May 2025

Dear New Hire or Candidate for Employment:

This package will provide you with information about the health care benefits available to benefits eligible employees across all entities of the Diocese of Bridgeport during the 25/26 fiscal year benefit plan year as you consider employment with us, as well as information on additional benefits available.

Below is the initial benefits communication sent to newly hired benefits eligible employees by Reta Trust, our benefits administrator. Attached are frequently asked questions that will provide additional detailed information.

> As a newly benefit eligible employee of the Diocese of Bridgeport (a full-time employee regularly scheduled to work 30 hours or more per week either at one or multiple Diocesan entities), **your benefits effective date is the first of the month following your eligibility date** (date of hire or date of change to full time status), unless this date is the first of the month in which case you are eligible effective immediately. (Note: Catholic Cemeteries employees are eligible the first of the month following 60 days of employment.) The Diocese offers medical, dental, vision, Flexible Spending Accounts (Medical and Dependent Care) and ancillary insurance offerings through Sun Life Insurance.
>
> You may elect your benefits using RetaEnroll, the Reta Trust online enrollment system at www.retatrust.org. *Please note that you will be able to access the Reta Trust system approximately one week after you have established your access to the Diocese of Bridgeport Paycor system (following the instructions received from Paycor)*.
>
> During your New Eligibility Enrollment period, you must go online to elect your benefits and enter dependent information (if applicable) for this year's benefit plan. Please understand that to enroll your dependents (spouse and children up to age 26) into the Reta Trust plans, **you will need to provide written verification of their legal family status by uploading accepted documentation into the Reta Trust site**. You will be enrolled in single coverage until this verification has occurred. If the documents are not uploaded and/or are not approved within the 30 day required timeframe, you will remain in single coverage and your next chance to enroll your dependents will be during Open Enrollment.
>
> **Your New Eligibility Enrollment Period ends 30 days after your benefits effective date.**
>
> **Please note:** ***If you do not elect any benefits during your New Hire Enrollment Period, you will automatically be waived from all optional benefit plans.***

We welcome you to the Diocese or wish you all the best with your job search. Grace and peace.

Diocese of Bridgeport Human Resources Team

DIOCESE OF BRIDGEPORT – LAY EMPLOYEES
7/1/2025 BENEFIT PLAN OVERVIEW
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Please contact Reta Trust Customer Service at (877) 303-7382
from 8:30 am to 8:00 pm Eastern time Monday through Friday for assistance.

General Information about the Diocese of Bridgeport Lay Employees Insurance Options effective July 1, 2025

Q1: Will our insurance coverage options change effective July 1, 2025?

A: Our current health insurance plans (medical LayEE PPO (5104), dental and vision) will continue with the following providers. While there are no changes to these plans, the rates have changed as indicated on page 12. Additionally, we have added a new medical plan, LayEE EPO In-Network (5137), that provides in-network only coverage, maintaining the same in-network providers as our current PPO plan, with lower premiums, equal to or lower co-pays and higher deductibles and out-of-pocket costs.

- **Both Medical plans** are provided by **Blue Shield of California,** with consistent national in-network providers, that utilize the Anthem Blue Cross Blue Shield network in Connecticut
- As a part of both medical plans, **Pharmacy coverage** is provided by **CVS Caremark** (with one card for both medical and pharmacy)
- **Dental coverage** is provided by **Delta Dental,** utilizing the Delta Dental network of Connecticut
- **Vision coverage** is provided by **VSP**, a nationwide network of optometrists and ophthalmologists, Visionworks retail locations and eyeconic.com, in addition to Exclusive Member Extras such as discounts on hearing aids

Additionally, our current Sun Life offerings (Supplemental Life, Short Term Disability, Critical Disease and Accident) remain at the same rates and we also offer both a medical and dependent care Flexible Spending Account (FSA).

Q2: Why are we adding a new medical insurance plan?

A: When Reta Trust presented the Diocese of Bridgeport with the 25/26 medical rates based on our claims experience, the medical rates increased by 14.2%. We are fortunate that we were able to reduce the increase to 9.5%, but we recognize that this remains a significant increase, both for you and the Diocese. As a result, we are adding a second Blue Shield medical plan option, LayEE EPO In-Network (5137), with in-network only benefits and lower rates for your consideration.

Q3: What is the difference between the current LayEE PPO (5104) plan and the new LayEE EPO In-Network (5137) plan?

A: **The new medical EPO plan provides in-network only coverage,** maintaining the same in-network providers as our current PPO plan, with lower premiums, equal to or lower co-pays, and higher deductibles and out-of-pocket costs.

Q4: Why are the premiums lower for the new LayEE EPO In-Network (5137) plan?

A: The premiums are lower for two reasons: (1) the Diocese will contribute 85% towards the premiums for the new plan with employees contributing 15%; and (2) due to the differences in coverage.

Q5: If I am currently enrolled in the Diocesan LayEE PPO (5104) medical plan and I want to enroll in the new LayEE EPO In-Network (5137) medical plan during Open Enrollment, do my deductible, co-pays and out-of-pocket maximums reset on July 1, 2025?

A: If you are currently enrolled in the Diocesan LayEE PPO (5104) medical plan and switch to the new LayEE EPO In-Network (5137) medical plan during Open Enrollment, your accumulations met from January 1, 2025 through June 30, 2025 **will** transition to the LayEE EPO In-Network (5137) plan. As a reminder, the new plan out-of-pocket **maximums** will be effective July 1, 2025 and will apply to claims incurred beginning on that date.

Q6: If I am currently enrolled in any of these plans and I want to continue in the same plans, do I need to reenroll during Open Enrollment?

A: You do not need to reenroll in the current medical, dental, vision or Sun Life plans. All of these current Diocesan coverages **will automatically continue** effective July 1, 2025, **unless you go into retatrust.org and make changes. Enrollment in either the Medical or Dependent Care FSA plans will not automatically continue as the IRS requires an employee election every Open Enrollment.**

Q7: If I want to change to the new LayEE EPO In-Network (5137) medical plan, what do I need to do?

A: Please ensure you access the Open Enrollment Wizard and change your election to the new medical plan with the associated tier you wish to be covered under.

Q8: When will my benefit elections that I enroll in effective July 1, 2025, end?

A: As we are on a Fiscal Benefit Plan Year, **our benefit plan year is from July 1, 2025 through June 30, 2026.**

Q9: Since we are on a Fiscal Benefit Plan Year, does that mean that I have a new deductible, co-pays and out-of-pocket maximums beginning on July 1, 2025 for coverage I am currently enrolled in?

A: No, the Reta Trust medical, dental and vision plans maintain a calendar year deductible, coinsurance and out-of-pocket maximums, which means they will reset on January 1st of each year, in this case January 1, 2026. As such, all claims you incurred from January 1, 2025 through June 30, 2025 remain intact through December 31, 2025.

Q10: If I am newly enrolling in a medical, dental or vision plan(s) effective with Open Enrollment (July 1, 2025), do my deductible, co-pays and out-of-pocket maximums reset on January 1, 2026?

A: Yes, as the Reta Trust medical, dental and vision plans have a **calendar** year deductible, coinsurance and out-of-pocket maximums, they will always reset on January 1st of the new year, regardless of when an individual enrolls in the plan.

Q11: Are there any rate changes effective July 1, 2025?

A: The rates for the current LayEE PPO (5104) medical and dental plans have increased by 9.5% and 9.2% respectively, which impacts both you and the Diocese. The rates for vision have *decreased* by 20%. As a reminder, the Diocese contributes 80% of the cost of the current LayEE PPO (5104) medical and dental insurance premiums and 85% of the new LayEE EPO In-Network (5137) plan. The rates for SunLife voluntary offerings remain the same; however, those that correlate to your age will change if your age band changes as defined by SunLife. Please see the SunLife plan documents for detailed information.

Q12: How much may I contribute to the Medical and/or Dependent Care Flexible Spending Accounts (FSA) effective July 1, 2025?

A: You will be able to elect up to the current maximum FSA amounts as provided below. **Please remember that the FSAs are administered on a fiscal year basis,** meaning you are electing to participate for expenses incurred during the period of July 1, 2025, through June 30, 2026.

Medical Care FSA: $3,300

Dependent Care FSA: $5,000 per household or $2,500 if married, filing separately

Q13: Will the FSA plans continue to offer grace and run-out periods as they did in the past?

A: Yes, our FSAs will continue to include grace and run-out periods based on the fiscal year. The grace period is the amount of time in which you may incur expenses to be reimbursed by your FSA and the run-out period is the amount of time you have to submit claims to BAS for reimbursement.

Grace Period: Through September 15, 2026

Run-out-Period: Through December 15, 2026

Q14: Where can I find more detailed information about FSA Plans?

A: Reta Trust MyEnroll 360 has a FSA Central site that provides FSA User Guides, Benefits Debit Card FAQ and instructions on how to submit claims, which is located at www.basusa.com/fsa-central. Additionally, there is information included in this package on pages 17-20.

General Plan Information

Q15: Who is eligible for insurance through the Diocese of Bridgeport?

A: Lay employees of the Diocese of Bridgeport, parishes, schools, Catholic Cemeteries, Catholic Charities, and other associated entities are eligible for insurance if the employee is a regular employee and is regularly scheduled to work 30 or more hours per week in one or more positions[1]. Benefits will be effective on the 1st of the month following the employee's date of hire or becoming newly benefit eligible (if the date of hire is the 1st of the month, benefits are effective that same date). (Note: Catholic Cemeteries employees are eligible the 1st of the month following 60 days of employment.) Eligible employees may also choose to enroll eligible dependents for certain benefits. Eligible dependents include immediate family members, defined as spouse and/or children through the age of 26.

