be made if a change in the following has occurred:

- Marital status (marriage, death, divorce)
- Number of dependents (birth, adoption, placement for adoption)
- Employment status (termination, commencement of employment)
- Dependent ceases to satisfy eligibility requirements
- Child reaches the age of 13 – Applies to Dependent Care FSA only
- Change in child care provider, change in cost or change in coverage – Applies to Dependent Care FSA only

Please visit [www.changeofstatus.com](http://www.changeofstatus.com) for more information on allowable changes.

## Dependent Care Maximums on Plan Contributions

- Single, Head of Household or Married, Filing a Joint Tax Return: **\$7,500**
- Married, Filing a Separate Tax Return: **\$3,750**

Check out the  
FSA Brainshark  
located on the  
Archdiocesan website  
for more information.







## Utilizing Your FSA

### Online Account Features

- View Account Balances
- View Transactions
- Online Claims Submission

### Submitting a Claim

Once you've paid for a qualifying expense, you can submit an FSA claim with:

- A copy of the Explanation of Benefits (EOB); or
- The providers detailed invoice with proof of payment; or
- The retailer's itemized receipt

There are five ways to submit a claim form and supporting documents:

- **Mail to:** TRISTAR Benefit Administrators 5820 S Eastern Ave Ste, 250 Las Vegas, NV 89119
- **E-mail to:** [flex@tristargroup.net](mailto:flex@tristargroup.net)
- **Fax to:** [702.216.1623](tel:702.216.1623)
- **File online:** [tristar.summitfor.me](http://tristar.summitfor.me)
- **Submit via mobile app**

Once your claim is approved, you will be reimbursed.

### Maximize Your Flexible Spending Account

It's important to remember that if you don't use all your money in your Medical and Dependent Care FSA accounts, you will lose it all at the end of the plan year. Planning ahead is the key. Here are some ways you can maximize your Flexible Spending Accounts.

- Save your receipts in a folder so at the end of the year so you can estimate how much you and your family spent. This will give you a start on next year's estimate for your Flexible Spending Accounts.
- Develop a monthly spending plan for expected health care expenses to help you spend your Flex dollars and avoid losing leftover money at the end of the year.
- Be aware that FSA money used during the plan year must be used for expenses that were incurred during same plan year and the plan year's grace period.
- Don't wait until the end of the year to make preventative health appointments. Schedule teeth cleanings, eye exams and health checkups throughout the year.
- Be smart -compare costs and do some research to make the most of your Flex dollars.



# Basic Life / AD&D Insurance

Administered by The Hartford (Employer Paid)

You are automatically enrolled in the Hartford Basic Life and Accidental Death & Dismemberment (AD&D) coverage (effective date of hire), in the amount of one times your basic annual earnings. **You must designate a beneficiary**, when enrolling in the 'My Benefits' employee portal in ArchHR.

*Please note: The Basic Life Insurance is an employer paid benefit. In compliance with IRS requirements, any basic life insurance amount over \$50,000 will result in imputed taxable income to the employee. The imputed amount will be added and taxed quarterly and this will be visible on your pay stub.*



# Supplemental Life Insurance

Administered by The Hartford

You have the option to apply for Supplemental Life Insurance through The Hartford; this coverage is at your own expense. You can choose to enroll in employee, spouse, and/or dependent child(ren) supplemental life coverage. Premiums (*shown in the chart to the right*) are based on your (the employee) age and coverage amount elected. Your original coverage amount (and any spouse coverage) will be reduced by 35% at age 70, 55% at age 75, and 70% at age 80. Rate changes or benefit reductions take place on the policy anniversary date (July 1st) on or following your birthday as you enter each new age category.

During your new hire election period, Evidence of Insurability (EOI) is not required unless you are electing an amount over the guaranteed issue amount, but if you elect coverage after your initial election period EOI will be required for any amount elected. For additional supplemental life plan and cost information, please visit the [Archdiocesan HR Benefits website](#).

