



2026 Open Enrollment Session



Please be sure your audio is muted. Thank you!

Welcome!



Insurance | Risk Management | Consulting

Please keep your audio muted

Turn cameras off, as it may slow the connection

A copy of today's presentation can be found @ nolacatholic.org, under Human Resources

Have a question? Use the chat feature in TEAMS!

Agenda



Insurance | Risk Management | Consulting

Planning for Open Enrollment

Updates for 2026

Health Plan Options – Reminders and FAQ's

Tax Free Savings Accounts

Guardian Coverage Options

Additional Support

Planning for Open Enrollment



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Open Enrollment

Open Enrollment: Monday, November 10 – Friday, November 21

Employees Enrolled Today Who Don't Wish To Make Changes

If you don't wish to make a change, no action is needed. Elections for health savings accounts and flexible spending accounts **MUST** be captured each year, as required by the IRS. They cannot roll over.

Employees Who Wish To Make Changes or Enroll New

Please make your elections or changes in benefitsCONNECT or by calling the Benefit Advocate Center.

Employees Who Waive the Health Plan

If you choose not to enroll, you are required to attest you do not want the coverage. Please do so in benefitsCONNECT or by calling the Benefit Advocate Center.

After Annual Enrollment closes, you may not make changes to your benefit elections during the year, only if you experience a Qualified Life Event.

Examples of qualified life event:

- Marriage
- Birth of a child
- Child support order
- Eligibility for Medicare or Medicaid

How To Enroll?

benefitsCONNECT Website:

<https://enroll.benefitsconnect.net/archofno>

Username: the first 6 letters of your last name (or your entire last name if six letters or less), the first letter of your first name, followed by the last 4 of your SSN (social security number).

Example: John Johnson, xxx-xx-1234

Username would be johnsoj1234

Password: the first time you log in, the password will be your SSN (no spaces or dashes). You will be given the opportunity to change your password after you log in the first time.

Benefit Advocate Center:

Call 1-833-857-0755

You can call between 7 AM– 6 PM CST

You may also email them at bac.anobenefits@ajg.com

Calls recorded for quality assurance



Updates for 2026?



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What's changing for 2026?

Overview of Changes:

UMR Health Plans: Core, Buy-Up and High-deductible plan will continue without change to benefits. Premiums by payroll period may be found in benefitsCONNECT.

Health Savings Account and Flexible Spending Account with Voya: IRS updated maximums which will be reflected in guide and benefitsCONNECT. Employees choosing these are REQUIRED to re-enroll each year.

Ancillary Plans with Guardian: No change

Health Plan Options – Reminders & FAQ's



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Health Plans

Benefit	Plan 1 (Buy Up)		Plan 2 (Core)		Plan 3 (HDHP)	
	Ochsner	In-Network	Ochsner	In-Network	Ochsner	In-Network
Annual Deductible						
Single	\$750	\$1,250	\$3,000	\$4,500	\$2,500	\$3,000
Family	\$2,250	\$3,750	\$9,000	\$13,500	\$5,000	\$6,000
Annual Out-of-Pocket Maximum						
Single	\$1,500	\$2,500	\$6,000	\$8,000	\$5,000	\$6,000
Family	\$4,500	\$7,500	\$12,000	\$16,000	\$10,000	\$12,000
HOSPITALIZATION						
Emergency Room	\$350 Copay		\$350 Copay		20% after deductible	30% after deductible
Inpatient Stay	\$400 Copay	\$500 Copay	\$400 Copay	\$500 Copay	20% after deductible	30% after deductible
Outpatient Surgery	\$400 Copay	\$500 Copay	\$400 Copay	\$500 Copay	20% after deductible	30% after deductible
OFFICE VISITS						
Primary Care	\$25 Copay	\$30 Copay	\$25 Copay	\$30 Copay	20% after deductible	30% after deductible
Specialist	\$35 Copay	\$45 Copay	\$35 Copay	\$45 Copay	20% after deductible	30% after deductible
Urgent Care	\$45 Copay	\$55 Copay	\$45 Copay	\$55 Copay	20% after deductible	30% after deductible
Wellness	Covered	Covered	Covered	Covered	Covered	Covered

- All Plans have PPO national network
- Core and Buy Up offer Copays for Dr Visits
- Wellness visits covered in full for all plans
- High Deductible health plan requires members to pay for services first dollar- until deductible is met. Allows for lower premium. Can be used in conjunction with Health Savings Account

Pharmacy

Benefit	Plan 1 (Buy Up)	Plan 2 (Core)	Plan 3 (HDHP)	
PRESCRIPTION DRUGS				
Deductible* Single / Family	\$0	\$150 per person	N/A	
Copays:				
Generic	\$7	\$10	20% after deductible	30% after deductible
Preferred Brand	\$30	\$60	20% after deductible	30% after deductible
Non-Preferred	\$70	\$120	20% after deductible	30% after deductible
Specialty	10% (max of \$150)	10% after deductible (max of \$350)	20% (max of \$350)	

FAQ's

What type of services will track toward the deductible of the Core and Buy Up plans?

Copays apply for office visits, surgeries, hospital stays and prescriptions.