Q16: Can I make changes to my benefits at any time during the year?

A: Employees may only enroll in or make changes to their insurance when they are hired or become benefit eligible, during the annual Open Enrollment period or if they have a Qualifying Life Event (QLE) during the year. **If an employee has a QLE, they must complete the QLE Wizard at RetaTrust.org and provide documentation within 30 days of the effective date of the QLE.**

Q17: What is a Qualifying Life Event?

A: A Qualifying Life Event (QLE) is a change in an employee's personal situation that makes him/her eligible for a Special Enrollment Period, allowing the employee to enroll in, make changes to or cancel health insurance outside of the Open Enrollment Period. **To make a change due to a QLE, the IRS requires an employee to do so within 30 days of the qualifying event and to provide associated documentation.** Below are examples of QLEs as defined by Section 125 of the Internal Revenue Code.

- ✓ Marriage, divorce or legal separation (Note: Ex-spouses are required to be removed from the Diocese plans on the 1st of month following the divorce or legal separation effective date.)
- ✓ Birth or adoption of a child
- ✓ Death of a spouse or child
- ✓ You or one of your covered dependents gains or loses other benefits due to employment status change (For example: change in hours, beginning or ending a job)

[1] The Diocese of Bridgeport Policy for Full-Time Employment Eligibility Across Multiple Entities provides specific policy information related to these situations. Please refer to that policy for details.

- ✓ Turning 26 and losing coverage through a parent's plan
- ✓ Going on an unpaid leave where benefits increase to full rates

The following Blue Shield of California site provides further details of QLEs: *https://www.blueshieldca.com/bsca/bsc/wcm/connect/sites/Sites_Content_EN/IFP_Exploration/qualifying-life-events*

Q18: When do benefits terminate?

A: Medical, dental and vision insurance coverage will be canceled the last day of the month in which an employee's benefit eligibility terminates (i.e. due to employment termination or change in employment status of being benefit eligible as provided above). FSAs and Sun Life offerings terminate on the day that an employee's benefit eligibility terminates. Dependents who turn 26 are automatically canceled from all coverage(s) effective the last day of the month following their birthdate (except for Sun Life coverage, which terminates on their 26th birthdate). Employees and/or their dependents who are enrolled in medical, dental, vision or FSAs and then lose coverage will be offered benefit continuation through COBRA by our benefits administrator, BAS.

Reta Trust General Information and Accessing Retatrust.org

Please contact Reta Trust Customer Service at (877) 303-7382 from 8:30 am to 8:00 pm Eastern time Monday through Friday for assistance.

Q19: Where can I find information about the Reta Trust medical, dental and vision benefit plans?

A: RetaTrust.org provides the Reta Benefit Center, an interactive communication platform that includes all plan documents, customized employee benefit statements and access to carrier websites. The RetaEnroll benefits enrollment and administration platform managed by Benefit Allocation Systems (BAS), which is accessed through RetaTrust.org, features an online employee enrollment portal for open enrollment, first-time enrollment for newly eligible employees and employee self-service for QLEs.

Q20: Where do I complete Open Enrollment?

A: Open Enrollment is completed on Reta Trust's website (RetaTrust.org). **Click on the Get Started Here button at the top of the page.**

Q21: How do I create my Reta Trust account?

A: There are two steps to creating an account at RetaTrust.org.

- ➢ **STEP ONE: Reta Trust requires Email Verification before you are able to create a username and password in RetaTrust.org – Login for Reta Members.**

- Go to RetaTrust.org, click on Reta Login and First Time Users and then click on "I don't know my email." An alternate identification pop-up will display where you will be asked to **enter your social security number, date of birth and home zip code** to validate your identity and follow the prompts.

- **STEP TWO:** Once your email is verified, you can create a Username and Password at RetaTrust.org.

Q22: Are there any special requirements for enrolling my dependents into the Reta Trust coverages?

A: To enroll your dependents (spouse and children up to age 26) into the Reta Trust plans, you will need to provide verification of their legal family status by uploading accepted documentation into the Reta Trust site. Verification of dependents is managed by Reta Trust.

- When you enroll your spouse or dependent in medical, dental and/or vision, the Enrollment Wizard will prompt you to a screen where you can upload required documentation (once this is prompted (for example, you enroll in medical), it will not be prompted again (if you then enroll in dental and/or vision)).

- Please note that each dependent's verification must be uploaded separately.

- You will see that you have been enrolled in employee-only insurance and that your spouse and/or dependent's insurance is pending until Reta Trust approves your submitted verification documentation.

  - **This process for dependent verification must be completed by June 16, 2025.**

  - If you do not upload all required documentation through the Open Enrollment Wizard (which ends on May 16, 2025, at midnight), log-in to RetaTrust.org and then upload the verification at www.retatrust.org, by clicking on Manage Dependent Verification in the drop-down menu and following the prompts.
  - **IMPORTANT**: Please note that if you do not submit verification documentation OR if your documentation is not approved by Reta Trust, **you will remain in single coverage for the 25/26 plan year**. If you are enrolling more than one dependent and any of the dependents' verification is not approved, you will also remain in single coverage. All dependents' verifications must be approved in order for your coverage to change to employee plus spouse, employee plus children or employee plus family.

Q23: Who do I call if I need general assistance?

A: Reta Trust Client Services Center at 877-303-7382 is our benefits administrator and is available for all questions regarding general benefits information, the enrollment processes and system

technical assistance. They are available Monday through Friday from 8:30 am to 8:00 pm Eastern time. Their email address is service@RetaEnroll.org.

Q24: Who do I call if I need specific assistance with my insurance coverage?

A: While Reta Trust is here to assist you with general questions regarding your benefit offerings, specific coverage questions should be referred to the medical, dental and vision carriers. Included in this Q&A on page 11 is all carrier contact information for your reference. Questions regarding your SunLife insurance should be directed to the Human Resources Department at 203-416-1402.

How to Find In-Network Providers

Blue Shield of California

Blue Shield provides an online *Find a Doctor* tool to look for doctors, hospitals, labs and other health care providers in the Blue Shield PPO in-network plan. Below are the steps to do so:

Go to: www.blueshieldca.com

- Click on Find a Doctor
- On the next screen – select the following: Type of provider – Doctor or Facility Specialty
- Continue as a guest
- Location – either city and state or zip code
- Search Outside California – click Continue
- Under Doctor or Facility – click "BlueCard Doctor and Hospital Finder"
- Follow the prompts, put in your location again here
- In the three boxes under the sample ID card, enter: REA
- Choose the type of search you're making

Delta Dental

To find Delta PPO dentists participating in the Delta PPO plan and Premier dentists:

Go to: www.deltadentalins.com

Under **Find a Dentist** at the top:

- Enter your location
- Select either the Delta PPO or Delta Premier Network
- If you're searching for a specific dentist, type the name
- On the Provider Directory results page, you can revise your search to include both PPO and Premier dentists

VSP

To find an in-network eye doctor for your plan:

Go to: www.vsp.com

Under **Find Doctor** at the top:

- Click on location, office or doctor, based on your preference
- Complete the corresponding boxes
- You can click "Advanced Search" for additional search options

IMPORTANT RETA TRUST CONTACT INFORMATION

RETA TRUST CUSTOMER SERVICE	**Customer Service** **(877) 303-7382**	**www.retatrust.org**
RETA BLUE SHIELD MEDICAL PLAN	**Customer Service** **(888) 772-1076**	**www.blueshieldca.com**
RETA CVS PHARMACY PLAN	**Customer Service** **(800) 844-0719**	**www.caremark.com**
DELTA DENTAL OF CALIFORNIA	**Customer Service** **(888) 335-8227**	**www.deltadentalins.com**
VISION SERVICE PLAN (VSP)	**Customer Service** **(800) 877-7195**	**www.vsp.com**
BENEFIT ALLOCATION SYSTEMS (BAS)	**Customer Service** **(800) 945-5513**	**www.basusa.com**

FY2025/26 Employee Monthly Rates – 7/1/25 THROUGH 6/30/26				
Coverage Level	**Blue Shield LayEE PPO (5104)**	**Blue Shield LayEE EPO In-Network (5137)**	**Delta Dental**	**VSP Vision**
Employee Only	$265.60	186.60	$11.37	$6.34
Employee Plus Spouse	$531.00	373.20	$24.68	$12.03
Employee Plus Children	$425.00	298.65	$18.58	$12.83
Employee Plus Family	$632.20	444.30	$31.33	$20.12
To determine employee per-pay rates, multiply the monthly rate by 12 and then divide by the number of regular pays per year.				

MEDICAL/PHARMACY IN-NETWORK PLANS OVERVIEWS

	LayEE PPO (5104)**	LayEE EPO In-Network (5137)
Out-of-pocket maximum		
Single	$1,000	$2,500
Family	$2,000	$5,000
Deductible*		
Single	$250	$500
Family	$500	$1,000
PCP Office Visit	$25*	$25*
Specialist Office Visit	$40*	$25*
Preventive Care/Screening/Immunization`	100%	100%
Diagnostic Test	20%	10%
Imaging (CT/PET scans, MRIs) – Outpatient Radiology Center	100%	100%
Imaging (CT/PET scans, MRIs) – Outpatient Hospital	20%	10%
Outpatient Surgery – Facility Fee at Ambulatory Surgery Center	100%	100%
Outpatient Surgery – Facility Fee at Outpatient Hospital	20%	10%
Outpatient Surgery – Physician/surgeon fees	20%	10%
Emergency Room – Facility Fee	$200 copay and then 20%*	$200 copay and then 10%*
Emergency Room – Physician Fee	20%*	10%*
Emergency Medical Transportation	20%	10%
Urgent Care	$50*	$50*
Hospital Stay – Facility Fee	20%	10%
Hospital Stay – Physician/surgeon fees	20%	10%
Mental health, behavioral health, substance abuse outpatient, and inpatient services including partial hospitalization, residential care and psychological testing	20%	10%

*Deductible waived

**Out-of-network benefits available – please see the plan description for information

MEDICAL/PHARMACY IN-NETWORK PLANS OVERVIEWS (Cont.)

