

2023 BENEFIT GUIDE



THE ROMAN CATHOLIC DIOCESE OF
BIRMINGHAM *in* **ALABAMA**

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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 Office.

Benefits Overview

The Diocese of Birmingham in Alabama is proud to offer a comprehensive benefits package to all eligible, full-time employees who work at least 30 hours per week. The complete benefits package offered by The Diocese of Birmingham in Alabama is briefly summarized in this booklet. For further benefit details, please visit the Diocese of Birmingham in Alabama Employee Benefits Website, which give you more detailed information about each of these programs and help you and your family understand and effectively use the benefits.

The Diocese of Birmingham in Alabama Benefits Website

On this website, you will find detailed information about our current employee benefits program as well as all of the necessary benefit summaries, claim forms, enrollment forms, customer service numbers, frequently asked questions, and direct links to your online provider network directories.

We encourage our employees and families to become familiar with and use the resources offered on the customized Diocese of Birmingham in Alabama Benefits Website as often as possible. You will find that almost all of your questions and concerns can be addressed with a simple click of a mouse!

To access the Diocese of Birmingham in Alabama Benefits Website and for more information on your benefits, please visit www.bhmdiocese.org/benefits.

Benefit Plans Offered

- * Medical
- * Health Savings Account (HSA)
- * Dental
- * Vision
- * Basic Life and AD&D
- * Employee Assistance Program (EAP)
- * Short-Term Disability
- * Long-Term Disability
- * Flexible Spending Account (FSA)
- * Supplemental Life and AD&D (Voluntary)
- * 403(b) Retirement

Eligibility

You and your dependents are eligible for Diocese of Birmingham in Alabama benefits should you meet proper eligibility requirements as defined by the plan document. Eligible dependents are your spouse (of the opposite sex), children up to age 26, or disabled dependents of any age.

Elections made now will remain until the next annual enrollment unless you or your family members experience a status change event. If you experience a qualified status change event, you must contact HR within 30 days.

Qualified life or family status changes are defined as:

- * Marriage, divorce, or legal separation
- * Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent-child age limit
- * Changes in your dependent's employment affecting benefit eligibility
- * Changes in your dependent's benefit coverage with another employer that affects benefit eligibility

2023 Open Enrollment

To ensure that employees have a complete understanding of the benefit plans and to help make the choices best suited to your needs, we encourage employees to go online and review all of the benefits available to them. Elections for the 2023 plan year can be made during Annual Open Enrollment from May 1-31, 2023. Though elections will roll over for most benefits, please be sure to re-enroll in any Flexible Spending Account elections/contributions (during the applicable open enrollment period) because those elections do not roll over from year to year.

The elections made during Annual Open Enrollment will be effective July 1, 2023. After the Annual Open Enrollment period, you will not have another chance to make benefit changes until the next Annual Open Enrollment unless you experience a Qualifying Life Event change.

Office of Human Resources

Email: benefits@bhmdiocese.org

Web: www.bhmdiocese.org/benefits

BCBSAL Medical Plan Options

	Lay BlueCard PPO Plan		Lay HDHP HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$500 Individual / \$1,500 Family		\$2,500 Individual / \$5,000 Family	
Out-of-Pocket Maximum (includes deductible)*	\$2,250 Individual / \$6,750 Family		\$5,000 Individual / \$10,000 Family	\$6,000 Individual / \$12,000 Family
Coinsurance	80%	50%	80%	60%
Lifetime Benefit Maximum	Unlimited			
OFFICE VISITS				
Preventive Care	100%, no deductible	Not covered	100%, no deductible	Not covered
Primary Care Physician	\$35 copay then the plan pays 100%	50% after calendar year deductible	80% after calendar year deductible	60% after calendar year deductible
Specialist	\$45 copay then the plan pays 100%	50% after calendar year deductible	80% after calendar year deductible	60% after calendar year deductible
EMERGENCY MEDICAL SERVICES				
Urgent Care	\$45 copay	50% after deductible	80% after deductible	60% after deductible
Emergency Room	\$250 copay		80% after calendar year deductible	
OUTPATIENT SURGERY				
Outpatient Surgery	80% after deductible	50% after deductible	80% after deductible	60% after deductible
INPATIENT FACILITY EXPENSES				
Hospital Facility Expenses Room and Board	100% after \$250 per admission deductible	80% after \$500 per admission deductible	80% after deductible	60% after deductible
ROUTINE VISION BENEFIT				
	80% (Limited to \$200 maximum in calendar year)		None	
PHARMACY BENEFIT				
Deductible / Out-of-Pocket	\$50 deductible / \$2,000 Out-of-Pocket		None	
Tier 1 – Generics				
Retail (30 Days)	\$10 copay		\$10 copay, after deductible	
Tier 2 – Preferred Brand				
Retail (30 Days)	\$30 copay		30%, after deductible	
Tier 3 – Non-Preferred Brand				
Retail (30 Days)	\$50 copay		50%, after deductible	
Mail Order (90 Days)	2.5 Times Retail	Not covered	2 Times Retail	Not covered
EMPLOYEE BI-WEEKLY CONTRIBUTIONS				
Employee Only	\$99.53		\$60.32	
Employee + One	\$302.62		\$236.60	
Employee + 2 or more	\$452.07		\$352.88	
EMPLOYEE MONTHLY HSA CONTRIBUTIONS				
Employee Only	N/A		\$50.00	
Family	N/A		\$100.00	

*Copayments, coinsurance and deductibles accumulate toward the out-of-pocket maximum.

A detailed summary of benefits can be found at the Diocese of Birmingham in Alabama's Benefit website at

www.bhmdiocese.org/benefits

Medical Benefits

Insured by BlueCross BlueShield of Alabama (BCBSAL)

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses, but identifying the problems early, they can often be treated at little cost. Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through the Diocese of Birmingham in Alabama. Diocese of Birmingham in Alabama is keeping the \$500 Deductible PPO Plan and the \$2,500 High Deductible Health Plan with an HSA. With either of these medical options, you may select where you receive your medical services.

How the PPO Plan Works

Benefits for most services require that you pay a deductible each year or in-network provider services and a higher deductible each year for out-of-network providers' services. Once you have met your deductible, you share the cost of your care through coinsurance. In some instances, BCBSAL can require precertification of medical necessity before certain medical and/or surgical services are provided. In other words, Blue Cross Blue Shield of Alabama must approve the need for the care before you seek it.