| Employee & Spouse Supplemental Life |                                           |
|-------------------------------------|-------------------------------------------|
| Age                                 | Monthly Rates<br>(per \$1,000 of Benefit) |
| <20                                 | \$0.060                                   |
| 20 - 24                             | \$0.060                                   |
| 25 - 29                             | \$0.060                                   |
| 30 - 34                             | \$0.068                                   |
| 35 - 39                             | \$0.073                                   |
| 40 - 44                             | \$0.101                                   |
| 45 - 49                             | \$0.142                                   |
| 50 - 54                             | \$0.242                                   |
| 55 - 59                             | \$0.417                                   |
| 60 - 64                             | \$0.641                                   |
| 65 - 69                             | \$0.901                                   |
| 70 - 74                             | \$1.271                                   |
| 75+                                 | \$1.986                                   |
| Child                               | \$0.930 per unit                          |

| Applicant  | Supplemental Life Coverage                                                                                        |
|------------|-------------------------------------------------------------------------------------------------------------------|
| Employee   | Benefit: Increments of \$10,000<br>Maximum: \$300,000                                                             |
| Spouse     | Benefit: Increments of \$5,000<br>Maximum: the lesser of 50% of the employee's supplemental coverage or \$150,000 |
| Child(ren) | Benefit: Increments of \$5,000<br>Maximum: \$15,000                                                               |

# Long Term Disability

*Administered by UNUM (Employer Paid)*

On the first of the month after 90 days of being employed, you will automatically be enrolled in employer sponsored Long Term Disability coverage. This coverage provides income protection in the event of a disability. For detailed plan information, please visit the [Archdiocesan HR Benefits website](#).



# Employee Assistance Program

*Provided by Saint Louis Counseling (Employer Paid)*

The Employee Assistance Program (EAP) is provided at no cost to you through Saint Louis Counseling. This program provides up to 10 confidential, professional counseling sessions, for family problems, parenting issues, marital relationship conflicts and emotional concerns. It is available to you, your spouse, and any dependent children.

**Toll-free confidential phone number: [314.544.3800](#)**  
**National Suicide Prevention Lifeline (24 hours, confidential): [800.273.8255](#)**



# Wellness Screenings

## **H&H Health Associates Wellness Screenings**

The H&H wellness screening involves a venipuncture blood draw (takes about 3-4 minutes total) to scientifically determine one's current health status. The wellness survey is a brief, confidential questionnaire that focuses on lifestyle habits, employee benefits, & general health interests.

If you want to participate in an H&H wellness screening, you have two options to make your appointment. You can call H&H directly (M-F, 8:30am-5pm CST) at [314.845.8302](#) or register on the H&H Health website at <https://wellness.hhhealthassociates.com>.

Visit the [Archdiocesan HR Benefits website](#) for additional wellness related information and updates.



# 403(B) Retirement Plan

*Administered by Empower*

You may save for your future retirement by making voluntary contributions to a 403(b) and/or Roth option retirement account at any time. The retirement plan offers several investment choices. The record keeper for the Archdiocese is Empower. All benefit eligible employees will be auto-enrolled to contribute 3% of their gross pay per payroll to their 403 (b) account and must take action if you wish to opt out of the auto-enroll feature. To opt out of the auto-enroll feature, log into your Empower retirement account and set the employee contribution to 0%. This will not prohibit you from receiving the employer contribution of 5% if you have met the one year of service and are eligible to receive this.

As a new hire, to make voluntary salary deferral contributions, wait until after your second pay deposit, then contact Empower at **866.467.7756** or online at website: <http://empowermyretirement.com>.

If you previously worked for the Archdiocese, you may already have an existing account. If not, register for your online account access at <http://empowermyretirement.com> then click on Register and complete the account verification information/process.

**Please note:** Beneficiary designations made to your Basic Life/AD&D Insurance do not apply to your retirement plan, so be sure to elect a beneficiary specifically for your retirement plan.

Please feel free to contact our dedicated Gallagher Retirement Consultants for any questions.

**Sharon Gogel** | [314.792.7261](tel:314.792.7261) | [Sharon\\_Gogel@ajg.com](mailto:Sharon_Gogel@ajg.com)

After one-year of service and completion of 1,000 hours or more from date of hire, your employer will make a 5% of their gross pay as an employer contribution into your retirement account each pay period. **If you previously worked for the Archdiocese, and were receiving an employer contribution, the Payroll department will turn on the employer match again when they are notified that you are eligible to receive this again and will ensure proper set up of your employer 5% of gross pay contribution.**

Retirement planning and financial wellness information and educational webinars are updated regularly and available for your reference and viewing on the [Archdiocesan Retirement Plan](#) page.

## Adoption Assistance Program

*Provided by Good Shepherd Children and Family Services*

The Adoption Assistance Program provides up to \$4,000 for Full-Time Employees and \$2,000 for Part-Time Employees in financial assistance, and up to twenty days of paid leave from work if you adopt an eligible child through Good Shepherd Children and Family Services, a member of Catholic Charities of St. Louis.





This benefit guide prepared by



**Gallagher**

Insurance | Risk Management | Consulting