	LayEE PPO (5104)**	LayEE EPO In-Network (5137)
Prescription Drugs - up to 30 day supply (retail)		
Preferred Generic	$10	$10
Preferred Brand-Name (brand formulary)	$20	$20
Non-Preferred Brand-Name (brand non-formulary)	$40	$40
Specialty Drugs	$30	$30
Prescription Drugs - 31-60 day supply (retail)		
Preferred Generic	$20	$20
Preferred Brand-Name (brand formulary)	$40	$40
Non-Preferred Brand-Name (brand non-formulary)	$80	$80
Specialty Drugs	$30	$30
Prescription Drugs - 61-90 day supply (retail)		
Preferred Generic	$30	$30
Preferred Brand-Name (brand formulary)	$60	$60
Non-Preferred Brand-Name (brand non-formulary)	$120	$120
Specialty Drugs	$30	$30
Prescription Drugs (mail order)		
Preferred Generic	$20	$20
Preferred Brand-Name (brand formulary)	$40	$40
Non-Preferred Brand-Name (brand non-formulary)	$80	$80
Specialty Drugs	$30	$30

**Out-of-network benefits available – please see the plan description for information

DENTAL PLAN IN-NETWORK COVERAGE OVERVIEW

Deductible - Individual	$50
Deductible - Family	$75
Diagnostic Coverage	100%
Basic Coverage	90%
Major Coverage	60%
Annual Maximum	$2,500
Ortho Coverage** / Lifetime Ortho Max	50% / $2500

DELTA DENTAL DEFINITIONS

Benefits and Covered Services*	Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %
Basic Services Composite fillings	90 %
Endodontics (root canals) Covered Under Basic Services	90 %
Periodontics (gum treatment) Covered Under Basic Services	90 %
Oral Surgery Covered Under Basic Services	90 %
Major Services Crowns, inlays, onlays and cast restorations	60 %
Prosthodontics Bridges, dentures and implants	60 %
Orthodontic Benefits Adults and dependent children	50 %
Orthodontic Maximums	$2,500 Lifetime

VISION PLAN IN-NETWORK COVERAGE OVERVIEW

	Frequency	Coverage
Exam	12	$10
Frame Allowance	24	$150
Contact Lens Allowance	12	$150
Single Vision Lenses	12	In full
Bifocal Lenses	12	In Full
Trifocal Lenses	12	In Full
Lens Options:		
Anti-reflective	12	$20 copay
Standard Progressives	12	$40 copay
Premium Progressives	12	$40 copay

DIOCESE OF BRIDGEPORT – LAY EMPLOYEES

ADDITIONAL INFORMATION

Bridgeport Roman Catholic Diocesan Corporation

403(b) Tax-Deferred Annuity Plan – Lay Employees

High Level Summary*

All benefit eligible employees (those who are regularly scheduled to work at least 30 hours per week) ("employees") are eligible as follows:

- New employees hired on or after May 1, 2024, are **automatically enrolled** into the plan with a 2% employee contribution
- An employee can opt out or change this contribution directly with Mutual of America (mutualofamerica.com) at any time
    - MOA's My Account (Online Account) – offers you 24/7 control of your retirement plan account at mutualofamerica.com
- **Employer contributions** commence after one year of full-time service of being benefit eligible:
    - Following 1 year of service to less than 5 years = 3% of compensation
    - 5 years of service or more = 5% of compensation
- **Vesting schedule of Employer Contributions**: 100% vested the first of the month after 4 year anniversary date of full-time service without any break in service

**Retirement plan document is located on the Diocesan website, under Human Resources*

CONTACT INFORMATION

Mutual of America Financial Group
Retirement Services • Investments

Mutual of America Team: 860-430-7044

Lana Robinson, Participant Account Specialist: Lana.Robinson@mutualofamerica.com

Customer Service: 800-468-3785

**The Information in this document is designed to provide you with an overview of your benefits. For detailed plan information, please refer to the Summary Plan Description (SPD). If there are any discrepancies, the SPD will govern.*

Wheeler | EMPLOYEE ASSISTANCE PROGRAM (EAP)

At some point, most of us experience challenges that affect the quality of our lives at home and at work. The Wheeler EAP is a confidential counseling program that provides professional help to employees and their family members for personal, family, or workplace problems.

WHAT KIND OF HELP IS AVAILABLE?

The EAP offers support, assessment, brief solution-focused counseling and sometimes a referral to an appropriate resource if ongoing, or more specialized services are needed. The EAP is a company benefit that covers a predetermined number of sessions for each presenting problem. For example, you may meet with an EAP Counselor to discuss a problem such as difficulty communicating with a teenager and again at a later date for issues related to a new challenge such as the health concerns of a loved one.

HOW DOES THE WHEELER EAP WORK?

The Wheeler EAP is an employer-sponsored benefit that offers confidential counseling services to employees and their family members. When you call the EAP, you will receive information, support, and assistance in scheduling an appointment with a licensed mental health professional at a location and time that is convenient for you. Our goal is to help you and your family members overcome obstacles that may interfere with your job, health, or general well-being.

PROGRAM FEATURES:

- Confidential assistance for employees and their family members
- Statewide network of licensed professionals
- Unlimited management consultation
- Training and educational seminars
- Critical incident debriefing
- Online tools and resources
- Calls Answered 24/7

Wheeler EAP
1.800.275.3327

WHAT IS THE COST TO UTILIZE EAP SERVICES?

The EAP is an employer-sponsored benefit that is offered at no cost. If you are referred to a treatment resource beyond the EAP counseling, there generally will be costs involved. Some of these costs may be covered by your medical insurance plan.

SUPPORT & COUNSELING CONSULTATION & TRAINING CRITICAL INCIDENT ASSISTANCE WORK-LIFE SERVICES

Licensed mental health professionals are available to help you and your family members when dealing with these and many other concerns:

- Dependent Care Concerns
- Effective Parenting
- Emotional Difficulties
- Emotional Well Being
- Family Wellness
- Fear and Anxiety
- Grief and Loss
- Health Improvement
- Major Life Events
- Marriage and Family Issues
- Medical Challenges
- Mental Health Concerns
- Stress Management
- Substance Use Disorders
- Work-Life Balance

Wheeler EAP
1.800.275.3327

WHAT HAPPENS DURING EAP COUNSELING SESSIONS?

Counseling is a process that begins with understanding your needs as a counselor helps you describe your concerns. The counselor may ask questions or share observations that may help you explore and consider your issues differently. Experiencing problems from a new perspective often leads to the discovery of options and resources that had not been seen before. Many people find it helpful and reassuring to have a neutral person to talk with about their problems. This tends to give people an outlet for their feelings as well as some comfort in knowing they are not alone.

WHAT ARE THE WHEELER EAP PROVIDER CREDENTIALS?

All of our counselors are licensed and hold master's or Ph.D. degrees. They are mental health professionals who can help people deal with a wide spectrum of personal issues.

HOW IS CONFIDENTIALITY ENSURED?

Confidentiality is ensured in the following ways:

- The names of the employees or family members using the EAP are not provided to your employer.
- All records are kept in a secure area and DO NOT become part of an employee's medical or personnel records.
- No information is ever released without the client's written consent unless legal guidelines mandate otherwise.

HOW CAN I ACCESS WORK-LIFE SERVICES?

For online resources, referrals for childcare, eldercare, legal, and financial needs, visit: https://www.worklifeservices.net/clients/wheelereap/welcome and register as a new user with Company Code: WH-DOB

Wheeler
COMMUNITY | HEALTH | CARE

SUPPORT & COUNSELING CONSULTATION & TRAINING CRITICAL INCIDENT ASSISTANCE WORK-LIFE SERVICES

Wheeler | EMPLOYEE ASSISTANCE PROGRAM (EAP)

WHEELER WORK-LIFE SERVICES SUMMARY WITH ACCESS INSTRUCTIONS

Wheeler's online Work-Life Services for employees and family members are designed to provide creative solutions to dependent care challenges, major life events, and resources/referrals tailored to your unique health improvement needs. Online work-life services are available 24 hours a day, 7 days a week.

Work-Life Services Include:

- **Online childcare resources & referrals** (Including, but not limited to prenatal, adoption, special needs, colleges, etc.)
- **Online elder care resources & referrals** (Including, but not limited to end of life issues, caregiver support, long term care options, etc.)
- **Telephonic financial consultations, online resources & referrals** (30 minutes of free telephonic consultation and up to 25% discount on hourly rate, when retaining a network financial specialist)
- **Telephonic legal consultations, online resources & referrals** (30 minutes of free telephonic consultation and up to 25% discount on hourly rate, when retaining a network attorney).
  - ***This service is not available for consultations about employment law.***

Online Education Resources Include:

- Articles, videos, and interactive training courses
- Health assessments, quizzes, and tools
- Legal forms and financial calculators
- Personalized life coaching resources

To Access Work-Life Services:

- Go to https://www.worklifeservices.net/clients/wheelereap/welcome.jsp
- To begin, click on "Register" as a new user with your company code: **WH-DOB**
- To return "Sign-In" with username and password

To Access Legal and Financial Services:

- Legal documents and financial resources are available through the Work-Life Services website
- For legal and financial telephonic consultation call: **1-888-254-8104**

Take a Tour of the Work-Life Services Site at:

- https://www.employeecare.net/onlinedemo

Health Care

Flexible Spending Account

Paying for Unreimbursed Health Care Expenses With Pre-Tax Payroll Reductions

Health FSA Basics

A Health Care Flexible Spending Account (HFSA) allows you to set aside a portion of your salary, before-tax, to reimburse certain amounts you pay for medical care.