The chart in this booklet shows a comparison between benefits when you use in-network providers and benefits when you use out-of-network providers. Keep in mind that your health plan pays based upon the allowed price for services and supplies. In-network providers agree to accept the allowed price as payment in full. When you use out-of-network providers, you must pay the difference between the allowed price and the provider's charge in addition to any deductibles and coinsurance amounts that may apply.

Provider Finder® Supports Choice and Access

Find a provider that's right for you

Use Provider Finder – it's a quick and easy way to locate doctors and hospitals in your network. Make more informed health care decisions by viewing clinical quality ratings from BCBSAL as well as independent third parties.

Filter search results by provider type, specialty, and ZIP code. Simply go to www.bcbsal.org to enter information into the Find A Doctor search engine.

You can also call a BCBSAL Customer Service Advocate at the toll-free telephone number on the back of your BCBSAL member ID card for help in locating a provider. The customer service number is **800.292.8868**.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal Law gives you choices about your prescription drug coverage. Please see page 19 for more details.

A Closer Look at the Health Savings Account (HSA)

Administered by Flores & Associates, LLC

If you enroll in the High Deductible Health Plan (HDHP), you will have access to the HSA—a tax-advantaged savings account that's partially funded by the Diocese of Birmingham in Alabama. Funds are deposited, grow and are available tax-free—and if you leave the Diocese of Birmingham in Alabama, the account goes with you! Only participants in the HDHP medical plan can open this account and receive company funding. You own the account, and the money can be used today or for future qualified expenses— even in retirement.

Here are some key features of the HSA:

- ✦ All money in the account is tax-free (including interest and investment earnings) when used to pay eligible healthcare expenses.
- ✦ The Diocese of Birmingham in Alabama contributes \$50 a month for Employee Only Tier and \$100 a month for other Tiers to the HSA to help cover your out-of-pocket medical expenses, and you can also make your own contributions. The funding is yours to keep in your HSA until you need it.
- ✦ The employer contribution will be prorated based upon months of service/ effective date of benefits for new hires and mid-year benefit changes.
- ✦ If you don't spend your full HSA balance during the current year, the unused money rolls forward to each following year.
- ✦ Even after you are no longer eligible to contribute funds into the HSA, the funds that are left within the account can continue to be used for qualifying expenses.

HSA: Things you should know

- ✦ If you elect the HDHP, you are not eligible for a Flexible Spending Account (FSA).
- ✦ If you are newly enrolling in the HDHP for 2023, you will receive a welcome kit in the mail from Flores & Associates, LLC.
- ✦ The Diocese will initiate an HSA bank account in order to make monthly contributions towards your HSA. You will need to finalize the setup of your Avidia HSA bank account by completing the information sent to you by Flores & Associates, LLC. You may elect to contribute additional money into the HSA account.
- ✦ Maximum contributions to an HSA for 2023 are \$3,850 for self-only, \$7,750 for other than self-only coverage, and \$1,000 catch-up for individuals 55 and older.
- ✦ You are NOT eligible to open an HSA if you are enrolled in the Traditional Plan.

To be eligible to open and fund an HSA:

- ✦ You are covered by an HSA eligible High Deductible Health Plan.
- ✦ You are not covered by your spouse's health care flexible spending account (FSA) or health reimbursement arrangement (HRA).
- ✦ You cannot be claimed as a dependent on another's tax return.
- ✦ You are not enrolled in Medicare.

Visit <https://www.flores-associates.com/QA.html> for more information on Health Savings Accounts and/or <https://hsastore.com/hsa-eligibility-list> for a list of eligible expenses.

The 2023 HSA contribution limits are:

- ✦ \$3,850 for individual coverage
- ✦ \$7,750 for family coverage

Flexible Spending Account (FSA)

Administered by Flores & Associates, LLC

FSAs allow you to have pre-tax money deducted from your paycheck to pay for certain expenses. Since contributions are made through payroll deductions with pre-tax dollars, you decrease your taxable income and thereby increase your take-home pay.

There are two types of FSAs available:

- * Healthcare
- * Dependent Care

Healthcare FSA

Using pretax payroll contributions, you can receive reimbursement from your Healthcare FSA for eligible medical, dental and vision expenses incurred by you or an eligible dependent, as long as the expenses are not covered or reimbursed by other plans.

- * Can elect to contribute up to \$3,050 per year in accordance with the limits under the Patient Protection and Affordable Care Act (PPACA).
- * Some eligible expenses include:
 - * Office visit and prescription drug copays
 - * Medical and dental deductibles and copays
 - * Prescription drugs
 - * Vision care, including prescription glasses, contact lenses and solution, nonprescription glasses if for vision correction, and LASIK

Important Note: Healthcare Tax Deduction

A healthcare tax deduction is available on your federal income tax return if you have expenses that are more than 10% of you and your spouse's taxable pay. Most people do not have medical expenses of more than 10% of income. If you think your expenses will be more than 10%, you should consult your tax advisor before using this account because you may not use the FSA and the tax deduction for the same expenses.

Dependent Care FSA

The Diocese of Birmingham in Alabama offers an opportunity for you to save money for daycare for eligible dependents through the Dependent Care FSA. You decide how much to contribute, up to \$5,000 per year, per household.

How to Use FSAs

1. Estimate medical and/or child care expenses you will incur from January 1 through December 31. These should be known expenses. (Visit the Flores & Associates, LLC Website at <https://www.flores-associates.com/QA.html> for more information and on how to access a detailed list of eligible expenses: <https://www.flores-associates.com/EligibilityList.html>).
2. Divide that amount by the number of paychecks you will receive between January 1 and December 31 (26 for the entire year). This will provide you with the per paycheck deduction.
3. Save receipts for all eligible expenses incurred— even if you have used the FSA Debit Card!
4. If you did not use the FSA Debit Card, submit an FSA claim (with receipt).

FSA Debit Card

The FSA Debit Card allows you to pay for your eligible Healthcare and Dependent Care expenses directly at the point of service. This allows you to avoid the traditional problems of a FSA such as paying cash for services (in addition to your payroll deduction) and waiting for a reimbursement check or direct deposit.

