DIOCESE OF SALT LAKE CITY

BENEFITS

**Health Insurance**:

**Eligibility**: Employee must work 30 hours per week beginning July 1, 2018. An employee must work 30 days and effective date will begin the first day of the following month (example: If an employee’s hire date is 05/01/2015 then benefits would start on 06/01/2015. If an employee’s hire date – 05/15/2015 the employee completes 30 days on 06/14/2015 and effective date of health insurance is 07/01/2015).

**Coverage**: The Diocese has two plans (General Plan and the High Deductible Plan - see health plan booklets with like benefits). Each plan has two networks – ValueCare Network is the smaller of the BlueCross networks and the Participating Network is the large Blue Cross Network which includes a much larger number of doctors, hospital and clinics. This network will help avoid out- of-network extra charges. Your Employer contributes the majority of the costs and depending on the type of coverage employee selects (single, two-party or family coverage) the employee will pay the amount stated in your plan booklet. Employer and Employee share the cost and monies deducted from your paycheck for your premiums are deducted pre-tax.

**Contact**: There is a Customer Service phone number is (801) 333-2100 for help or questions about your coverage. The Plan is managed by Regence BlueCross BlueShield of Utah. Also HR will be glad to answer questions.

**Cafeteria Plan – FSA and HSA**:

**Eligibility**: Employees enrolled in the General plan will need to fill out the FSA information on the Cafeteria Plan Enrollment form. Employees enrolled in the High Deductible Health Plan will need to fill out the HSA information on the Cafeteria Plan Enrollment Form in order for deductions to be made from your paycheck to cover cost related to the medical Plan chosen.

**Coverage**: Funds deducted from the employee’s paycheck will be deposited into an account to cover your medical and dental expenses and will be withheld from your paycheck on a pre-tax basis. Please refer to your plan document for more information.

**Contact**: Accrue CMS: Tym Gilbertson at (833) 685-8400, Ext. 12, email: tgilbertsom@accruecms.com .

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**Pension Plan**:

**Eligibility**: Employee must work 20 hours per week (600 hours in a calendar year) and will be eligible on January 1 of the following year.

**Coverage**: Employer contributes 6% of your wages into your personal pension account, (401(a) Plan. You can voluntarily join and contribute to the 403(b) Plan to supplement your retirement funds in the 401(a) Plan at any time. Our Plan is covered by TransAmerica Pension Plan.

**Contact**: Amy Kondris (385) 853-5007 amyk@cottonwoodws.com .

**Life Insurance**:

**Eligibility**: Employer contributes the cost of this benefit. Full-time employee must work 600 continuous hours before being enrolled on January 1 of the following year.

**Coverage**: Your Employer will purchase $20,000 of Basic Life insurance. Please refer to the Plan booklet for details. Our Life insurance coverage is with Reliance Standard Life Insurance Company and USAble Life. Coverage will end on your last day of employment, unless you contact Dave or Ryan Kelly to continue coverage.

**Contact**: Reliance Standard Life and USAble Life: Insurance Agent: Dave Kelly or Ryan Kelly at (801) 484-6668 or kelly\_ryan@nivmail.com .

**Long Term Disability**:

**Eligibility**: All full-time and all regularly part-time employees working at least 20 hours per week must complete 30 days of continuous active work to be eligible.

**Coverage**: Employer will pay premium for this coverage. If an employee becomes eligible for the long-term disability, the Plan will pay 60% of the employee’s wages. This vendor also handles EAP services. Please refer to the Plan document for details. The Plan is covered by Lincoln Financial. Coverage will end on your last day of employment.

**Contact**: Wayne Gledhill at (801) 557-2955.

Benefits

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**Workers Compensation**:

**Eligibility**: All employees are covered under workers compensation.

**Coverage**: Employee must immediately notify supervisor of injury/accident and all details so that a “First Report of Injury” can be filed. Medical cost will be paid by Workers Compensation Fund, Policy #1468821. When receiving medical services, you must inform medical personnel that this is a workers compensation injury/accident.

**Contact**: Your immediate supervisor. The Supervisor is to call (801) 288-8006 for a verbal notification and then go on-line to: [www.wcfgroup.org](http://www.wcfgroup.org) to file a “First Report of Injury”. A Case Worker will be assigned to each case and will notify the Employer and the Employee of the process. After submitting a First Report of Injury/accident on-line, the last page should be printed and wil show a Claim Number. This number is for your file and for the employee to give to medical service personnel to get claims paid.