Participating in a Health Care Flexible Spending Account can help save you money on taxes since the money you set aside is not subject to federal income or Social Security tax. This allows you to benefit from more of the money you earn.

Your annual HFSA contribution may not exceed $3,300 (for 2025, as indexed for inflation each year). Your annual contribution may be further limited by your employer's plan.

What are Eligible HFSA Expenses?

You may be reimbursed from your health care FSA for expenses related to medical care, only. An amount spent on general good health is not considered a medical expense. An expense is for medical care if it is incurred to diagnose,

body.

If an expense is not clearly for medical care, or if it has both a medical care and non-medical care purpose, your doctor must document, in writing, that it is medically necessary.

Your HFSA may not reimburse insurance premiums or expenses that are paid from other medical, dental or vision plan coverage.

Whose Expenses are Eligible for Reimbursement?

A medical expense must be incurred by an employee, the employee's spouse, or the employee's tax dependent for health coverage purposes in order for the expense to be reimbursed from the HFSA.

Expenses of an employee's child who has not attained age 27 as of the end of the employee's taxable year may also be eligible for reimbursement. Refer to your plan for more details.

How Does the HFSA Work?

The HFSA will allow you to set aside dollars from your paycheck, before taxes are taken out, and these dollars may be used for medical care expenses.

To participate in the HFSA, you must designate the total amount you would like to contribute for the plan year. A portion of your total contribution will be deducted from each paycheck you receive during the plan year. When you incur an eligible medical expense, you must submit a claim and proper documentation in order to be reimbursed tax free from your account. When deciding your contribution amount for the year, it is important to conservatively estimate the medical expenses that you will incur within the plan year. According to IRS regulations, any money remaining in your account at the end of the plan year will be forfeited.

Your plan may, in certain circumstances, allow you to carryover a certain amount of unused funds to be used in the next plan year before the unused amount is forfeited. This c[illegible]nount may not exceed $660 (for 2025, as indexed for inflation each year).

Alternatively, your plan may allow you to continue to incur claims during a grace period of up to 2-1/2 months into the next plan year before the unused amount is forfeited.

Please check with your plan to see if either of these features (the carryover or the grace period) apply to your HFSA.

Rules to Remember

If you do not use the money you contribute to your HFSA for medical care expenses you incur during the plan year (and grace period, if applicable) you lose it (except for the allowable carryover amount, if any).

If your plan has the carryover option, the carryover amount will not be available for you to use until after the time limit for submitting expenses for reimbursement for the prior plan year has passed.

You must submit claims for reimbursement in accordance with the timing set by your plan.

	Without HFSA Plan After Tax	With HFSA Plan Before Tax
Annual Gross Pay	$30,000.00	$30,000.00
Before-tax Health Care Expense	$0.00	-$1,000.00
Taxable Gross Pay	**$30,000.00**	**$29,000.00**
Federal Income Tax (12%)*	-$3,600.00	-$3,480.00
FICA Tax (7.65%)*	-$2,295.00	-$2,218.50
After-tax Health Care Expense	-$1,000.00	$0.00
Net Take-home Pay	**$23,105.00**	**$23,301.50**

Total Annual Savings: $196.50

*Note – Your FICA and/or Federal Income Tax rate may differ. Consult your tax advisor.

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BAS

May I Change My Election?

Because of the special tax advantages that the HFSA provides, the IRS places restrictions on changing your HFSA mid-year.

Once you authorize deposits to your HFSA for the plan year, federal rules prohibit you from stopping or changing your election until the next plan year, unless you experience a "Change of Status Event" recognized by your plan.

Examples of Change in Status Events

- Change in legal marital status
- Change in number of dependents
- Change in employment status of employee, spouse or dependent that affects eligibility
- Reduction or increase in hours of employment of employee, spouse or that affects eligibility
- Dependent satisfies (or ceases to satisfy) eligibility requirements
- Change pursuant to a judgment, decree or order
- Medicare or Medicaid entitlement

If you do not use the money you deposit in your HFSA for medical expenses you incur during the plan year (and grace period, if any), any remaining amount cannot be returned to you at the end of the plan year. If your plan includes a carryover feature, you may be able to use the carryover in the next plan year.

Examples of Eligible Expenses

- Deductibles and co-pays under medical plans
- Dental and orthodontic expenses
- Vision exams, glasses, contact lenses
- Prescription medication and supplies
- Over the counter medicines and drugs
- Physical and mental therapy for medical care
- Chiropractic care
- Laboratory fees

This is a partial list, for illustrative purposes only. All medical expenses must be properly substantiated, consistent with IRS guidelines, in order to be reimbursed from your HFSA. Some FSAs limit the expenses that may be eligible for reimbursement. Consult your plan documents.

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Worksheet

Use the list below as a guide to estimate your expected out-of-pocket expenses for the items in the next year. You may want to review your banking statements from past years for an indication of how often some expected and unexpected expenses occur. The items listed below are only a few of the many items eligible for reimbursement from an HFSA. For a more comprehensive list, refer to "IRS Publication 502, Medical and Dental Expenses." Please note that Publication 502 gives an overview of medical expenses, but not all items identified in Publication 502 may be reimbursed from your HFSA (for example, a premium payment is not an eligible HFSA expense).

Medical		Dental	
Deductibles	$_____	Office visits	$_____
Co-pays	$_____	Deductibles	$_____
Counseling (limited)	$_____	Orthodontics	$_____
Routine checkups	$_____	Crowns, bridge	$_____
Alcohol/drug treatments	$_____	Dental exam/cleanings	$_____
Office visits	$_____	Oral surgery	$_____
School physicals	$_____	Space maintainers	$_____
Well baby/child care	$_____	Extractions	$_____
Physical therapy	$_____	X-rays	$_____
Immunizations	$_____	Dentures	$_____
Chiropractors	$_____	Fluoride treatments	$_____
Lab fees	$_____	Fillings	$_____
Emergency room	$_____	Root canals	$_____
OTC medicines/drugs	$_____	Periodontal surgery	$_____
Crutches, wheelchairs	$_____	Sealants	$_____
Acne treatment	$_____		
Surgery	$_____	**Subtotal**	$_____
Private hospital room	$_____		
Private nursing	$_____		
OB/GYN exams	$_____	Vision/Hearing	
Prescription drugs	$_____	Eye exams	$_____
Menstrual Products	$_____	Contact lens solution	$_____
Psychiatrist	$_____	Glasses/contact lenses	$_____
Braces/orthotics	$_____	Hearing exams	$_____
Home health care	$_____	Braille books	$_____
Hospice	$_____	Phone for deaf	$_____
Speech therapy	$_____	Guide dog	$_____
Psychotherapy	$_____	Special TV for deaf	$_____
Private nursing	$_____		
Subtotal	$_____	**Subtotal**	$_____
			$_____

Dependent Day Care

Flexible Spending Account

Paying for Unreimbursed Dependent Day Care Expenses With Pre-Tax Payroll Reductions

DFSA Basics

A Dependent Day Care Flexible Spending Account (DFSA) allows you to set aside a portion of your salary, before-tax, to reimburse certain amounts spent for eligible dependent day care expenses that are necessary in order for you, and if you are married, your spouse, to work or look for work.

Participating in a DFSA can help save you money on taxes since the money you set aside is not subject to federal income or Social Security tax. This allows you to benefit more from the money you earn.

Your maximum annual DFSA contribution under federal tax law may be up to $5,000 ($2,500 maximum if you are married, filing separate income tax returns) (for 2025, these amounts are subject to change). The terms of your employer's plan may set lower contribution limits. Your contribution may not exceed your earned income or your spouse's earned income, whichever is less, unless your spouse is disabled or a full-time student, in which case certain income-attribution rules apply.

What are Eligible DFSA Expenses?

Expenses for the following services may be reimbursed from a DFSA, provided they are necessary for the protection and care of your dependents while you work or look for work:

1. Child day care centers
2. Babysitters
3. Preschool / Nursery School (not kindergarten)
4. Non-educational before or after school care programs
5. Adult day care centers
6. Family day care centers
7. Summer day camp (non-educational)

You may claim expenses for services given inside or outside your home. However, payments are not reimbursable if they are made to certain related individuals, including your child under age 19, your spouse, the child's parent, or certain other relatives.

If the service is provided by a day care center that offers care for at least six people (other than residents), the center must comply with all local and state laws and licensing requirements.

Important Note: You must report your dependent care provider's taxpayer identification number (or Social Security number), name, and address on the DFSA claim form, in order for your eligible expenses to be reimbursed from your DFSA.

Whose Expenses are Eligible for Reimbursement?

An eligible dependent is any dependent who is:

1. A child under age 13 who is your dependent under federal tax rules.
2. A child, spouse or parent who is physically or mentally incapable of caring for himself or herself and has your same place of residence for more than half of the year.

A dependent generally has to spend at least 8 hours a day in your household for the dependent's expenses to be reimbursable.

How Does the DFSA Work?

The DFSA allows you to set aside before-tax dollars from your paycheck to pay for your out-of-pocket dependent day care expenses.

To participate in the DFSA, you must designate the total amount you would like to contribute for the plan year. A portion of your total contribution will be deducted from each paycheck you receive during the plan year. When you incur an eligible dependent day care expense, submit a claim for the expense with proper documentation and you will be reimbursed tax-free from the account, up to the amount you have already contributed for the year.