When paying for an FSA eligible expense, such as an office copay, simply provide your flex convenience card for payment instead of cash / credit / check. There is no need to complete a claim form. Simply keep a copy of your receipt in case it is needed for verification.

Substantiation Requirements

For medical expenses, the IRS requires you to substantiate:

- ✦ Date service was received or purchase made
- ✦ Description of service or item purchased
- ✦ Dollar amount
- ✦ Provider or store name
- ✦ In some cases, a Medical Necessity Form or physician letter may be required

NOTE: In some cases, the plan's design requires that your health insurer's Explanation Of Benefits (EOB) is provided as substantiation for your expense. If you receive a receipt from your provider for a copay amount, make sure the receipt says "copay." If not, ask your provider to write "copay" on your receipt before leaving the office. Vague or missing information causes your reimbursements to be held up or become ineligible. Keep your receipts and documentation.

As a result of Healthcare Reform, the IRS will require a prescription for over-the-counter medication to be eligible for reimbursement.

For dependent care expenses, the IRS requires you to substantiate:

- ✦ Dates of service
- ✦ Dollar amount incurred
- ✦ Daycare provider name
- ✦ Daycare provider signature

NOTE: Daycare expenses must be incurred (not just paid) in order to receive reimbursement. Registration fees cannot be reimbursed until the services are actually incurred. You will be required to report your dependent care provider's Tax ID (TIN) or SSN on IRS Form 2441 when you file your federal income tax return.

Vague or missing information causes your reimbursements to be held up or become ineligible. Keep your receipts and documentation.

Dental Benefits (Voluntary)

Administered by BlueCross BlueShield of Alabama

Good oral care enhances overall physical health, appearance, and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Diocese of Birmingham in Alabama dental benefit plan.

Visit www.AlabamaBlue.com for more details on your dental benefit.

	In-Network / Out-of-Network
Annual Individual / Family Deductible	\$50 / \$150
Annual Maximum	\$1,500
Preventive Services	100%
Deductible Waived	Yes
Basic Services	80%
Major Services	50%
Endodontics	80%
Periodontics	80%
Orthodontia Services Lifetime Maximum	50% with a lifetime maximum deductible of \$1,000
Percentile R&C	90th
Employee Bi-Weekly Contributions	
Employee Only	\$11.94
Employee + One	\$24.07
Employee + 2 or More	\$40.16

Vision Benefits (Voluntary)

Insured by VSP

Regular eye examinations can not only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Visit www.vsp.com for more details on your vision benefit.

	In-Network (Member Cost)	Out-of-Network (Reimbursement)
WellVision Eye Exam	\$10 copay	Up to \$45
Frames	\$25 copay; up to \$150 allowance	Up to \$70
Lenses		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$65
Contact Lenses		
Elective	Up to \$60	
Medically Necessary		Up to \$105
Employee Bi-Weekly Contributions		
Employee Only	\$3.28	
Employee + One	\$4.75	
Employee + 2 or More	\$8.53	

Life and Accidental Death & Dismemberment

Insured by Lincoln Financial Group

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by the Diocese of Birmingham in Alabama. The company provides basic life insurance of \$15,000 at no cost to you. Accidental Death & Dismemberment (AD&D)

Accidental Death & Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. The Diocese of Birmingham in Alabama provides basic AD&D insurance of \$15,000 at no cost to you.

Short-Term Disability (STD)

Managed by Lincoln Financial Group

Many medical conditions can keep you out of work. Short-term disability insurance helps you meet your financial obligations while you're recovering from an injury, illness, surgery, or childbirth.

- ✦ A benefit of 60% of your weekly salary (up to \$800).
- ✦ A partial benefit is available if you can only do part of your job or have to drop down from working full-time to part-time.
- ✦ Sickness Elimination Period: You must be out of work for 7 days due to an illness, before you can collect disability benefits. You can begin benefits on day 8.
- ✦ Accident Elimination Period: You must be out of work for 7 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 8.

Full-time employees who are working 30 hours or more a week are covered under this benefit as of the date of hire. Exact benefit amount will be validated at time of claim based on salary verification.

Short-Term Disability			
Coverage Payable for roll-over as of 12/21/2017	100% of weekly rate	100% of weekly rate	100% of weekly rate
Coverage Payable for accruals after 12/31/2017	60% of weekly rate	60% of weekly rate	60% of weekly rate
Elimination Period	7 days	7 days	7 days
Benefit Period	18 weeks	18 weeks	18 weeks

Long-Term Disability (LTD)

Insured by Lincoln Financial Group

What happens if you have an unexpected injury or illness that leaves you unable to work or earn a paycheck? Few people believe it will happen to them, but the truth is, your risk of becoming disabled is far greater than you may think. The Diocese of Birmingham in Alabama employees are provided LTD coverage through Lincoln Financial Group. Coverage is provided by the diocese at no cost to you.

Your LTD monthly benefit is paid at 60% of your monthly earnings to a maximum monthly benefit of \$3,000. You must be disabled for a total of 90 days before payments begin. Benefits are payable up to age 65 if you are unable to perform the material and substantial duties of any occupation. You are provided long term disability for two years when unable to perform your OWN occupation; if after two years you are unable to perform ANY occupation, your disability payments will continue until social security normal retirement age.

Lincoln Financial Group EmployeeConnect Employee Assistance Plan (EAP)

Whatever life throws at you – throw it our way.

Just when you think you have it figured out, along comes a challenge. But whether those challenges are big or small, your Life Assistance and Work / Life Support Program is available to help you and your family find a solution and restore your peace of mind.

Call us any time, any day. We're just a phone call away whenever you need us – at no cost to you. An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources in your community and online tools.

Information and referrals for topics such as:

- * Child and Elder Care
- * Kennels and Pet Care
- * Vacation Planning
- * Relocation
- * Car Buying and Colleges
- * Legal
- * Financial Budgeting and Planning
- * In-Person help — up to 4 counseling sessions per person, per issue, per year
- * In-Person Lawyer consultation — 30 minutes per legal issue, additional meetings at a reduced fee.

Call us any time, any day or go online for confidential assistance, information or resources to help resolve life's challenges.
888.628.4824

Log in to www.GuidanceResources.com

- * User Name: LFGSUPPORT
- * Password: LFGSupport1

Unlimited 24/7 access— for you and your immediate household family members.