Deductible applies for ambulance, durable medical equipment, outpatient lab/x-ray, outpatient hospital services such as CT, MRI, PET, etc.

Do copays track toward deductible?

No, while copays do NOT track toward deductible, they DO track toward out-of-pocket maximum.

Do all plans cover preventive at 100%

Yes, all plans, including the high-deductible plan cover preventive visits at 100%. This includes immunizations, well visits, preventive tests such as pap smears, mammograms, prostate screenings, colonoscopies.

I was charged for my mammogram / colonoscopy, why?

If you are charged for a mammogram, it's likely not preventive meaning they found a concern in the past and every mammogram following is considered diagnostic. For colonoscopies, if they are preventive, you may still have some charges for anesthesia.

Will employees receive new UMR ID cards?

No, employees will not receive new ID cards, unless they make a change.

Tax Free Savings Accounts



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Tax Savings Accounts for Health Plans

	HSA (administered by Voya)	FSA (administered by Voya)
What is it?	It's a personal bank account to help you save and pay for covered health care expenses.	It's an account to help you pay covered health care services and eligible medical expenses.
How do I get it?	You must sign up for the High deductible plan. You also must meet IRS guidelines to be eligible. You can learn about these at irs.gov	You can sign up for a health care FSA through the Archdiocese, if you elect the core or buy up plan.
How much does it cost?	The cost is \$.75 per month to participate.	The cost is \$2 per month to participate.
Who owns it?	You do.	Archdiocese of New Orleans, but it's your money.
Who puts the money in it?	You.	You.
How is the money put in it?	Archdiocese of New Orleans will take money out of each paycheck, before taxes, and put it into the account. It is treated like you would with other personal bank accounts.	Archdiocese of New Orleans will take money out of each paycheck, before taxes, and put it into the account.
IRS Limits	Single - \$4,400 Family - \$8,750	\$3,400 – Health care

Dependent Care Flexible Spending Accounts

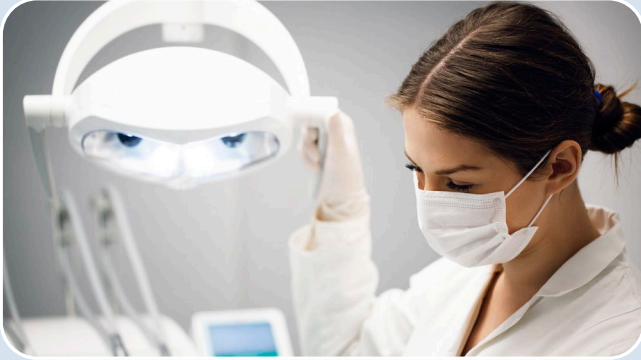
Dependent Care Accounts (DCAP)	
What is it?	A DCAP is a pre-taxed benefit account used to pay for eligible dependent care services, such as preschool, summer camp, before or after school programs, and child or adult day care.
How do I get it?	Anyone can enroll in a DCAP. This means that all benefit- eligible employees may participate in the Archdiocese of New Orleans DCAP.
Who owns it?	Any funds put into the DCAP belongs to the participant to use throughout the plan year; however, funds do not rollover and are not transferrable. This means any unused funds will go back to the employer.
How are funds accessed?	Funds are accessed using a debit card or through manual reimbursement through Voya
IRS Limits	\$7,500 per family

Coverage Options – Guardian



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Dental, Vision, Life Insurance

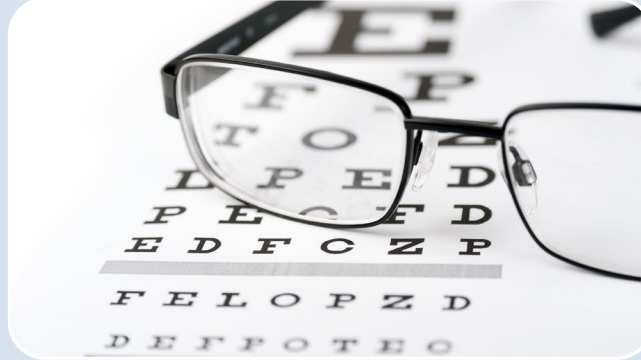


Dental

Option of 2 plans

Both plans cover preventive services 100% and basic services 80%

High plan covers major services and child orthodontia.



Vision

Exams are covered by
\$10 Copay.

Frames and contacts have a
\$130 allowance



Life

The Archdiocese covers a 2.5x annual salary policy (max of \$200k). You can purchase additional coverage in increments of \$25k.

May be subject to underwriting.

Critical Illness, Hospital and Accident



Critical Illness

Pays you when you're diagnosed with a critical illness or cancer.

Premium depends on age and election amount.

May be subject to underwriting.

Hospital

Pays you when you are admitted in a hospital.

Payment is for each day you are admitted to the hospital. This includes a separate benefit for the initial admission.

Accident

Pays you based on treatment you need from an accident.

Accidents are covered for adults and children.

Additional Support



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We are Here to Help!

Benefit Advocate Center (BAC)

How Can They Help?

Enrollment Support
Using benConnect
Customer Service
Understanding benefits
Help with a claim

Contacts

1-833-857-0755
bac.anobenefits@ajg.com





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Thank you for
joining us today!