When making your calculation, it is important to conservatively estimate the expenses that you will incur within the plan year, and any grace period, if permitted by the terms of your plan. According to IRS regulations, any money remaining in your account at the end of the plan year (and grace period, if any) will be forfeited.

The plan may set a time after the end of the plan year (generally 3 months) for gathering your documentation and submitting your expenses for reimbursement. Check the terms of your plan. If you do not use amounts during the plan year or the subsequent grace period (if any), and timely submit your claims for reimbursement, you will lose any amounts remaining in your account.

Elections Changes

Because of the special tax advantages that the DFSA provides, the IRS places certain restrictions on contributions to and distributions from the DFSA.

Once you authorize deposits to the DFSA for the plan year, federal rules prohibit you from stopping or changing your election until the next plan year, unless you experience a "Change of Status Event" recognized by your plan.

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Examples of Change in Status Events

1. Change in legal marital status
2. Change in number of dependents
3. Change in employment status of employee, spouse or dependent that affects eligibility
4. Reduction or increase in hours of employment of employee, spouse or that affects eligibility
5. Dependent satisfies (or ceases to satisfy) eligibility requirements

Examples of Ineligible Expenses

The IRS decides what is and is not an eligible DFSA expense. For example, the following expenses are not eligible to be reimbursed from your DFSA:

1. Non-employment related care (i.e., evening baby-sitting);
2. 24-hour nursing home expenses;
3. Overnight camp expenses;
4. Education expenses for a child in kindergarten, first grade or higher;
5. Education programs and camps;
6. Childcare expenses that enable your spouse to perform volunteer work;
7. Expenses during non-work hours.

All dependent day care expenses must be properly substantiated, consistent with IRS guidelines, and submitted timely to be reimbursed from your DFSA.

Rules to Remember

After you elect to participate in the DFSA, your contributions are set for the plan year unless you experience a Change of Status Event recognized by your plan.

You must submit claims for reimbursement in accordance with the timing set by your plan.

If you do not use the money you contribute to the DFSA for expenses you incur during the plan year (and grace period, if any), remaining amounts cannot be returned to you. If you do not use it, you lose it.

Submitting Claims

When submitting a claim for reimbursement from the DFSA, you must provide appropriate documentation. An acceptable DFSA claim submission contains a separate, signed and dated claim form for each qualified dependent. The claim form must include a description of services, the dollar amount of the claim, a taxpayer ID number for the provider, the provider's signature (or receipt), along with supporting documentation. Supporting documentation requires the following elements (cancelled checks are not sufficient): name of qualifying dependent; name and address of provider; date of service; description of service; provider's taxpayer identification number.

Which to Use: Dependent Day Care FSA or the Child and Dependent Care Tax Credit?

If you have paid dependent day care expenses in the past, you may be familiar with the federal tax credit allowed for these expenses when you file your federal income tax return. The DFSA is an alternative to the child and dependent care tax credit. You may not use the same expenses for both the tax credit and the DFSA.

Review your situation with your personal tax advisor to determine if you will benefit more from participating in the DFSA or from taking the child and dependent care tax credit on your income tax return.

	Without DFSA Plan After Tax	With DFSA Plan Before Tax
Annual Gross Pay	$40,000.00	$40,000.00
Before Dependent Day Care Expense	$0.00	-$4,000.00
Taxable Gross Pay	$40,000.00	$36,000.00
Federal Income Tax (12%)*	-$4,800.00	-$4,320.00
FICA Tax (7.65%)*	-$3,060.00	-$2,754.00
After-tax Dependent Day Care Expense	-$4,000.00	$0.00
Net Take-home Pay	$28,140.00	$28,926.00

Total Annual Savings: $786.00

*Note – Your FICA and/or Federal Income Tax rate may differ. Consult your tax advisor.

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BENEFITS (You can purchase this coverage at a group rate.)	
For you*	You can choose from **$10,000 to $500,000**—in increments of $10,000 **not to exceed 5 times** your Basic Annual Earnings. No medical questions asked **up to the Guaranteed Issue amount of $200,000**. Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.
For your spouse*	If you elect coverage for yourself, you can choose from **$5,000 to $150,000**—in increments of $5,000. No medical questions asked **up to the Guaranteed Issue amount of $50,000**. The amount you select for your spouse cannot exceed 50% of your coverage amount. Coverage ends when your spouse turns age 70.
For your child(ren)*	If you elect coverage for yourself, you can choose **$2,500 to $10,000**—in $2,500 increments. No medical questions asked. The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support. A full benefit is payable for a dependent child who is 6 months to 26. A reduced benefit of $500 is payable for a child from 14 days to 6 months. (No benefit is payable for a child from birth to 14 days).

This coverage includes Accidental Death and Dismemberment insurance.

THE BRIDGEPORT ROMAN CATHOLIC DIOCESAN CORPORATION

All Eligible Employees, other than Employees of Catholic Cemeteries

POLICY #: 923046

Sun Life Assurance Company of Canada

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Frequently asked questions

What is my AD&D benefit?
We will pay your beneficiaries an Accidental Death insurance amount that matches your Voluntary Life, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries. This plan includes AD&D coverage for your dependents.

Do I need to answer any health questions to enroll?
Yes, if you request an amount higher than the Guaranteed Issue amount. You may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

Can I take my insurance with me if I leave my employer?
Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Can I access my life insurance if I become terminally ill?
You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?
If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

How does my beneficiary file a death claim?
Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

GVBH-EE-8384 SLPC 29579

Rates

Employee - Coverage and **monthly** cost for Employee Voluntary Life and AD&D.

Rates are effective as of February 1, 2024.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Coverage amounts	Age and cost													
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
$10,000	0.74	0.74	0.74	0.92	1.27	1.94	2.69	4.13	6.22	9.44	18.31	39.56	79.68	160.83
$20,000	1.48	1.48	1.48	1.84	2.54	3.88	5.38	8.26	12.44	18.88	36.62	79.12	159.36	321.66
$30,000	2.22	2.22	2.22	2.76	3.81	5.82	8.07	12.39	18.66	28.32	54.93	118.68	239.04	482.49
$40,000	2.96	2.96	2.96	3.68	5.08	7.76	10.76	16.52	24.88	37.76	73.24	158.24	318.72	643.32
$50,000	3.70	3.70	3.70	4.60	6.35	9.70	13.45	20.65	31.10	47.20	91.55	197.80	398.40	804.15
$60,000	4.44	4.44	4.44	5.52	7.62	11.64	16.14	24.78	37.32	56.64	109.86	237.36	478.08	964.98
$70,000	5.18	5.18	5.18	6.44	8.89	13.58	18.83	28.91	43.54	66.08	128.17	276.92	557.76	1125.81
$80,000	5.92	5.92	5.92	7.36	10.16	15.52	21.52	33.04	49.76	75.52	146.48	316.48	637.44	1286.64
$90,000	6.66	6.66	6.66	8.28	11.43	17.46	24.21	37.17	55.98	84.96	164.79	356.04	717.12	1447.47
$100,000	7.40	7.40	7.40	9.20	12.70	19.40	26.90	41.30	62.20	94.40	183.10	395.60	796.80	1608.30
$110,000	8.14	8.14	8.14	10.12	13.97	21.34	29.59	45.43	68.42	103.84	201.41	435.16	876.48	1769.13
$120,000	8.88	8.88	8.88	11.04	15.24	23.28	32.28	49.56	74.64	113.28	219.72	474.72	956.16	1929.96
$130,000	9.62	9.62	9.62	11.96	16.51	25.22	34.97	53.69	80.86	122.72	238.03	514.28	1035.84	2090.79
$140,000	10.36	10.36	10.36	12.88	17.78	27.16	37.66	57.82	87.08	132.16	256.34	553.84	1115.52	2251.62
$150,000	11.10	11.10	11.10	13.80	19.05	29.10	40.35	61.95	93.30	141.60	274.65	593.40	1195.20	2412.45
$160,000	11.84	11.84	11.84	14.72	20.32	31.04	43.04	66.08	99.52	151.04	292.96	632.96	1274.88	2573.28
$170,000	12.58	12.58	12.58	15.64	21.59	32.98	45.73	70.21	105.74	160.48	311.27	672.52	1354.56	2734.11
$180,000	13.32	13.32	13.32	16.56	22.86	34.92	48.42	74.34	111.96	169.92	329.58	712.08	1434.24	2894.94
$190,000	14.06	14.06	14.06	17.48	24.13	36.86	51.11	78.47	118.18	179.36	347.89	751.64	1513.92	3055.77
$200,000	14.80	14.80	14.80	18.40	25.40	38.80	53.80	82.60	124.40	188.80	366.20	791.20	1593.60	3216.60
$210,000	15.54	15.54	15.54	19.32	26.67	40.74	56.49	86.73	130.62	198.24	384.51	830.76	1673.28	3377.43
$220,000	16.28	16.28	16.28	20.24	27.94	42.68	59.18	90.86	136.84	207.68	402.82	870.32	1752.96	3538.26
$230,000	17.02	17.02	17.02	21.16	29.21	44.62	61.87	94.99	143.06	217.12	421.13	909.88	1832.64	3699.09
$240,000	17.76	17.76	17.76	22.08	30.48	46.56	64.56	99.12	149.28	226.56	439.44	949.44	1912.32	3859.92
$250,000	18.50	18.50	18.50	23.00	31.75	48.50	67.25	103.25	155.50	236.00	457.75	989.00	1992.00	4020.75
$260,000	19.24	19.24	19.24	23.92	33.02	50.44	69.94	107.38	161.72	245.44	476.06	1028.56	2071.68	4181.58
$270,000	19.98	19.98	19.98	24.84	34.29	52.38	72.63	111.51	167.94	254.88	494.37	1068.12	2151.36	4342.41
$280,000	20.72	20.72	20.72	25.76	35.56	54.32	75.32	115.64	174.16	264.32	512.68	1107.68	2231.04	4503.24
$290,000	21.46	21.46	21.46	26.68	36.83	56.26	78.01	119.77	180.38	273.76	530.99	1147.24	2310.72	4664.07
$300,000	22.20	22.20	22.20	27.60	38.10	58.20	80.70	123.90	186.60	283.20	549.30	1186.80	2390.40	4824.90
$310,000	22.94	22.94	22.94	28.52	39.37	60.14	83.39	128.03	192.82	292.64	567.61	1226.36	2470.08	4985.73
$320,000	23.68	23.68	23.68	29.44	40.64	62.08	86.08	132.16	199.04	302.08	585.92	1265.92	2549.76	5146.56
$330,000	24.42	24.42	24.42	30.36	41.91	64.02	88.77	136.29	205.26	311.52	604.23	1305.48	2629.44	5307.39
$340,000	25.16	25.16	25.16	31.28	43.18	65.96	91.46	140.42	211.48	320.96	622.54	1345.04	2709.12	5468.22
$350,000	25.90	25.90	25.90	32.20	44.45	67.90	94.15	144.55	217.70	330.40	640.85	1384.60	2788.80	5629.05
$360,000	26.64	26.64	26.64	33.12	45.72	69.84	96.84	148.68	223.92	339.84	659.16	1424.16	2868.48	5789.88
$370,000	27.38	27.38	27.38	34.04	46.99	71.78	99.53	152.81	230.14	349.28	677.47	1463.72	2948.16	5950.71
$380,000	28.12	28.12	28.12	34.96	48.26	73.72	102.22	156.94	236.36	358.72	695.78	1503.28	3027.84	6111.54
$390,000	28.86	28.86	28.86	35.88	49.53	75.66	104.91	161.07	242.58	368.16	714.09	1542.84	3107.52	6272.37
$400,000	29.60	29.60	29.60	36.80	50.80	77.60	107.60	165.20	248.80	377.60	732.40	1582.40	3187.20	6433.20
$410,000	30.34	30.34	30.34	37.72	52.07	79.54	110.29	169.33	255.02	387.04	750.71	1621.96	3266.88	6594.03
$420,000	31.08	31.08	31.08	38.64	53.34	81.48	112.98	173.46	261.24	396.48	769.02	1661.52	3346.56	6754.86
$430,000	31.82	31.82	31.82	39.56	54.61	83.42	115.67	177.59	267.46	405.92	787.33	1701.08	3426.24	6915.69
$440,000	32.56	32.56	32.56	40.48	55.88	85.36	118.36	181.72	273.68	415.36	805.64	1740.64	3505.92	7076.52
$450,000	33.30	33.30	33.30	41.40	57.15	87.30	121.05	185.85	279.90	424.80	823.95	1780.20	3585.60	7237.35
$460,000	34.04	34.04	34.04	42.32	58.42	89.24	123.74	189.98	286.12	434.24	842.26	1819.76	3665.28	7398.18
$470,000	34.78	34.78	34.78	43.24	59.69	91.18	126.43	194.11	292.34	443.68	860.57	1859.32	3744.96	7559.01
$480,000	35.52	35.52	35.52	44.16	60.96	93.12	129.12	198.24	298.56	453.12	878.88	1898.88	3824.64	7719.84
$490,000	36.26	36.26	36.26	45.08	62.23	95.06	131.81	202.37	304.78	462.56	897.19	1938.44	3904.32	7880.67
$500,000	37.00	37.00	37.00	46.00	63.50	97.00	134.50	206.50	311.00	472.00	915.50	1978.00	3984.00	8041.50