Supplemental Life and AD&D (Voluntary)

Insured by Lincoln Financial Group

You may purchase life insurance in addition to the company-provided coverage. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$200,000 and up to \$30,000 for your spouse) without answering medical questions if you enroll when you are first eligible. If you do not elect life insurance when first eligible, you will be considered a late entrant, and will have to submit Evidence Of Insurability (EOI) if enrolling after your initial eligibility.

Employee — Up to five times your base annual earnings to a maximum of \$200,000, in \$10,000 increments. Employees age 70 and older will have a maximum of \$50,000

Spouse — Up to a maximum of \$30,000 in increments of \$5,000. Limited to 50% of employee amount.

Children — Birth to 6 months: \$250, 6 months to 26 years: \$10,000.

If you do not elect life insurance when first eligible, you will be considered a late entrant, and will have to submit Evidence Of Insurability (EOI) if enrolling after your initial eligibility.

Bi-Weekly Rate Per \$1,000	Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0.0369	<25	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.21	\$2.58	\$2.95	\$3.32	\$3.69
0.0369	25-29	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.21	\$2.58	\$2.95	\$3.32	\$3.69
0.0369	30-34	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.21	\$2.58	\$2.95	\$3.32	\$3.69
0.0508	35-39	\$0.51	\$1.02	\$1.52	\$2.03	\$2.54	\$3.05	\$3.56	\$4.06	\$4.57	\$5.08
0.0738	40-44	\$0.74	\$1.48	\$2.21	\$2.95	\$3.69	\$4.43	\$5.17	\$5.90	\$6.64	\$7.38
0.1108	45-49	\$1.11	\$2.22	\$3.32	\$4.43	\$5.54	\$6.65	\$7.76	\$8.86	\$9.97	\$11.08
0.1662	50-54	\$1.66	\$3.32	\$4.99	\$6.65	\$8.31	\$9.97	\$11.63	\$13.30	\$14.96	\$16.62
0.2769	55-59	\$2.77	\$5.54	\$8.31	\$11.08	\$13.85	\$16.61	\$19.38	\$22.15	\$24.92	\$27.69
0.3369	60-64	\$3.37	\$6.74	\$10.11	\$13.48	\$16.85	\$20.21	\$23.58	\$26.95	\$30.32	\$33.69
0.4708	65-69	\$4.71	\$9.42	\$14.12	\$18.83	\$23.54	\$28.25	\$32.96	\$37.66	\$42.37	\$47.08
1.1031	70-74	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	N/A	N/A	N/A	N/A	N/A
		\$5.52	\$11.03	\$16.55	\$22.06	\$27.58	N/A	N/A	N/A	N/A	N/A
1.1031	75-79	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	N/A	N/A	N/A	N/A	N/A
		\$5.52	\$11.03	\$16.55	\$22.06	\$27.58	N/A	N/A	N/A	N/A	N/A
1.1031	80-84	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	N/A	N/A	N/A	N/A	N/A
		\$5.52	\$11.03	\$16.55	\$22.06	\$27.58	N/A	N/A	N/A	N/A	N/A
1.1031	85-89	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	N/A	N/A	N/A	N/A	N/A
		\$5.52	\$11.03	\$16.55	\$22.06	\$27.58	N/A	N/A	N/A	N/A	N/A
1.1031	90-99	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	N/A	N/A	N/A	N/A	N/A
		\$5.52	\$11.03	\$16.55	\$22.06	\$27.58	N/A	N/A	N/A	N/A	N/A

Spouse Bi-Weekly Premium

Bi-Weekly Rate Per \$1,000	Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
\$0.0369	<25	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11
\$0.0508	25-29	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11
\$0.0508	30-34	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11
\$0.0508	35-39	\$0.25	\$0.51	\$0.76	\$1.02	\$1.27	\$1.52
\$0.0738	40-44	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.21
\$0.1108	45-49	\$0.55	\$1.11	\$1.66	\$2.22	\$2.77	\$3.32
\$0.1662	50-54	\$0.83	\$1.66	\$2.49	\$3.32	\$4.16	\$4.99
\$0.2769	55-59	\$1.38	\$2.77	\$4.15	\$5.54	\$6.92	\$8.31
\$0.3369	60-64	\$1.68	\$3.37	\$5.05	\$6.74	\$8.42	\$10.11
\$0.4708	65-69	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500
		\$1.53	\$3.06	\$4.59	\$6.12	\$7.65	\$9.18

Dependent Children Bi-Weekly Premium

\$10,000
\$0.92

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Benefit	Administrator	Phone	Website/Email	Group #
Medical	BlueCross BlueShield of Alabama (BCBSAL)	800.292.8868	www.AlabamaBlue.com	PPO Plan: 73330 HSA Plan: 73331
HSA	Flores & Associates, LLC	800.532.3327	www.flores247.com	-
FSA	Flores & Associates, LLC	800.532.3327	www.flores247.com	-
Dental	BlueCross BlueShield of Alabama (BCBSAL)	800.292.8868	www.AlabamaBlue.com	07115
Vision	VSP	800.877.7195	www.vsp.com	30067861
Employee Assistance Plan (EAP)	Lincoln Financial Group	888.628.4824	www.GuardianceResources.com	User ID: LFGSUPPORT Password: LFGSupport
Basic Life and AD&D, Voluntary Life and AD&D, STD, LTD	Lincoln Financial Group	800.423.2765 clientservices@lfg.com	www.lincoln4benefits.com	-
Benefit Coordinator	Barbara Latham	205.776.7171	blatham@bhmdiocese.org	-
403(b) Retirement Consultants	Lincoln Financial Group	Carey Beaven: 844.573.9262	Carey.Beaven@LFG.com	-

Legal Updates

HIPAA Special Enrollment Rights

DIOCESE OF BIRMINGHAM IN ALABAMA NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Barbara Latham, Benefits Coordinator, at blatham@bhmdiocese.org or at 205.776.7171.

HIPAA Notice of Privacy Practices Reminder

PROTECTING YOUR HEALTH INFORMATION PRIVACY RIGHTS

Diocese of Birmingham in Alabama is committed to the privacy of your health information. The administrators of the Diocese of Birmingham in Alabama health plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources. The notice also is available online at www.bhmdiocese.org/benefits.