Rates

Spouse - Coverage and **monthly** cost for Spouse Voluntary Life and AD&D.

Rates are effective as of February 1, 2024.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your spouse's age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the spouse's age.

Coverage amounts	Age and cost									
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
$5,000	0.52	0.52	0.52	0.61	0.79	1.21	1.71	2.63	3.98	5.77
$10,000	1.04	1.04	1.04	1.21	1.58	2.41	3.41	5.26	7.95	11.54
$15,000	1.56	1.56	1.56	1.82	2.37	3.62	5.12	7.89	11.93	17.31
$20,000	2.08	2.08	2.08	2.42	3.16	4.82	6.82	10.52	15.90	23.08
$25,000	2.60	2.60	2.60	3.03	3.95	6.03	8.53	13.15	19.88	28.85
$30,000	3.12	3.12	3.12	3.63	4.74	7.23	10.23	15.78	23.85	34.62
$35,000	3.64	3.64	3.64	4.24	5.53	8.44	11.94	18.41	27.83	40.39
$40,000	4.16	4.16	4.16	4.84	6.32	9.64	13.64	21.04	31.80	46.16
$45,000	4.68	4.68	4.68	5.45	7.11	10.85	15.35	23.67	35.78	51.93
$50,000	5.20	5.20	5.20	6.05	7.90	12.05	17.05	26.30	39.75	57.70
$55,000	5.72	5.72	5.72	6.66	8.69	13.26	18.76	28.93	43.73	63.47
$60,000	6.24	6.24	6.24	7.26	9.48	14.46	20.46	31.56	47.70	69.24
$65,000	6.76	6.76	6.76	7.87	10.27	15.67	22.17	34.19	51.68	75.01
$70,000	7.28	7.28	7.28	8.47	11.06	16.87	23.87	36.82	55.65	80.78
$75,000	7.80	7.80	7.80	9.08	11.85	18.08	25.58	39.45	59.63	86.55
$80,000	8.32	8.32	8.32	9.68	12.64	19.28	27.28	42.08	63.60	92.32
$85,000	8.84	8.84	8.84	10.29	13.43	20.49	28.99	44.71	67.58	98.09
$90,000	9.36	9.36	9.36	10.89	14.22	21.69	30.69	47.34	71.55	103.86
$95,000	9.88	9.88	9.88	11.50	15.01	22.90	32.40	49.97	75.53	109.63
$100,000	10.40	10.40	10.40	12.10	15.80	24.10	34.10	52.60	79.50	115.40
$105,000	10.92	10.92	10.92	12.71	16.59	25.31	35.81	55.23	83.48	121.17
$110,000	11.44	11.44	11.44	13.31	17.38	26.51	37.51	57.86	87.45	126.94
$115,000	11.96	11.96	11.96	13.92	18.17	27.72	39.22	60.49	91.43	132.71
$120,000	12.48	12.48	12.48	14.52	18.96	28.92	40.92	63.12	95.40	138.48
$125,000	13.00	13.00	13.00	15.13	19.75	30.13	42.63	65.75	99.38	144.25
$130,000	13.52	13.52	13.52	15.73	20.54	31.33	44.33	68.38	103.35	150.02
$135,000	14.04	14.04	14.04	16.34	21.33	32.54	46.04	71.01	107.33	155.79
$140,000	14.56	14.56	14.56	16.94	22.12	33.74	47.74	73.64	111.30	161.56
$145,000	15.08	15.08	15.08	17.55	22.91	34.95	49.45	76.27	115.28	167.33
$150,000	15.60	15.60	15.60	18.15	23.70	36.15	51.15	78.90	119.25	173.10

Child - Coverage and **monthly** cost for Child Voluntary Life and AD&D.

Rates are effective as of February 1, 2024.

The chart below shows possible coverage amounts and their **monthly** costs.

Coverage amounts	Cost per pay period
$2,500	0.52
$5,000	1.03
$7,500	1.55
$10,000	2.06

Short-Term Disability Insurance

VOLUNTARY

Sun Life

COMMON CAUSES OF DISABILITY

- Pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

PROVIDES YOU WITH A WEEKLY CHECK.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

BENEFITS (You can purchase this coverage at a group rate.)	
Weekly benefit after your claim is approved	Get a weekly check of **$100** to **$2,500**, in any **$50** increment you choose, to replace a portion of your income-up to **60%** of your Total Weekly Earnings.
When benefits begin	Benefits begin as soon as **15 days** from the date you are unable to work due to an injury and **15 days** due to an illness.
Benefits may be paid for	Up to **26 weeks**, as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related.

SHORT-TERM DISABILITY FAST FACTS

1 in 4 workers *will miss up to 3 months of work due to disability during their career.*[1]

More than three-quarters *of workers are living paycheck to paycheck.*[2]

THE BRIDGEPORT ROMAN CATHOLIC DIOCESAN CORPORATION

All Eligible Employees, other than Employees of Catholic Cemeteries

POLICY # 923046

Sun Life Assurance Company of Canada

Frequently asked questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability Application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

How do I file a Short-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

What if I have a pre-existing condition?

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 6 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

Can I work while I'm disabled?

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. Realitycheckup.org, Council for Disability Awareness, 2018

2. "Living Paycheck to Paycheck is a Way of Life for Majority of U.S. Workers," CareerBuilder.com, Aug. 2017.

Read the *Important information* section for more details including limitations and exclusions.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit for any accident or sickness covered by Worker's Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

GVBH-EE-8384 SLPC 29579

Rates

Employee - Coverage and **monthly** cost for Short-Term Disability.

Rates are effective as of February 1, 2024.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$100	5.92	5.92	5.92	5.92	7.45	7.45	9.42	9.42	9.65	5.33	5.33
$150	8.88	8.88	8.88	8.88	11.18	11.18	14.13	14.13	14.48	8.00	8.00
$200	11.84	11.84	11.84	11.84	14.90	14.90	18.84	18.84	19.30	10.66	10.66
$250	14.80	14.80	14.80	14.80	18.63	18.63	23.55	23.55	24.13	13.33	13.33
$300	17.76	17.76	17.76	17.76	22.35	22.35	28.26	28.26	28.95	15.99	15.99
$350	20.72	20.72	20.72	20.72	26.08	26.08	32.97	32.97	33.78	18.66	18.66
$400	23.68	23.68	23.68	23.68	29.80	29.80	37.68	37.68	38.60	21.32	21.32
$450	26.64	26.64	26.64	26.64	33.53	33.53	42.39	42.39	43.43	23.99	23.99
$500	29.60	29.60	29.60	29.60	37.25	37.25	47.10	47.10	48.25	26.65	26.65
$550	32.56	32.56	32.56	32.56	40.98	40.98	51.81	51.81	53.08	29.32	29.32
$600	35.52	35.52	35.52	35.52	44.70	44.70	56.52	56.52	57.90	31.98	31.98
$650	38.48	38.48	38.48	38.48	48.43	48.43	61.23	61.23	62.73	34.65	34.65
$700	41.44	41.44	41.44	41.44	52.15	52.15	65.94	65.94	67.55	37.31	37.31
$750	44.40	44.40	44.40	44.40	55.88	55.88	70.65	70.65	72.38	39.98	39.98
$800	47.36	47.36	47.36	47.36	59.60	59.60	75.36	75.36	77.20	42.64	42.64
$850	50.32	50.32	50.32	50.32	63.33	63.33	80.07	80.07	82.03	45.31	45.31
$900	53.28	53.28	53.28	53.28	67.05	67.05	84.78	84.78	86.85	47.97	47.97
$950	56.24	56.24	56.24	56.24	70.78	70.78	89.49	89.49	91.68	50.64	50.64
$1,000	59.20	59.20	59.20	59.20	74.50	74.50	94.20	94.20	96.50	53.30	53.30
$1,050	62.16	62.16	62.16	62.16	78.23	78.23	98.91	98.91	101.33	55.97	55.97
$1,100	65.12	65.12	65.12	65.12	81.95	81.95	103.62	103.62	106.15	58.63	58.63
$1,150	68.08	68.08	68.08	68.08	85.68	85.68	108.33	108.33	110.98	61.30	61.30
$1,200	71.04	71.04	71.04	71.04	89.40	89.40	113.04	113.04	115.80	63.96	63.96
$1,250	74.00	74.00	74.00	74.00	93.13	93.13	117.75	117.75	120.63	66.63	66.63
$1,300	76.96	76.96	76.96	76.96	96.85	96.85	122.46	122.46	125.45	69.29	69.29
$1,350	79.92	79.92	79.92	79.92	100.58	100.58	127.17	127.17	130.28	71.96	71.96
$1,400	82.88	82.88	82.88	82.88	104.30	104.30	131.88	131.88	135.10	74.62	74.62
$1,450	85.84	85.84	85.84	85.84	108.03	108.03	136.59	136.59	139.93	77.29	77.29
$1,500	88.80	88.80	88.80	88.80	111.75	111.75	141.30	141.30	144.75	79.95	79.95
$1,550	91.76	91.76	91.76	91.76	115.48	115.48	146.01	146.01	149.58	82.62	82.62
$1,600	94.72	94.72	94.72	94.72	119.20	119.20	150.72	150.72	154.40	85.28	85.28
$1,650	97.68	97.68	97.68	97.68	122.93	122.93	155.43	155.43	159.23	87.95	87.95
$1,700	100.64	100.64	100.64	100.64	126.65	126.65	160.14	160.14	164.05	90.61	90.61
$1,750	103.60	103.60	103.60	103.60	130.38	130.38	164.85	164.85	168.88	93.28	93.28
$1,800	106.56	106.56	106.56	106.56	134.10	134.10	169.56	169.56	173.70	95.94	95.94
$1,850	109.52	109.52	109.52	109.52	137.83	137.83	174.27	174.27	178.53	98.61	98.61
$1,900	112.48	112.48	112.48	112.48	141.55	141.55	178.98	178.98	183.35	101.27	101.27
$1,950	115.44	115.44	115.44	115.44	145.28	145.28	183.69	183.69	188.18	103.94	103.94
$2,000	118.40	118.40	118.40	118.40	149.00	149.00	188.40	188.40	193.00	106.60	106.60
$2,050	121.36	121.36	121.36	121.36	152.73	152.73	193.11	193.11	197.83	109.27	109.27
$2,100	124.32	124.32	124.32	124.32	156.45	156.45	197.82	197.82	202.65	111.93	111.93
$2,150	127.28	127.28	127.28	127.28	160.18	160.18	202.53	202.53	207.48	114.60	114.60
$2,200	130.24	130.24	130.24	130.24	163.90	163.90	207.24	207.24	212.30	117.26	117.26
$2,250	133.20	133.20	133.20	133.20	167.63	167.63	211.95	211.95	217.13	119.93	119.93

Rates

Weekly coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$2,300	136.16	136.16	136.16	136.16	171.35	171.35	216.66	216.66	221.95	122.59	122.59
$2,350	139.12	139.12	139.12	139.12	175.08	175.08	221.37	221.37	226.78	125.26	125.26
$2,400	142.08	142.08	142.08	142.08	178.80	178.80	226.08	226.08	231.60	127.92	127.92
$2,450	145.04	145.04	145.04	145.04	182.53	182.53	230.79	230.79	236.43	130.59	130.59
$2,500	148.00	148.00	148.00	148.00	186.25	186.25	235.50	235.50	241.25	133.25	133.25

Specified Disease Insurance

Sun Life

HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.
When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

HELPS COVER RELATED EXPENSES.
While health plans may cover direct costs associated with a specified disease, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

PAYS A CASH BENEFIT DIRECTLY TO YOU.
Specified Disease insurance can be used however you want, and it pays in addition to any other coverage you may already have.

Included:

Health Navigator Help Line *for expert guidance with health needs and medical billing questions.*

BENEFITS *(You can purchase this coverage at a group rate.)*	
For you	You can choose between **$10,000** and **$20,000** of coverage, in increments of $5,000. No medical questions asked.
For your spouse	If you elect coverage for yourself, you can choose between **$5,000** and **$10,000** of coverage, in increments of $1,250. No medical questions asked. Not to exceed 50% of your coverage amount.
For your child(ren)	If you elect coverage for yourself, you can choose **$5,000** or **$5,000** of coverage. No medical questions asked. Not to exceed 50% of your coverage amount. An eligible child is defined as your child from birth to age 26.

THE BRIDGEPORT ROMAN CATHOLIC DIOCESAN CORPORATION

All Eligible Employees, other than Employees of Catholic Cemeteries

POLICY #: 923046

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance plan's effective date. Below is the full list of conditions.

COVERED CONDITIONS – *The plan pays 100% of the benefit amount unless stated otherwise.*		
Core Conditions	Heart Attack[R] End-Stage Kidney Disease[R] Occupational HIV/Hepatitis B, C, or D Major Organ Failure[R]	Stroke[R] Coronary Artery Bypass Graft[R] (Pays 25%) Angioplasty[R] (Pays 5%)
Cancer Conditions	Invasive Cancer Noninvasive Cancer (Pays 25%) Skin Cancer (Pays 5%)	
Other Conditions	Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma	Severe Burns Advanced ALS/Lou Gehrig's Disease Advanced Parkinson's Disease (Pays 25%) Advanced Alzheimer's Disease (Pays 25%) Paralysis
Childhood Conditions *Applies to dependent children only*	Down Syndrome Cystic Fibrosis Type 1 Diabetes Mellitus Complex Congenital Heart Disease	Cerebral Palsy Cleft Lip/Palate Muscular Dystrophy Spina Bifida

[R] = *Recurrence Benefit available*

When would I need the Recurrence Benefit?

Sometimes people are diagnosed with the same condition twice. If this happens to you we'll pay you an additional benefit (the amount of which is noted in your Certificate). Only the conditions marked (R) in the table above are eligible for the Recurrence Benefit. Once a Recurrence Benefit has been paid, no additional benefit will be paid for that specified disease.

Frequently asked questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

What if I have a pre-existing condition?

If you are diagnosed with a covered specified disease within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 12 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

How do I file a specified disease claim?

If you have a diagnosis after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about your medical condition.

Can I receive benefits for more than one specified disease?

Yes. You can only claim benefits once for each covered condition unless a recurrence benefit is payable.

How is my benefit taxed?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your options.

SPECIFIED DISEASE FAST FACT

*Most heart attack victims are middle-aged or older; the risk of a heart attack climbs for men after age 45 and for women after age 55.***

**"What Are Your Odds of a Heart Attack?" health.com, June 2018.

Specified Disease insurance is a limited benefit policy. The certificate has exclusions, limitations and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

Read the *Important information* section for more details including limitations and exclusions.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Specified Disease

We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include an autologous bone marrow transplant, suicide, attempted suicide or intentionally self inflicted injuries, elective plastic or cosmetic surgery, active military duty, war, any act of war, or your active duty in any armed service during a time of war (excluding during acts of terrorism); your active participation in a riot, rebellion or insurrection; committing or attempting to commit an assault, felony or other criminal act; engaging in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury; being incarcerated in a penal institution of any kind; being legally intoxicated or under the influence of any narcotic, unless taken on the advice of a physician and taken as prescribed.

Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of coverage.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed.