Pretax Contributions

In most cases, the Diocese of Birmingham in Alabama employees' contributions for health coverage are deducted from their paychecks on a pretax basis meaning before federal income taxes, state income taxes (in most cases), and FICA taxes are calculated. Internal Revenue Code (I.R.C.) Section 152 defines what dependent contributions are eligible for pretax deductions. The IRS does not allow employees' contributions for dependent health coverage to be deducted on a pretax basis unless the dependent(s) meet the definition of a tax dependent under I.R.C. Section 152. If they do not meet the definition of a tax dependent, they may be either ineligible for the Plan, or in some cases, the IRS taxes the additional fair market value of these benefits and treats it as Imputed Income. Contributions for medical, dental and vision coverage for eligible dependents that do not meet the definition of a tax dependent will be made on a post-tax basis and the Imputed Income will be included on your paycheck and IRS Form W-2.

With the signing of the Affordable Care Act and new regulations by the Treasury Department, the value of any employer-provided health coverage for an employee's child is excluded from the employee's income through the end of the taxable year in which the child turns 26. Under IRS Notice 2010-38, a child is defined as son/daughter, step son/ daughter, adopted child or eligible foster child, without regard to whether the child is financially supported by the employee or resides with the employee or is a full-time student.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- ✦ All states of reconstruction of the breast on which the mastectomy was performed;
- ✦ Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- ✦ Prostheses; and
- ✦ Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, please call your Plan Administrator, BCBSAL at [800.292.8868](tel:800.292.8868).

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Mental Health Parity Act

According to the Mental Health Parity Act of 1996, the lifetime maximum and annual maximum dollar limits for mental benefits under the Diocese of Birmingham in Alabama Medical Plan are equal to the lifetime maximum and annual maximum dollar limits for medical and surgical benefits under this plan.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your state for more information on eligibility.

ALABAMA – Medicaid http://myalhipp.com 855.692.5447	IOWA – Medicaid and CHIP (Hawki) Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.766.9012
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov	LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
COLORADO – Medicaid and CHIP Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442	MAINE – Medicaid Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
FLORIDA – Medicaid www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html 877.357.3268	MASSACHUSETTS – Medicaid and CHIP https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 617.886.8102
GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2	MINNESOTA – Medicaid https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584	MISSOURI – Medicaid http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
	MONTANA – Medicaid http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSHIPPProgram@mt.gov
	NEBRASKA – Medicaid http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178

NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Medicare Part D– Creditable Coverage Disclosure Notice

IMPORTANT NOTICE FROM THE DIOCESE OF BIRMINGHAM IN ALABAMA ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Diocese of Birmingham in Alabama and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Diocese of Birmingham in Alabama has determined that the prescription drug coverage offered by BlueCross BlueShield of Alabama is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Diocese of Birmingham in Alabama coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Diocese of Birmingham in Alabama coverage, be aware that you and your dependents will be able to get this coverage back during the annual enrollment period under the Diocese of Birmingham in Alabama Health and Welfare Plan.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with the Diocese of Birmingham in Alabama and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

- ✦ Visit www.medicare.gov.
- ✦ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- ✦ Call [1.800.MEDICARE \(1.800.633.4227\)](tel:1.800.MEDICARE). TTY users should call [1.877.486.2048](tel:1.877.486.2048).

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at [1.800.772.1213](tel:1.800.772.1213) (TTY [800.325.0778](tel:800.325.0778)).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2023
Name of Entity/Sender: The Diocese of Birmingham in Alabama
Contact: Barbara Latham
Benefits Coordinator
Address: 2121 3rd Avenue North
Birmingham, AL 35203
Phone Number: [205.776.7171](tel:205.776.7171)
Fax: [205.322.7931](tel:205.322.7931)

Welcome to Your Retirement Plan!

Insured by Lincoln Financial Group

It's a valuable benefit, so make the most of it. Saving now may help you get to where you want to be in the future. Enrolling is fast and easy. Register online, and in just a few clicks, you're done.

It's really that simple.

Join the Plan!

- ✦ Visit LincolnFinancial.com/Register to register for online account access.
- ✦ Follow the prompts, and after registration, you'll be directed to your account page to enroll in the plan.
- ✦ Choose your contribution rate and investment option and you're enrolled!

Plan Highlights

DIOCESE OF BIRMINGHAM IN ALABAMA 403(B) RETIREMENT PLAN

Your employer-sponsored retirement plan is a powerful way to save for the future. Learn more about the benefits of your plan, and get the answers to any questions you have.

HOW CAN I CONTRIBUTE TO MY RETIREMENT PLAN?

You can control your contributions in the following ways:

- ✦ You can contribute up to 100% of your salary in either Pre-tax or Roth contributions to your retirement savings, not to exceed the maximum allowed by the IRS..
- ✦ You can increase or decrease your contribution rate at any time.
- ✦ You can discontinue contributions to your retirement savings plan at any time. The effective date of the changes occurs as soon as administratively possible.
- ✦ You can enroll by logging in to LincolnFinancial.com/Retirement.

WILL MY EMPLOYER CONTRIBUTE TO MY RETIREMENT SAVINGS PLAN?

Your employer will contribute to your retirement savings through:

A basic matching contribution: Your employer will match 100% of the first 3-7% you contribute.

A discretionary contribution: Each year, your employer may contribute a percentage of your salary.

WHEN AM I FULLY VESTED IN MY RETIREMENT PLAN?

"Fully vested" means you have 100% ownership of the assets in your retirement account (your plan).

- ✦ You always have 100% ownership of any money you contribute to the plan, including any earnings and/or assets consolidated from another retirement plan.
- ✦ You will have 100% ownership of your employer's basic matching and discretionary contributions, including any earnings, according to the following schedule:
 - 1 year of service 20%
 - 2 years of service 40%
 - 3 years of service 60%
 - 4 years of service 80%
 - 5 years of service 100%

WHAT ARE MY INVESTMENT OPTIONS?

You can choose from a wide variety of investment options to meet your retirement savings goal.

- ✦ MAKE AN ALL-IN-ONE CHOICE if you want one diversified portfolio managed for you.
- ✦ MANAGE IT YOURSELF and select your own portfolio of investments.

You may use a Self-Directed Brokerage Account (SDBA) and choose from thousands of investment options. Fees may apply.

- ✦ STILL UNDECIDED? If you participate in the plan without selecting investment options, your money will be directed to the Default Investment Alternative (DIA) selected by your employer.