Health Navigator Help Line is provided by PinnacleCare. PinnacleCare is a member of the Sun Life Financial Inc. ("Sun Life") family of companies. PinnacleCare and its employees do not diagnose medical conditions, recommend treatment options or provide medical care, and any information or services provided should not be considered medical advice. Any medical decisions should be made only after consultation with and at the direction of the medical provider. Any person or entity who provides health care services following a referral or other service provided does so independently and not as an agent or representative of PinnacleCare.

Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value-added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. Value-added services are not available in New York and may not be available in all other states.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Rates

Rates are effective as of February 1, 2024.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Employee Specified Disease - Choice 1 Non-tobacco rates | Age and cost - pay period (monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	2.60	3.00	3.70	5.10	7.60	11.50	16.70	23.50	33.10	46.00	65.00	95.10
$15,000	3.90	4.50	5.55	7.65	11.40	17.25	25.05	35.25	49.65	69.00	97.50	142.65
$20,000	5.20	6.00	7.40	10.20	15.20	23.00	33.40	47.00	66.20	92.00	130.00	190.20

Employee Specified Disease - Choice 1 Tobacco rates | Age and cost - pay period (monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	2.70	3.10	4.30	6.50	10.90	18.40	28.90	43.40	64.50	93.80	129.60	169.80
$15,000	4.05	4.65	6.45	9.75	16.35	27.60	43.35	65.10	96.75	140.70	194.40	254.70
$20,000	5.40	6.20	8.60	13.00	21.80	36.80	57.80	86.80	129.00	187.60	259.20	339.60

Rates

Rates are effective as of February 1, 2024.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the employee's age.

Spouse Specified Disease - Choice 1 Non-tobacco rates | Age and cost - pay period (monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$5,000	1.30	1.50	1.85	2.55	3.80	5.75	8.35	11.75	16.55	23.00	32.50	47.55
$6,250	1.63	1.88	2.31	3.19	4.75	7.19	10.44	14.69	20.69	28.75	40.63	59.44
$7,500	1.95	2.25	2.78	3.83	5.70	8.63	12.53	17.63	24.83	34.50	48.75	71.33
$8,750	2.28	2.63	3.24	4.46	6.65	10.06	14.61	20.56	28.96	40.25	56.88	83.21
$10,000	2.60	3.00	3.70	5.10	7.60	11.50	16.70	23.50	33.10	46.00	65.00	95.10

Spouse Specified Disease - Choice 1 Tobacco rates | Age and cost - pay period (monthly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$5,000	1.35	1.55	2.15	3.25	5.45	9.20	14.45	21.70	32.25	46.90	64.80	84.90
$6,250	1.69	1.94	2.69	4.06	6.81	11.50	18.06	27.13	40.31	58.63	81.00	106.13
$7,500	2.03	2.33	3.23	4.88	8.18	13.80	21.68	32.55	48.38	70.35	97.20	127.35
$8,750	2.36	2.71	3.76	5.69	9.54	16.10	25.29	37.98	56.44	82.08	113.40	148.58
$10,000	2.70	3.10	4.30	6.50	10.90	18.40	28.90	43.40	64.50	93.80	129.60	169.80

Rates are effective as of February 1, 2024.

The chart below shows possible coverage amounts and their **monthly** costs.

Child Specified Disease - Choice 1

Coverage amounts	Cost - pay period (monthly) premium
$5,000	2.05

Accident Insurance

Sun Life

You can purchase this coverage for you and your family. Child coverage is available to age 26.

HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

ACCIDENT FAST FACTS

Falls *are the leading cause of injuries treated in emergency rooms every year, for people of all ages.*[1]

This coverage pays benefits whether your covered accident happens at work, at home, or away (also known as 24-hour coverage).

You also get Emergency Travel Assistance and Identity Theft Protection

THE BRIDGEPORT ROMAN CATHOLIC DIOCESAN CORPORATION

All Eligible Employees, other than Employees of Catholic Cemeteries

POLICY # 923046

Sun Life Assurance Company of Canada

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Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here. Choose the plan that best meets your needs and your budget.

	LOW PLAN		HIGH PLAN	
DISLOCATIONS	**OPEN (SURGERY)**	**CLOSED (NO SURGERY)**	**OPEN (SURGERY)**	**CLOSED (NO SURGERY)**
Hip	$2,000	$1,000	$4,000	$2,000
Knee, ankle, or bones of the foot	$1,000	$500	$2,000	$1,000
Elbow, wrist or Lower jaw	$400	$200	$800	$400
Shoulder	$500	$250	$1,000	$500
Collarbone or bones of the hand	$800	$400	$1,600	$800
Finger(s) or toe(s)	$100	$50	$200	$100
FRACTURES	**OPEN (SURGERY)**	**CLOSED (NO SURGERY)**	**OPEN (SURGERY)**	**CLOSED (NO SURGERY)**
Hip or thigh	$2,000	$1,000	$4,000	$2,000
Skull-depressed	$3,000	$1,500	$6,000	$3,000
Skull-simple	$1,500	$750	$3,000	$1,500
Vertebral processes, Bones of the face or Nose	$350	$175	$700	$350
Leg	$1,000	$500	$2,000	$1,000
Vertebrae, Sternum or Pelvis	$800	$400	$1,600	$800
Upper jaw or upper arm	$375	$190	$750	$375
Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	$325	$170	$650	$325
Rib, Finger, Toe or Coccyx	$175	$90	$350	$175
Multiple ribs	$500	$250	$1,000	$500
ADDITIONAL INJURIES				
Eye Injury - surgical repair		$125		$250
Eye Injury - object remove		$125		$250
Gunshot wound		$250		$500
Paralysis—paraplegia		$12,500		$25,000
Paralysis—quadriplegia		$25,000		$50,000
Coma		$5,000		$10,000
Concussion		$50		$100
BURNS	**2ND DEGREE**	**3RD DEGREE**	**2ND DEGREE**	**3RD DEGREE**
21-40 square centimeters	$200	$500	$400	$1,000
41-65 square centimeters	$400	$1,000	$800	$2,000
66-160 square centimeters	$600	$3,000	$1,200	$6,000
161-225 square centimeters	$800	$7,000	$1,600	$14,000
More than 225 square centimeters	$1,000	$10,000	$2,000	$20,000
Skin graft	50% of the applicable Burn Benefit		50% of the applicable Burn Benefit	
LACERATIONS				
No sutures and treated by doctor		$50		$50
Single laceration under 5 cm with sutures		$65		$65
5-15 cm with sutures (total of all lacerations)		$125		$250
Greater than 15 cm with sutures (total of all lacerations)		$250		$500

MEDICAL SERVICES		
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	$100	$200
Diagnostic Exam - X-ray (1 time per covered accident)	$50	$50
Accident Emergency Treatment, non-emergency room (once per covered accident)	$50	$50
Physician's Follow-up Treatment office visit (per visit, up to 4 times per covered accident)	$50	$50
Physical Therapy (per visit up to 6 visits per covered accident)	$50	$50
Medical Devices	$100	$125
Epidural Pain Management (up to 2 times per covered accident)	$50	$50
Prosthesis (one)	$250	$500
Prosthesis (two)	$500	$1,000
Blood, Plasma, or Platelet Transfusion	$100	$200
HOSPITAL		
Hospital Admission (once per benefit year)	$500	$1,000
Hospital Confinement (per day up to 365 days per covered accident)	$150	$250
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	$750	$1,500
Intensive Care Unit Confinement (per day up to 30 days, payable in addition to any Hospital Confinement benefit)	$300	$500
Ambulance (Ground)	$100	$200
Ambulance (Air)	$750	$1,500
Emergency Room Admission	$100	$150
Family Lodging (per day up to 30 days per benefit year)	$50	$100
Transportation (100 or more miles up to 3 times per covered accident)	$250	$500
Rehabilitation Unit (per day up to 30 days per covered accident)	$50	$100
SURGERY		
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	$150	$300
Open Surgery	$625	$1,250
Exploratory Surgery or Debridement	$125	$250
Tendon/Ligament/Rotator Cuff Tear	$300	$625
Torn Knee Cartilage	$300	$625
Ruptured/Herniated Disc	$300	$625
EMERGENCY DENTAL		
Emergency Dental extraction	$50	$50
Emergency Dental crown	$100	$200

LIFE AND DISMEMBERMENT LOSSES*	LOW PLAN	HIGH PLAN
Accidental Death	$15,000	$25,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	$30,000	$100,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	$7,500	$15,000
Loss of one hand, foot, leg, or arm	$3,750	$7,500
Loss of sight of one eye or loss of one eye	$3,750	$7,500
Two or more fingers or toes	$750	$1,500
One finger or one toe	$375	$750

*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

Frequently asked questions

How do I file an accident claim?
If you have an accident after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about the accident and the treatment provided.

What happens once my claim is approved?
The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

Is there a time period that I need to follow?
Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your Certificate for details.

Can I take my insurance with me if I leave my employer?
Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Is my benefit taxable?
If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Accident insurance is a limited benefit policy. The Certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of your Certificate.

1. "Health, United States, 2016," US Department of Health and Human Services, Table 75.

Read the *Important information* section for more details including limitations and exclusions.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger; work-related illness or injuries unless you are enrolled in 24-hour coverage.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. Emergency Travel Assistance is provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Rates

Coverage and **monthly** cost for Accident.

Rates are effective as of February 1, 2024.

Accident coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Low plan

Coverage	Cost per pay period*
Employee	$10.14
Employee + Spouse	$15.46
Employee + Child(ren)	$16.90
Employee + Family	$22.22

High plan

Coverage	Cost per pay period*
Employee	$13.57
Employee + Spouse	$21.85
Employee + Child(ren)	$24.67
Employee + Family	$32.95

*Contact your employer to confirm your part of the cost.