CAN I CONSOLIDATE ACCOUNTS FROM MY PREVIOUS RETIREMENT PLANS?

You can consolidate assets from a previous retirement plan (or plans) to create an integrated savings strategy. With this option, you have the ability to:

- ✦ Manage all of your assets in one place.
- ✦ Get a single, consolidated quarterly statement.
- ✦ Access account information with a single, toll-free number or a single website.
- ✦ Get help and educational assistance for all of your accounts.
- ✦ Get a potentially broader array of investment choices and account types.

Contact your financial professional for assistance in determining the course of action appropriate to your situation.

Can I access balances in my retirement savings account prior to retirement?

Your retirement plan will have the greatest potential to grow if you stay invested for the long term, rather than withdrawing money from it. For that reason, the IRS limits what you can do with your account prior to retirement by imposing certain penalties for early distributions. However, you do have access to your savings—and may avoid penalties—under certain circumstances.

Loans

You can take a loan from certain account balances for:

- ✦ General purposes
- ✦ Purchase a primary residence

Check with your financial professional for information about loan fees, repayment, and the pros and cons of borrowing from your retirement plan.

Withdrawals of pretax balances

You may take a distribution from certain available accounts upon:

- ✦ Severance from employment
- ✦ Attainment of age 59 ½
- ✦ Financial hardship

(Distribution may be subject to the premature 10% distribution penalty if taken prior to age 59 ½.)

Withdrawals of Roth balances

If you have a Roth account, your distribution will be a qualified distribution (tax-free) if your Roth deferral or Roth rollover account has been in place for five (5) taxable years (from the year the first Roth contribution or the Roth rollover was made to the plan, whichever was first) and the distribution is made after one of the following:

- ✦ Attainment of age 59 ½
- ✦ Disability
- ✦ Death

If the distribution conditions above are not met, the earnings may be taxable and may be subject to a 10% early distribution penalty on the taxable portion of the distribution.

Consult with your tax advisor before withdrawing any money from your account. You may wish to confirm with your plan sponsor the distributions available under your plan.

HOW CAN I ACCESS MY ACCOUNT?

You can access and manage your retirement account any time:

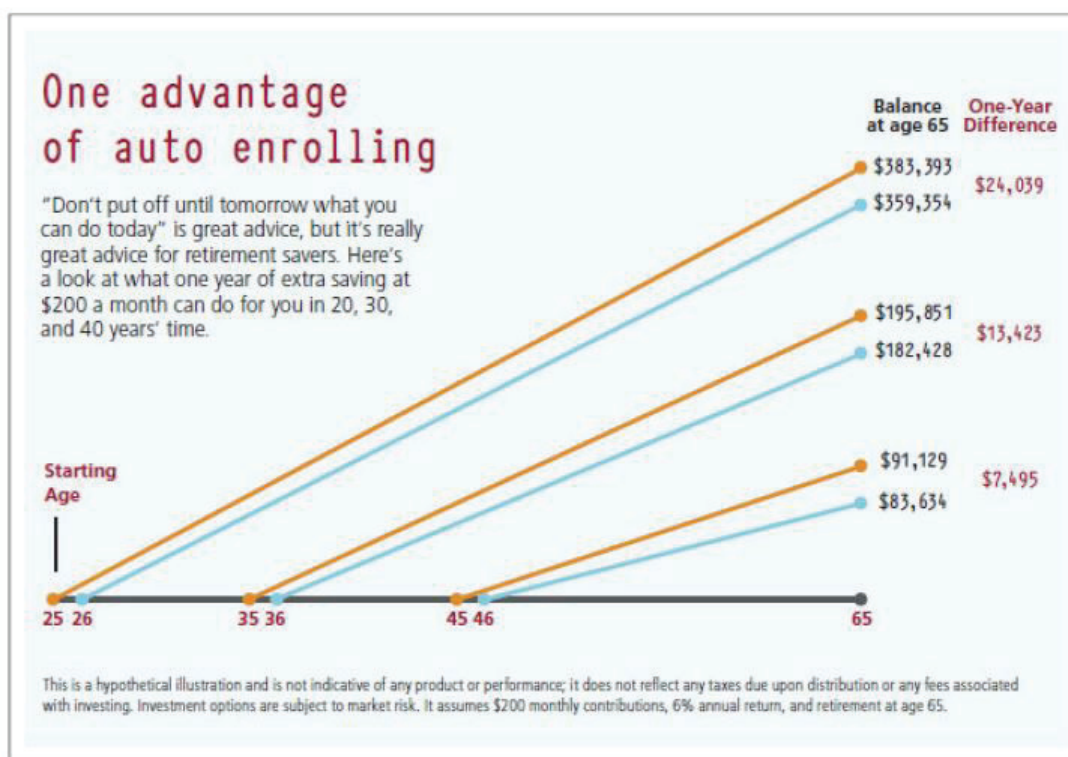
LincolnFinancial.com/Retirement
800.234.3500

These highlights are a brief overview of the Diocese of Birmingham in Alabama 403(b) Retirement Plan and not a legally binding document. Please read these materials carefully and contact your Human Resources department if you have further questions. Retirement Consultants are available to assist employees with plan education & enrollment assistance.

For any investment option in the plan, including an option that is part of an asset allocation portfolio, you may obtain a prospectus or a similar document by requesting one from your employer, visiting your plan's website, or calling a Lincoln Financial representative at 800.234.3500.

DECIDE HOW MUCH TO SAVE

The first decision to make regarding your retirement savings plan is simple but may be the most critical. You will need to decide how much money to save in the plan. To help you get started, Diocese of Birmingham in Alabama 403(b) Retirement Plan will automatically enroll you at a 3% contribution rate, unless you opt out of the plan or change your contribution rate. But you may want to consider setting your contributions at a higher rate. Here's why: Your contributions represent the main fuel that generates the growth of your savings. In 2023, the IRS allows you to contribute up to \$22,500 to your plan, \$27,000 if you're age 50 or older. (Amounts can vary by plan.) The more you save, the greater the potential accumulation over time. Starting early can make a big difference, too.



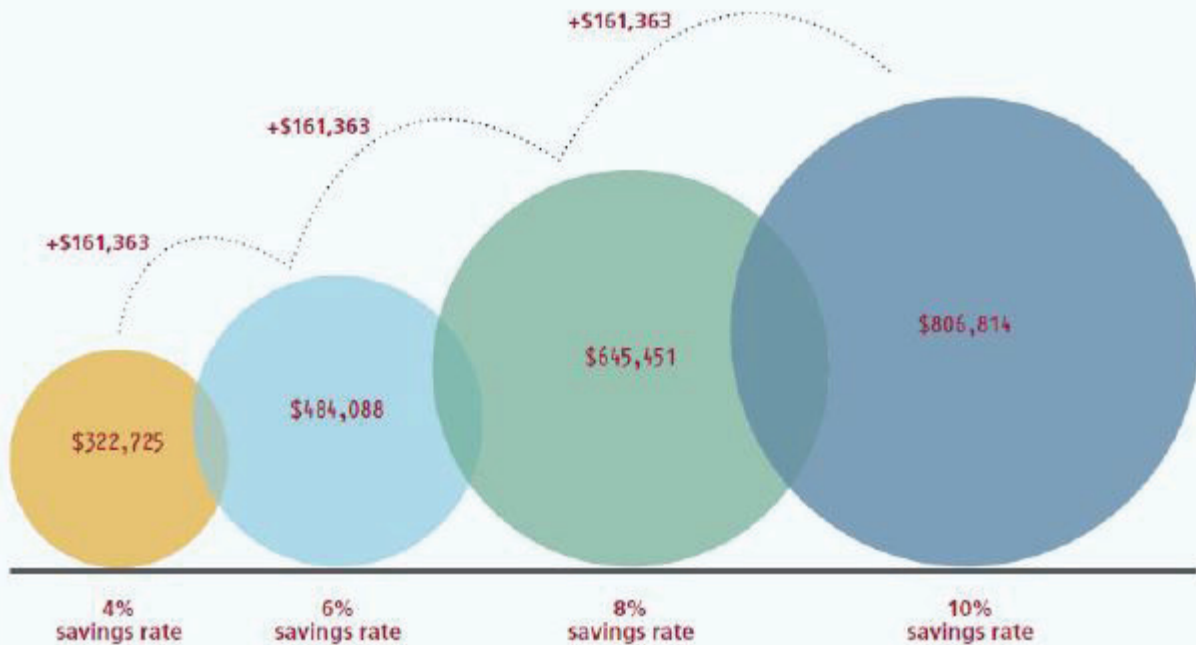
Employer match

Your employer matches part of your contribution, so don't leave money on the table! Try to contribute at least enough to qualify for the matching amount. Keep in mind that boosting your pretax contribution has less impact on take-home pay than you may think because the amount you contribute lowers your taxable income for the year. For example, if you're in the 15% tax bracket, a \$5,000 annual contribution reduces your take-home pay by only \$4,250.

Decide How Much to Save

Every little bit counts

Even a small increase in your workplace retirement plan deferral rate can make a big difference in the size of your savings. Say you're 30 years old, earn an annual salary of \$52,000, and get paid biweekly. Deferring 2% of your salary to your plan may reduce your take-home pay by \$16, but by age 65 you could potentially accumulate more than \$161,000 in retirement savings. Defer another 2% and you could gain another \$161,000. This chart shows the impact saving 2% more can make.



Savings-rate assumptions include 3% annual raises and 6% annual investment returns, calculated using the Road to Retirement® Tool, Lincoln Financial Group. Other calculations performed using the "Retirement Contribution Effects on Your Paycheck" tool at bankrate.com.

As a rule of thumb, try to put 10%-15% of your income toward your retirement. It's an easy-to-remember target, and the sooner you start to save, the likelier you may be to reach your financial goals. Check your progress by using the Contribution Planner

Automatic Deferral Notice (2023 Plan Year)

If you are an eligible Participant in the Diocese of Birmingham in Alabama 403(b) Retirement Plan (the “Plan”), you may make contributions (called “Salary Deferrals”) directly from your paycheck into the Plan. The ability to make Salary Deferrals provides you with an easy method to save for retirement on a tax-deferred basis. If you make Salary Deferrals to the Plan, you generally will not be taxed on those deferrals or on any earnings on those contributions until you withdraw those amounts from the Plan. However, see the discussion under “Taxation of Salary Deferrals” below for special tax rules that apply if you make Roth Deferrals under the Plan.

If you have any questions regarding your eligibility to make Salary Deferrals under the Plan or any other questions regarding the Plan that are not addressed in this Notice, please review your Summary Plan Description. For example, Article 5 of the Summary Plan Description contains a discussion of the eligibility conditions applicable to Salary Deferrals. In addition, from time to time we may make changes to the Plan and/or Summary Plan Description, which are described in a Summary of Material Modifications supplementing the Summary Plan Description. Any reference to the Summary Plan Description in this Notice includes any Summary of Material Modifications we may have issued with respect to the Plan. If you do not have a copy of the Summary Plan Description or any Summary of Material Modifications, if applicable, please contact your Employer or other Plan representative.

AUTOMATIC DEFERRAL FEATURE

To assist you in your decision whether to make Salary Deferrals, we have established an automatic deferral feature under the Plan as of 4-1-2012. Under this automatic deferral feature, if you do not specifically elect to make Salary Deferrals into the Plan, we will automatically withhold a designated percentage of your compensation from each paycheck and deposit such amount into the Plan in your name as a Salary Deferral. If you wish to defer a greater or lesser amount (including no deferral), you must complete a Salary Deferral election designating a different percentage of deferral.

This Notice provides important information regarding the Plan’s automatic enrollment feature and describes:

- ✦ your right to make Salary Deferrals under the Plan;
- ✦ what amounts you may contribute to the Plan;
- ✦ how the automatic deferral feature applies to you;
- ✦ when you can change your Salary Deferral election;
- ✦ how your account will be invested; and
- ✦ other valuable information regarding your rights under the Plan.

For a full discussion of your benefits under the Plan, please review your Summary Plan Description.

Procedures for making Salary Deferrals under the Plan -- automatic deferral feature. As described above, the Plan provides for an automatic deferral feature. Thus, if you do not specifically elect an alternative deferral amount (including zero), we will automatically withhold 3% from your paycheck each pay period and deposit that amount into the Plan in your name as a Salary Deferral. This is called your automatic contribution rate. If you wish to defer a greater or lesser amount (including no deferral), you must specifically elect to defer a different amount. If you have any questions about how to change your automatic contribution rate, you should contact your Employer or other Plan representative.

Application of automatic deferral feature. The current automatic deferral feature under the Plan applies to all eligible Participants who become a Participant on or after 4/1/2012 and who do not complete a Salary Deferral election designating an alternate deferral percentage (including an election not to defer).

In addition, the following provisions apply: The automatic deferral provision doesn’t apply to any part time employees that would be regularly scheduled to work less than 30 hours a week.

Taxation of Salary Deferrals. The amount that you defer into the Plan reduces your taxable income, meaning you do not pay income taxes on those amounts until you withdraw your deferrals from the Plan. Any gains or earnings made from the investment of these contributions within the Plan are also not subject to income tax until they are withdrawn from the Plan. Alternatively, you may elect to treat all or any portion of your deferrals as “Roth deferrals.” Roth deferrals do not reduce your taxable income when made so that you will pay taxes on the amount contributed as a Roth deferral. However, if you take a “qualified distribution” of your Roth deferrals, you will not be taxed on any amounts attributable to those Roth deferrals, including any earnings on those amounts, at the time of the qualified distribution. To be a qualified distribution, the distribution must occur at least 5 years after the year in which you first make a Roth deferral to the Plan and must be on account of death, disability or attainment of age 59½.

Change in deferral amount. You may increase or decrease the amount of your current Salary Deferrals or stop making Salary Deferrals altogether, as of any designated election date. For this purpose, the designated election date(s) for changing or modifying your Salary Deferrals will be set forth in the Salary Deferral election or other written procedures describing the time period for changing Salary Deferral elections. However, regardless of the Plan’s normal deferral procedures, you will have a reasonable time after receipt of this notice and before the first amount is withheld from your paycheck under the automatic deferral feature to modify the automatic contribution rate. In addition, unless provided otherwise under the Plan, you may revoke an existing deferral election at any time. Any change you make to your Salary Deferrals will become effective as of the next designated election date, and will remain in effect until modified or canceled during a subsequent election period.

Other contributions. In addition to the Salary Deferrals you may make to the Plan, the Plan provides for the following contributions:

- ✦ Employer contributions
- ✦ Matching contributions

For more information about the type of contributions permitted under the Plan, how the amount of such contributions is determined, any limits that might apply to such amounts and the eligibility conditions for receiving such contributions, see your Summary Plan Description.

Vesting of contributions. You are always 100% vested in any Salary Deferrals you make to the Plan. This means that you have an immediate ownership right to such contributions and you will not lose that right if you should terminate from employment.

As mentioned above, the Plan also provides for other types of contributions. The following vesting schedule applies for purposes of determining your vested percentage in the other contribution types permitted under the Plan:

- ✦ Employer Contributions. Any employer contributions we make to the Plan will be subject to the following vesting schedule.

Years of Service	Vested Percentage
1	20%
2	40%
3	60%
4	80%
5	100%
6+	100%

You will not have any ownership rights to such employer contributions to the extent you have not vested in those amounts. If you should terminate employment with a nonvested benefit, you will forfeit the nonvested portion of those contributions.

- ✦ Matching Contributions. Any matching contributions we make to the Plan will be subject to the following vesting schedule.

Years of Service	Vested Percentage
1	20%
2	40%
3	60%
4	80%
5	100%
6+	100%

You will not have any ownership rights to such matching contributions to the extent you have not vested in those amounts. If you should terminate employment with a nonvested benefit, you will forfeit the nonvested portion of those contributions.

Withdrawal restrictions. Generally, you may withdraw amounts held on your behalf under the Plan upon death, disability or termination of employment. In addition, you may withdraw amounts attributable to Salary Deferrals from the Plan while you are still employed under the following circumstances:

- ✦ You have reached age 59 1/2.
- ✦ You suffer a hardship (as defined in the Plan). See the Summary Plan Description for a list of permissible hardship events.

Note: No in-service distribution of Salary Deferrals will be permitted on account of an age earlier than 59½ except for a distribution on account of a hardship, to the extent allowed under the Plan.

Other contributions. As described above, the Plan also provides for employer contributions and matching contributions. In addition, you may withdraw amounts attributable to such contributions while you are still employed if:

- ✦ You have attained age 59 1/2.

Amounts not eligible for withdrawal. In applying the withdrawal provisions under the Plan, the following special rules apply:

- ✦ A Hardship Distribution may not be taken from a Participant's Roth Contribution Source.

Plan investments. The amounts contributed to the Plan on your behalf will be invested in accordance with the Plan's investment procedures. Any earnings on the investment of your contributions under the Plan will be allocated to your Plan account.

The Plan allows you to direct the investment of your Plan account within the available investment options under the Plan. If you do not elect to invest your Plan account, such amounts will automatically be invested in the Plan's default investment fund. Even if your Plan account is invested in the Plan's default investment fund, you have the continuing right to change your default investment and elect to have your Plan account invested in any other available investment options under the Plan.

To learn more about the available investments under the Plan, you may contact your Employer or other Plan representative.

Additional information. Please refer to the Summary Plan Description for additional information regarding Plan contributions, withdrawal restrictions, and other Plan features. You also may contact your Employer for more information. The following is the name, address and phone number of your Employer.

Diocese of Birmingham in Alabama

2121 3rd Avenue North

Birmingham, AL 35203-3314

205.838.8322, ext. 323.

The following Employees are excluded from Matching Contributions: Employees who made an irrevocable election to receive the Employer Contribution in effect prior to 4-1-2012.

The following Employees are excluded from Matching and Employer Contributions: part-time Employees regularly scheduled to work less than 30 hours a week.



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He has all the retirement know-how you need and is happy to sit down, one-on-one, to:

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- Calculate your retirement income so you can see how prepared you are for the future
- Help you with retirement distribution planning
- Perform an annual retirement check up
- Assist you with establishing a payroll deduction 529 Qualified Education Plan sponsored by the State of Alabama

You may schedule an appointment with your Lincoln Financial financial advisor by contacting him directly



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You do not have to be a participant in the Diocese of Birmingham in Alabama 403(b) Retirement Plan to utilize this service. So take a few moments and schedule your appointment today.



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LCN-2092597-041718

CCT 4/18 Z01

Order code: PRT-DOBA-RFL001

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